

**Virginia Department of Health
Virginia Department of Education**

School Health Advisory Boards

**A Report on School Health Advisory Boards
In Virginia for School Years 1997-98 and 1998-99**



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School Health Advisory Boards:

A Report on School Health Advisory Boards In Virginia for School Years 1997-98 and 1998-99

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Executive Summary

Purpose

Summary of Annual Reports. The purpose of this report, *School Health Advisory Boards: A Report on School Health Advisory Boards in Virginia for School Years 1997-98 and 1998-99*, is to provide information to state and local policy-makers and advisory groups for improving school health programs in the Commonwealth of Virginia. The information contained in this report is a summary and analysis of all School Health Advisory Board (SHAB) annual reports that were submitted to the Virginia Department of Education (VDOE) and Virginia Department of Health (VDH) for school years 1997-98 and 1998-99.

Overview

This report represents findings regarding the compliance of school divisions with the *Code of Virginia* requirements for the establishment and performance of SHABs for school years 1997-98 and 1998-99. Section 22.1-275.1 of the *Code of Virginia* requires each school division to establish a SHAB to assist with the development of health policies and with the evaluation of school health, health education, school environment, and health services. The VDOE and VDH jointly developed the survey instrument used to collect information for this report. The survey is sent annually to the 134 school divisions.

This report includes selected comparisons with data from 1996-97 SHAB Report, *School Health Advisory Boards: A Report on School Health Advisory Boards in Virginia for School Years 1996-97*, Virginia Department of Health and Virginia Department of Education, September 1999.

Compliance with the submission of annual reports by SHABs to VDOE and VDH continues to decline, showing 13.5 percent over the most recent three-year period. The decreasing percentages of reporting SHABs over the last three school years are listed below.

- ◆ In school year 1996-97, 90 percent of SHABs submitted an annual report.
- ◆ In school year 1997-98, 81 percent of SHABs submitted an annual report.
- ◆ In school year 1998-99, 77 percent of SHABs submitted an annual report.

Methodology

The VDOE and VDH, with input from local SHAB members, jointly developed the survey instrument used for data collection. The Superintendent of Public Instruction sent survey forms to all school divisions.

This report describes the analysis and summary of survey content submitted by responding school divisions (N= 121, 109 and 102 of 134 divisions in school years 1996-97, 1997-98, and 1998-99 respectively). The areas addressed from the survey include:

1. Membership, meetings, reports, operations, and accomplishments of SHABs.
2. Data comparisons for school years 1996-97, 1997-98, and 1998-99.
3. Performance trends for school years 1996-97, 1997-98, and 1998-99, including general conclusions.

Findings

Membership

The average membership of SHABs continues at 16 members over the last 3 years. The SHAB membership continues to reflect the *Code of Virginia*, where: “Each school board shall establish a school health advisory board of no more than twenty members which shall consist of broad-based community representation including, but not limited to, parents, students, health professionals, educators, and others.” SHAB membership across the six general categories for school years 1996-97, 1997-98, and 1998-99 is listed in Box 1.

The SHAB membership is fairly consistent year to year, with the exception of the significant percentage of increased membership (22 percent) to the Community Groups category with the corresponding loss (22 percent) of membership to the Educator category in school year 1998-99.

BOX 1			
	1996-97	1997-98	1998-99
1. Educators*	40%	43%	21%
2. Parents	25%	22%	22%
3. Health Professionals	18%	18%	18%
4. Community Groups	8%	8%	30%
5. Other**	5%	5%	5%
6. Students	3%	3%	4%

*Includes teachers, administrators, school nurses, and school support staff.
** Includes business persons, government employees, and other professionals

Meetings

The *Code of Virginia* states “The school health advisory board shall hold meetings at least semi-annually and shall annually report on the status and needs of student health in the school division to any relevant school, the school board, the Virginia Department of Health, and the Virginia Department of Education.” In school year 1997-98, 86 percent of reporting SHABs met at least semi-annually. In school year 1998-99, the percent of reporting SHABs that met at least semi-annual increased to 88 percent. During school years 1997-98 and 1998-99, 75 percent of reporting SHABs held between two and five meetings annually.

Reports

The *Code of Virginia* states “The school health advisory board shall hold meetings at least semi-annually and shall annually report on the status and needs of student health in the school division to any relevant school, the school board, the Virginia Department of Health, and the Virginia Department of Education.” In school years 1997-98 and 1998-99, 89 percent of reporting SHABs presented at least one oral or written report to local school boards, the central office, or to local groups, and 11 percent of reporting SHABs stated zero reports were presented.

Operations: Policy Review and Development, Programs Implemented and Evaluated

The *Code of Virginia* states “The school health advisory board shall assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services.” SHABs reported their work in these areas utilizing a grid format that addressed program development, program implementation, and program evaluation. Tables 5, 6, and 7 within the body of the main report display this information in detail.

Accomplishments

Every responding SHAB reported participating in a number of initiatives that served local community needs. Two areas of accomplishments that received increased attention by SHABs in school year 1998-99 were (1) reviewing emergency procedures and crisis situations and (2) reviewing school safety procedures. Four

areas that received a decreased focus in 1998-99 were (1) reducing teen pregnancy, (2) reviewing school nutrition procedures and offerings, (3) conducting a needs assessment, and (4) reviewing school health policies. Figure 3 within the body of the main report displays this information in detail.

Of the reporting SHABs—for both school years 1997-98 and 1998-99—36 percent reported having operating procedures for the local SHAB process, and 24 percent reported a process is being developed. In addition, 11 percent reported a willingness to share their operating procedures.

Conclusions

- ◆ **Submitting Annual Reports.** Over the last 3 years, SHABs' compliance with submitting an annual report to the VDOE and VDH declined 13.5 percent.
- ◆ **Number of Members.** The average membership of SHABs continues at 16 members over the last 3 years.
- ◆ **Categories of Membership.** Community group representation significantly increased 22 percent in the last two years, and educator membership over the same period of time decreased by 22 percent.
- ◆ **Meetings.** SHAB meeting frequency continues to be strong with an increase to three meetings a year to 24 percent of SHABs in 1998-99 compared to 13 percent in 1997-98. Of the responding SHABs, 88 percent reported meeting two or more times a year.
- ◆ **Information Sharing.** Of the reporting SHABs, 89 percent reported they share information through reports to local boards, central office, or other groups.
- ◆ **Operating Procedures.** Of the reporting SHABs, 36 percent reported they have operating procedures for the associated SHAB, and 11 percent reported a willingness to share their operating procedures.
- ◆ **Accomplishments.** Accomplishments of SHABs appear strong and continue to vary across many initiatives regarding policy development, program implementation, and program evaluation. The strongest areas of focus for responding SHABs are initiatives in parent/community involvement, health services, and health education instruction.
- ◆ **Assistance.** A number of SHABs would appreciate assistance in different areas, and a number of SHABs are willing to share information about the progress being made in all areas of accomplishments.
- ◆ **Shift in Focus.** The *Code of Virginia* pertaining to SHABs was amended as follows:

“The local school board may request that the school health advisory board recommend to the local school board procedures relating to children with acute or chronic illnesses or conditions, including, but not limited to, appropriate emergency procedures for any life-threatening conditions and designation of school personnel to implement the appropriate emergency procedures. The procedures relating to children with acute or chronic illnesses or conditions shall be developed with due consideration of the size and staffing of the schools within the jurisdiction,”

This *Code* change may explain the SHAB shift in focus to initiatives meeting school and community needs in the addressing areas of safety as well as crisis and emergency situations, while during this same period, there was a decrease focus from teen pregnancy, needs assessment, school nutrition, and health policies initiatives.

School Health Advisory Boards:

A Report on School Health Advisory Boards In Virginia for School Years 1997-98 and 1998-99

Introduction

Statute

The 1990 General Assembly of Virginia amended the *Code of Virginia* to provide that each school board may establish a School Health Advisory Board (SHAB) to assist with the development of health policies in the school division and the evaluation of the status of school health, health education, the school environment, and health services.

The 1992 General Assembly amended and reenacted Section 22.1-275.1 of the *Code of Virginia* to state that each school division is required to have a SHAB comprised of no more than 20 broad-based community representatives, including, but not limited to, parents, students, health professionals, and educators (see Appendix A for Section 22.1-275.1, *Code of Virginia*). Each SHAB is required to hold semi-annual meetings and submit an annual report to the Virginia Department of Education (VDOE) and the Virginia Department of Health (VDH) on the status and needs of student health in its school division.

The local school board may request that the school health advisory board recommend to the local school board procedures relating to children with acute or chronic illnesses or conditions, including, but not limited to, appropriate emergency procedures for any life-threatening conditions and designation of school personnel to implement the appropriate emergency procedures. The procedures relating to children with acute or chronic illnesses or conditions shall be developed with due consideration of the size and staffing of the schools within the jurisdiction.

Purpose

The purpose of this report, *School Health Advisory Boards: A Report on School Health Advisory Boards in Virginia for School Years 1997-98 and 1998-99*, is:

- ◆ To evaluate the school divisions' adherence with the *Code of Virginia* provisions regarding SHABs.
- ◆ To present the concerns and progress of the SHABs.
- ◆ To communicate the ideas, accomplishments, and plans of SHABs.

Overview

This 1997-98 and 1998-99 SHAB Report presents findings regarding the compliance of school divisions with the *Code of Virginia* requirements for the establishment and performance of SHABs for school years 1997-98 and 1998-99. Section 22.1-275.1 of the *Code of Virginia* requires each school division to establish a SHAB to assist with the development of health policies and with the evaluation of school health, health

education, school environment, and health services. Included within this report are selected comparisons with data from the 1996-97 annual reports, which are summarized in the 1996-97 SHAB Report—*School Health Advisory Boards: A Report on School Health Advisory Boards in Virginia for School Years 1996-97*, Virginia Department of Health and Virginia Department of Education, September 1999.

Reporting SHABs. Compliance with the submission of annual reports by SHABs to VDOE and VDH continues a decline, showing 13.5 percent over the most recent three-year period. The decreasing percentages of reporting SHABs over the last three school years are listed below.

- ◆ In school year 1996-97, 90 percent of SHABs submitted an annual report.
- ◆ In school year 1997-98, 81 percent of SHABs submitted an annual report.
- ◆ In school year 1998-99, 77 percent of SHABs submitted an annual report.

Non-Reporting SHABs. Non-reporting by an increasing number of SHABs each year may limit to some degree the development and presentation of trend data and its analysis in this and future reports. The increasing percentages of non-reporting SHABs over the last three years are listed below.

- ◆ In school year 1996-97, 9.7 percent of SHABs did not submit an annual report.
- ◆ In school year 1997-98, 19 percent of SHABs did not submit an annual report.
- ◆ In school year 1998-99 23.2 percent of SHABs did not submit an annual report.

Survey Instrument. The VDOE and VDH jointly developed the survey instrument used to collect information for this report. The survey is sent annually to the 134 school divisions. For this 1997-98 and 1998-99 SHAB Report there were 109 (81.3 percent) and 102 (76.8 percent) responding SHABs, respectively.

Data Comparisons. This summary includes comparisons with data from the 1996-97 SHAB Report. Comparisons are made in the following areas regarding SHABs:

- ◆ An analysis of the responses from school divisions regarding membership, meetings, reports, and accomplishments of SHABs.
- ◆ A comparison of this two-years report (1997-98 and 1998-99 SHAB Report) with the previous one-year report (1996-97 SHAB Report).
- ◆ Accomplishments in the areas of policy review and development, programs implemented, and programs evaluated.
- ◆ General conclusions on the trends of the current and past 2 years of SHABs.

Analyses of Data: School Years 1997-98 and 1998-99

Data for school years 1997-98 and 1998-99 surveys were collected and entered into an electronic spreadsheet. The file was formatted for quantitative analyses. Qualitative data were analyzed using content analysis of the comments from the survey responses. Data examined in this analysis include the following:

1. SHAB membership (number and types of members).
2. Frequency of meetings.
3. Number of reports made by SHABs.
4. Accomplishments: policy review and development, programs implemented, and programs evaluated.
5. Comparisons of the results to summary data in 1996-97 SHAB Report.

Membership

Number of Members

The *Code of Virginia* establishes specific requirements for the number of the SHAB members, limiting the membership to 20 or fewer members. For the past years, the average membership was reported to be 16 members. Table 1 and Figure 1 show the number of members in SHABs.

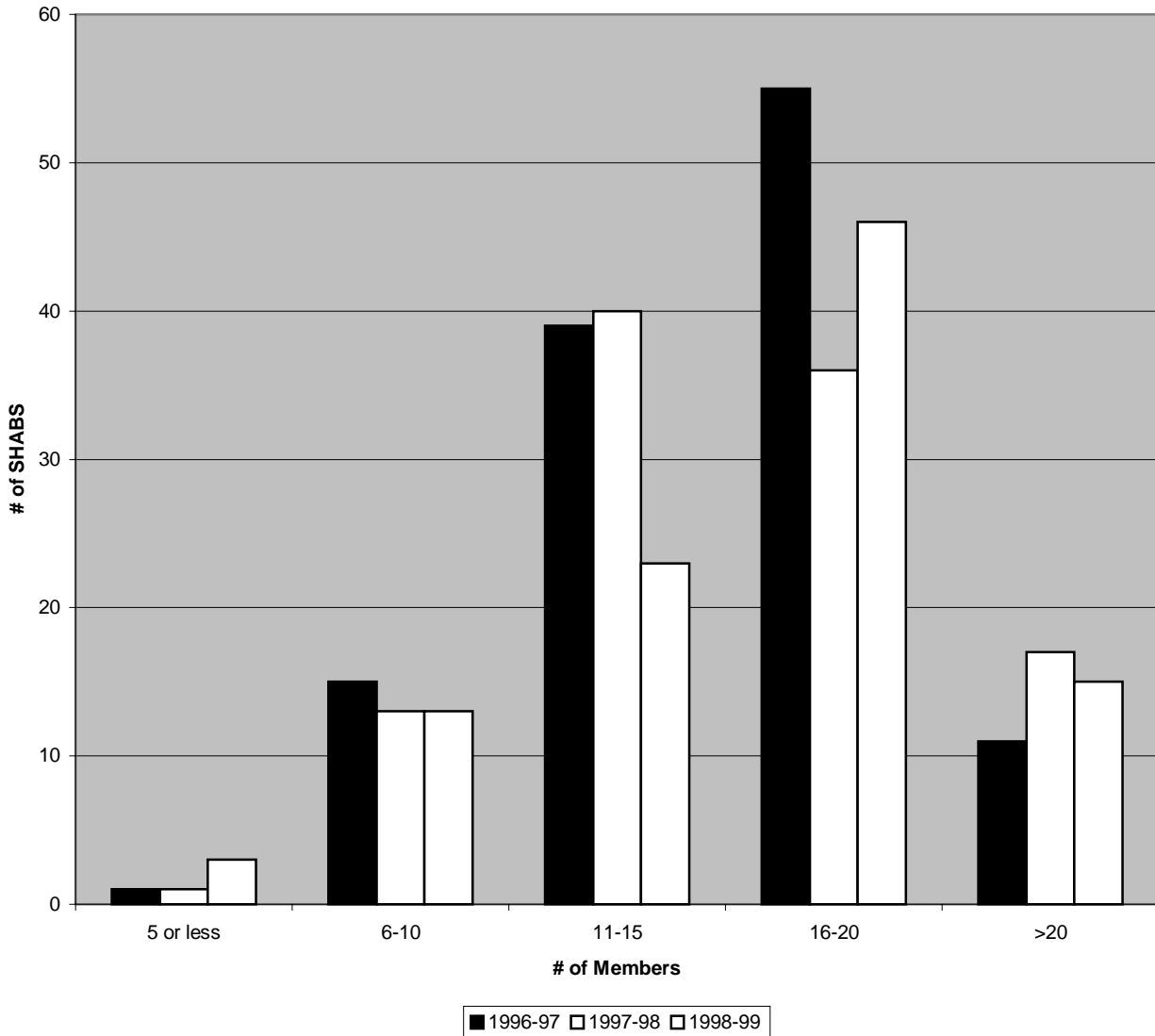
Table 1

**RANGE OF NUMBERS OF MEMBERS FOR SHABS
School Years 1996-97, 1997-98, and 1998-99**

School Year:	1996-97		1997-1998 n=107		1998-99 n=100	
Number of Members	Number of SHABs	Percent of Responses	Number of SHABs	Percent of Responses	Number of SHABs	Percent of Responses
5 or fewer members	1	1%	1	1%	3	3%
6-10 members	15	12%	13	12%	13	13%
11-15 members	39	32%	40	37%	23	23%
16-20 members	55	45%	36	33%	46	46%
More than 20 members	11	9%	17	16%	15	15%

Figure 1

NUMBER OF MEMBERS IN EACH SHAB



Categories of Members

The *Code of Virginia* encourages SHABs to have diverse membership. Data collected on the SHAB membership consisted of the following categories:

- ◆ **Parent:** Parent of a school aged child, parent of a medically fragile child, and PTA representative.
- ◆ **Student:** High school students.
- ◆ **Health Professional:** Medical, dental, mental health, public health, and other.
- ◆ **Community Representative:** Civic group, religious group, human services, and youth services.
- ◆ **Educator:** School nurse, health teacher, other teacher, administrator, counselor, food services, and other.
- ◆ **Other:** Business, government official, and other professional.

Table 2 and Figure 2 show the breakdown of SHAB membership by category for school years 1996-97, 1997-98, and 1998-99. Table 2 is divided into general categories (i.e., parents, students, health professionals, community groups, educators, and others). The categories are further broken into subcategories (i.e., parent of a medically fragile child, medical, health teacher, and so forth).

The percent of SHABs reporting membership data is:

- ◆ 1996-97 = 90.3 percent (120 of 134 SHABs).
- ◆ 1997-98 = 81.3 percent (109 of 134 SHABs).
- ◆ 1998-99 = 76.1 percent (102 of 134 SHABs).

Membership in SHABs continues to be diverse among parents, students, health professionals, and community groups. Representation in SHABs from community support groups and educators has changed significantly over the years reported. Total community support in school year 1998-99 has risen to 30 percent compared to 9 and 10 percent in the previous years. This seems to have occurred with a corresponding drop in representation of total educators, where in 1998-99 overall representation was 21 percent compared to 51 percent in 1997-98.

It is important to note that a particular member for the school year may be represented in several categories. This means that identification with more than one category of membership may be counted. The most frequently reported combined categories were “parent of school-aged child” with another category, such as “medical,” “dentist,” or “teacher” in school year 1998-99, corresponding to similar results of prior years.

Table 2

SHAB MEMBERSHIP BY CATEGORY
School Years 1996-97, 1998-99, and 1998-99

Category	1996-97 No. of members (N=1906)*	1997-98 No. of members (N=1726)*	1998-99 No. of members (N=1648)*
	(N=2326)**	(N=2044)**	(N=2004)**
Parent of a School-Age Child	474	386	382
Parent of a Medically Fragile Child	36	25	25
PTA Representative	66	44	43
Total Parents	576 (25%)	455 (22%)	450 (22%)
Total High School Students	76 (3%)	64 (3%)	77 (4%)
Medical	188	151	174
Dentist	25	26	19
Mental Health Professional	32	23	25
Public Health Professionals	134	125	91
Other Health Professionals	47	45	49
Total Health Professions	426 (18%)	370 (18%)	358 (18%)
Civic Group	38	28	179
Religious Group	37	30	96
Human Services	74	65	95
Youth Services	40	48	241
Total Community Group	189 (8%)	171 (8%)	611 (30%)
School Nurse	177	193	104
Health Teacher	129	109	33
Other Teacher	125	116	94
School Administrator	270	246	32
School Counselor	110	100	24
Food Services	48	39	76
Other Educators	78	82	48
Total Educators	937 (40%)	885 (43%)	411 (21%)
Business	29	26	26
Government Officials	40	34	33
Other Professions	53	39	38
Total Miscellaneous Others	122 (5%)	99 (5%)	97 (5%)

* Total Participants

** Duplicated Responses

CATEGORY PERCENT OF SHAB MEMBERSHIP

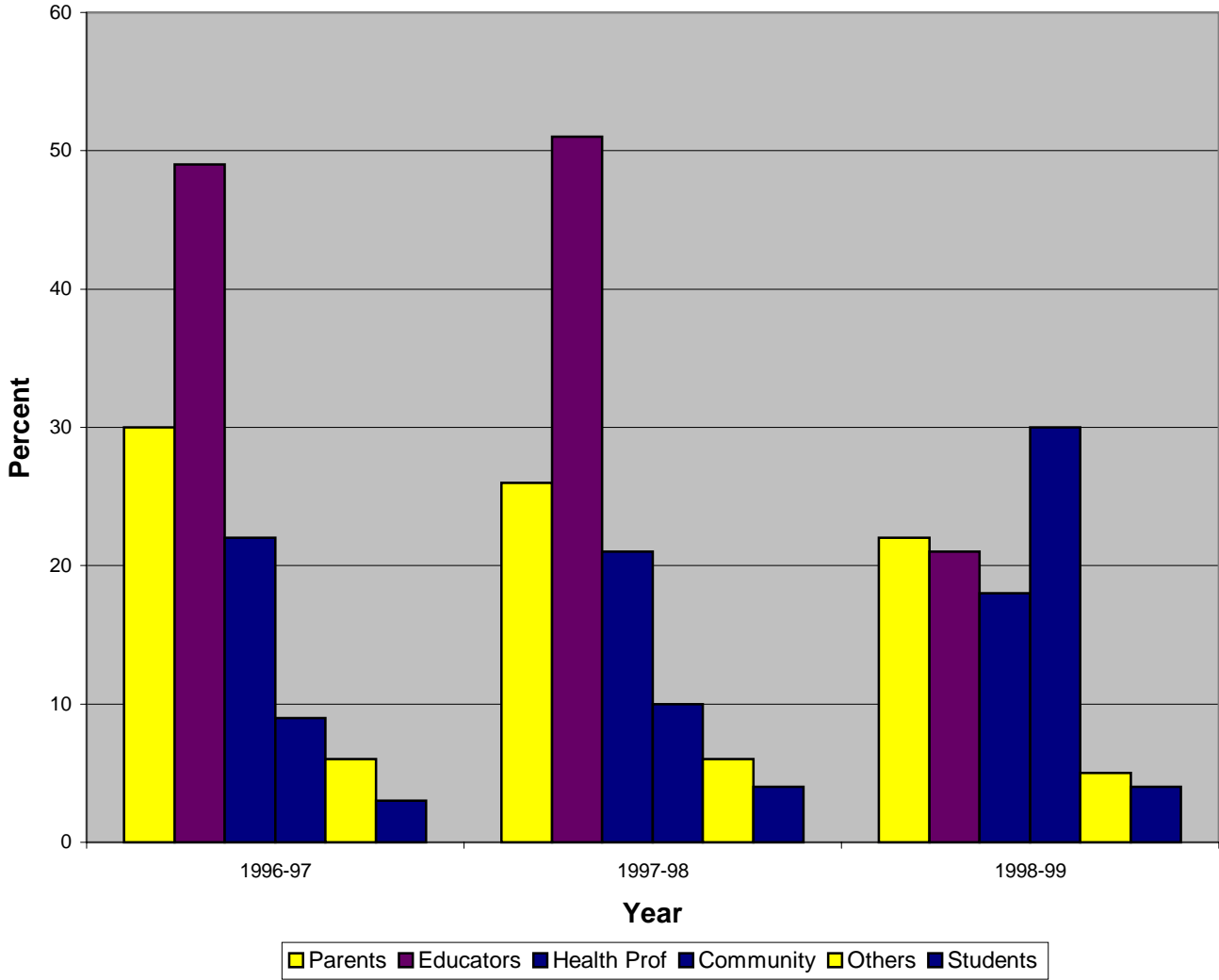


Figure 2

Meetings

SHABs are required by the *Code of Virginia* to meet semi-annually. In school year 1998-99, 13 SHABs reported meeting less than two times, compared with 15 in school year 1997-98 and 14 in school year 1996-97. Table 3 and Figure 3 show the number of meetings for the various school years.

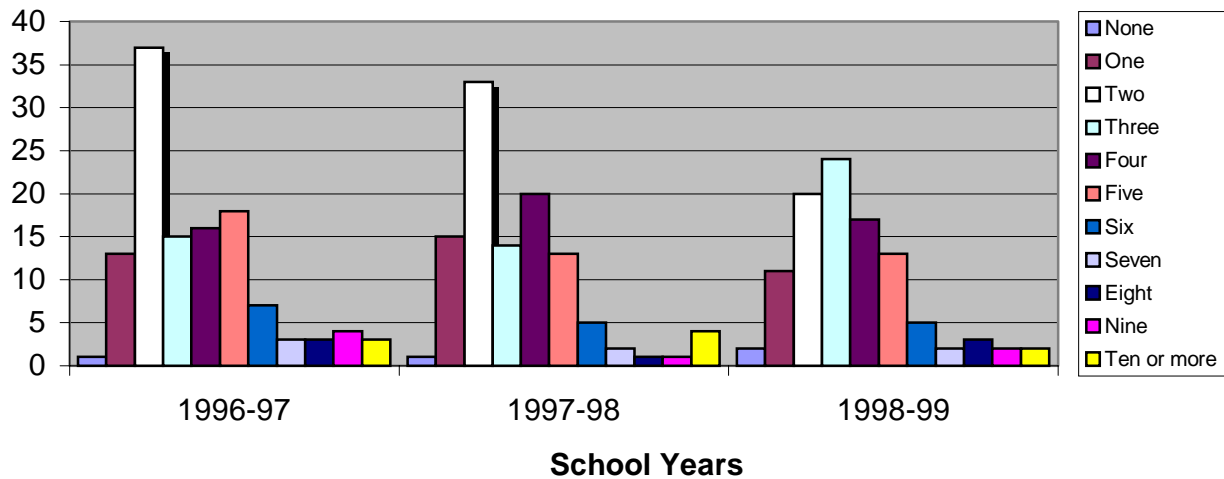
Table 3

MEETING FREQUENCY OF SHABS
School Years 1996-97, 1997-98, and 1998-99

SCHOOL YEAR:	1996-1997		1997-1998 N=108		1998-1999 N=101	
	Number of Reporting SHABs	Percent of Reporting SHABs	Number of Reporting SHABs	Percent of Reporting SHABs	Number of Reporting SHABs	Percent of Reporting SHABs
None	1	1%	0	0%	2	2%
One	13	10%	15	14%	11	11%
Two	37	30%	33	31%	20	20%
Three	15	12%	14	13%	24	24%
Four	16	13%	20	19%	17	17%
Five	18	14%	13	12%	13	13%
Six	7	5%	5	5%	5	5%
Seven	3	2%	2	2%	2	2%
Eight	3	2%	1	0.5%	3	3%
Nine	4	3%	1	.05%	2	2%
Ten or more	3	2%	4	3%	2	2%

Figure 3

Frequency of SHAB Meetings



Reports

One role of the SHABs is sharing information with administrators, the school board, the PTA, and other community groups. Information is shared through oral and written reports. During school years 1997-98 and 1998-99, of the responding SHABs, fully 89 percent stated they have provided reports to the local school board, the central office, or other groups within the community. Of the responding SHABs, 11 percent SHABs stated they did not report to any of the entities listed. Table 4 shows the number of reports by type and audience made by SHABs during the last 3 years.

School Year 1998-99. Of the SHABs who responded to this question, overall 46 written and 52 oral reports were made to the local boards, 49 written and 49 oral reports were made to central office personnel, and 23 written or oral reports were provided to other groups.

School Year 1997-98. Of the SHABs who responded to this question, overall 52 written and 57 oral reports were made to the local boards, 47 written and 59 oral reports were made to central office personnel, and 19 written or oral reports were provided to other groups.

School Year 1996-97. Of the SHABs who responded to this question, overall 59 written and 65 oral reports were made to the local boards, and 61 written and 71 oral reports were made to central office personnel.

Table 4

**REPORTS MADE BY SHABS
School Years 1996-97, 1997-98, and 1998-99**

No. of Reports	Written Local School Board			Written Central Office			Oral Local School Board			Oral Central Office		
	96-97	97-98	98-99	96-97	97-98	98-99	96-97	97-98	98-99	96-97	97-98	98-99
Zero	61	32	10	58	36	11	55	33	10	49	24	8
One	39	32	29	29	17	20	39	32	33	35	27	16
Two	10	13	13	13	12	8	18	16	12	20	22	14
Three	5	2	0	9	5	10	6	6	6	7	1	12
Four	2	4	2	3	7	4	1	3	0	6	6	1
Five	2	1	1	5	1	3	0	0	0	2	1	0
Six	0	0	0	0	1	1	0	0	0	0	1	0
Seven	0	0	0	1	0	0	0	0	0	0	0	0
Eight	0	0	0	0	0	0	0	0	0	0	0	1
Nine	0	0	0	1	1	0	0	0	0	0	0	0
Ten or more	1	0	1	1	2	3	1	0	1	1	1	0

Accomplishments

In establishing SHABs, the 1992 General Assembly amended Section 22.1-275.1 of the *Code of Virginia* to state “The School Health Advisory board shall assist with the development of health policy in the school division and the evaluation of the status of the school health, health education, the school environment, and health services.” The SHABs listed a number of initiatives in response to the annual survey. Figure 3 lists the most common initiatives undertaken during school years 1997-98 and 1998-99.

The survey asked SHABs to report their work on developing policies, implementing programs, and evaluating programs. SHABs also were asked to rate their work on a grid divided into components of a school health program. SHABs rated their accomplishments in developing or reviewing policies, implementing programs, and evaluating programs for each of the eight components of a coordinated school health program: (1) health services, (2) health education instruction, (3) healthy environment, (4) physical education, (5) food services, (6) counseling, (7) staff wellness, and (8) parent/community involvement. Tables 5, 6, and 7 display the results of the SHAB work for the corresponding school year.

Figure 3

**SHAB INITIATIVES
Reported for School Years 1997-98 and 1998-99**

Initiative	1997-98 Number of Responding SHABs	1998-99 Number of Responding SHABs
Increase school nurse staff	48	57
Reduce teen pregnancy	50	36
Develop/revise Family Life Curriculum	25	23
Develop/maintain community partnerships	54	49
Develop/improve school health	74	79
Conduct needs assessment	29	19
Reduce drug, alcohol, &/or tobacco use	52	54
Improve SHAB operations	37	32
Develop/improve student wellness curriculum	22	17
Review staff wellness initiatives	16	24
Review services for special needs students	15	13
Review school nutrition programs	36	25
Review physical education curriculum	24	17
Review health education curriculum	26	21
Review procedures for student health screenings	39	37
Review emergency/crisis medical situations	39	51
Review school safety procedures	36	45
Improve parent teacher communication/education	21	19
Review counseling services	18	14
Review school health policies	60	39
Others	51	26

Policy Review and Development

Table 5 reflects analyses of the SHABs responses related to policy review and development for school years 1997-98 and 1998-99. For school year 1998-99, SHABs reported their work on policies developed or reviewed as follows:

- ◆ SHABs reported they are willing to share policy review/development information in the following areas: health services (4), health education instruction (2), healthy environment (1), physical education (0), food services (1), counseling (1), staff wellness (1), and parent/community involvement (1) (see Appendix C).
- ◆ SHABs reported they have completed policy review/development work in the following areas: health services (22), health education instruction (14), healthy environment (15), physical education (13), food services (15), counseling (12), staff wellness (7), and parent/community involvement (1).
- ◆ SHABs reported they have policy review/development work in progress in the following areas: health services (60), health education instruction (58), healthy environment (52), physical education (31), food services (33), counseling (36), staff wellness (38), and parent/community involvement (59).
- ◆ SHABs reported they have a desire for policy review/development assistance in the following areas: health services (1), health education instruction (2), healthy environment (1), physical education (3), food services (2), counseling (2), staff wellness (3), and parent/community involvement (3).
- ◆ SHABs reported they have not looked at policy review/development work in the following areas: health services (1), health education instruction (7), healthy environment (13), physical education (25), food services (24), counseling (22), staff wellness (26), and parent/community involvement (10).

Table 5

**POLICY REVIEW AND DEVELOPMENT
BY COMPONENT NUMBER OF RESPONSES BY CODE
School Years 1997-98 and 1998-99**

Codes	Health Services		Health Education Instruction		Healthy Environment		Physical Education		Food Service		Counseling		Staff Wellness		Parent-Community Involvement	
	97	98	97	98	97	98	98	98	97	98	97	98	97	98	97	98
Year	97	98	97	98	97	98	98	98	97	98	97	98	97	98	97	98
NR	19	15	23	22	26	19	26	28	23	26	28	27	27	26	25	26
1	2	1	2	2	4	1	2	3	3	2	1	2	2	3	6	3
2	2	1	10	7	14	13	24	25	30	24	30	22	28	26	9	10
3	67	60	59	55	52	52	44	31	44	33	41	36	44	38	65	59
4	18	22	16	14	16	15	13	13	9	15	8	12	7	7	3	1
5	7	4	1	2	4	1	1	0	1	1	2	1	2	1	1	1
1&2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
1&3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3&4	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0
3&5	4	3	1	2	2	1	1	0	1	0	1	0	1	0	1	0
4&5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Codes used in Table 5:

NR= no response

1= We would like assistance in this area.

2= We have not looked at this area.

3= Our work in this area is in progress

4= We have completed our work in this area

5= We are willing to share information about our work in this area.

Programs Implemented

Table 6 reflects analyses of the SHABs responses related to program implementation for the school years 1997-98 and 1998-99. For school year 1998-99, SHABs reported their work on policies developed or reviewed as follows:

- ◆ SHABs reported they are willing to share program implementation information in the following areas: health services (4), health education instruction (4), healthy environment (2), physical education (0), food services (1), counseling (1), staff wellness (1), and parent/community involvement (2) (see Appendix C).
- ◆ SHABs reported they have completed program implementation work in the following areas: health services (17), health education instruction (15), healthy environment (14), physical education (14), food services (11), counseling (9), staff wellness (7), and parent/community involvement (1).
- ◆ SHABs reported they have program implementation work in progress in the following areas: health services (64), health education instruction (56), healthy environment (54), physical education (33), food services (35), counseling (36), staff wellness (32), and parent/community involvement (56).
- ◆ SHABs reported they have a desire for program implementation assistance in the following areas: health services (2), health education instruction (2), healthy environment (3), physical education (1), food services (1), counseling (1), staff wellness (5), and parent/community involvement (4).
- ◆ SHABs reported they have not looked at program implementation in the following areas: health services (2), health education instruction (2), healthy environment (9), physical education (22), food services (26), counseling (21), staff wellness (29), and parent/community involvement (12).

Table 6

**PROGRAM IMPLEMENTATION
BY COMPONENT NUMBER OF RESPONSES BY CODE
School Years 1997-98 and 1998-99**

Codes	Health Services		Health Education Instruction		Healthy Environment		Physical Education		Food Service		Counseling		Staff Wellness		Parent-Community Involvement	
	97	98	97	98	97	98	98	98	97	98	97	98	97	98	97	98
Year	97	98	97	98	97	98	98	98	97	98	97	98	97	98	97	98
NR	20	14	26	20	31	20	33	30	31	27	37	32	29	27	27	26
1	3	2	1	2	3	3	1	1	1	1	0	1	2	5	2	4
2	4	2	9	7	13	9	25	22	34	26	30	21	26	29	13	12
3	62	64	62	56	48	54	37	33	35	35	34	36	42	32	60	56
4	18	17	11	15	13	14	12	14	9	11	6	9	9	7	5	1
5	9	4	4	4	2	2	2	0	1	2	3	1	3	1	3	2
1&2	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0
1&3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3&4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3&5	6	2	3	3	1	2	1	0	1	2	1	0	2	0	1	1
4&5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Codes used in Table 6:

NR= no response

1= We would like assistance in this area.

3= Our work in this area is in progress

4= We have completed our work in this area

2= We have not looked at this area.

5= We are willing to share information about our work in this area.

Programs Evaluated

Table 7 reflects analyses of the SHABs responses related to program evaluation for the school years 1997-98 and 1998-99. For school year 1998-99, SHABs reported their work on policies developed or reviewed as follows:

- ◆ SHABs reported they are willing to share program evaluation information in the following areas: health services (1), health education instruction (2), healthy environment (2), physical education (0), food services (1), counseling (1), staff wellness (0), and parent/community involvement (0) (see Appendix C).
- ◆ SHABs reported they have completed program evaluation work in the following areas: health services (10), health education instruction (11), healthy environment (10), physical education (10), food services (8), counseling (7), staff wellness (4), and parent/community involvement (1).
- ◆ SHABs reported they have program evaluation work in progress in the following areas: health services (51), health education instruction (52), healthy environment (48), physical education (35), food services (31), counseling (31), staff wellness (32), and parent/community involvement (42).
- ◆ SHABs reported they have a desire for program evaluation assistance in the following areas: health services (1), health education instruction (3), healthy environment (1), physical education (1), food services (2), counseling (3), staff wellness (2), and parent/community involvement (3).
- ◆ SHABs reported they have not looked at program evaluation in the following areas: health services (9), health education instruction (10), healthy environment (14), physical education (21), food services (29), counseling (24), staff wellness (30), and parent/community involvement (22).

Table 7
PROGRAMS EVALUATED
BY COMPONENT NUMBER OF RESPONSES BY CODE
School Years 1997-98 and 1998-99

Codes	Health Services		Health Education Instruction		Healthy Environment		Physical Education		Food Service		Counseling		Staff Wellness		Parent-Community Involvement	
	97	98	97	98	97	98	98	98	97	98	97	98	97	98	97	98
Year	97	98	97	98	97	98	98	98	97	98	97	98	97	98	97	98
NR	26	22	31	23	32	25	37	33	36	30	36	34	34	32	34	32
1	5	1	1	3	3	1	0	1	1	2	2	3	1	2	4	3
2	7	9	14	10	18	14	23	21	29	29	31	24	29	30	20	22
3	61	57	54	52	46	48	42	35	37	31	33	31	36	32	50	42
4	12	11	8	11	9	10	6	10	6	8	3	7	8	4	2	1
5	1	1	0	2	1	2	1	0	1	1	4	1	1	0	0	0
1&2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1&3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3&4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3&5	1	1	0	1	1	0	0	0	1	1	1	0	0	0	0	0
4&5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Codes used in Table 7:

NR= no response

1= We would like assistance in this area.

2= We have not looked at this area.

3= Our work in this area is in progress

4= We have completed our work in this area

5= We are willing to share information about our work in this area.

Conclusions

In working to meet the requirements set forth in the *Code of Virginia*, the School Health Advisory Boards continue to play a valuable role in the Commonwealth of Virginia and community in which they serve. SHABs assist in the development of health policy and the evaluation of the status of school health, health education, the school environment, and health services. Over the last 3 years, SHABs are becoming more diverse with community group membership, are meeting regularly, and are filing reports to the local school boards, the central office and/or to local group. The initiatives the SHABs undertake continue to be across broad categories, in order to meet specific community objectives regarding school health issues. SHABs are interested in what initiatives and processes other SHABs are developing (or have been successful) and many SHABs are willing to share information about their work

Appendices

Appendix A: Excerpt from the *Code of Virginia* §22.1-275.1

§22.1-275.1

School Health Advisory Board

Each school board shall establish a school health advisory board of no more than twenty members, which shall consist of broad-based community representation including, but not limited to, parents, students, health professionals, educators, and others. The school health advisory board shall assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services.

The school health advisory board shall hold meetings at least semi-annually and shall annually report on the status and needs of student health in the school division to any relevant school, the school board, the Virginia Department of Health, and the Virginia Department of Education.

The local school board may request that the school health advisory board recommend to the local school board procedures relating to children with acute or chronic illnesses or conditions, including, but not limited to, appropriate emergency procedures for any life-threatening conditions and designation of school personnel to implement the appropriate emergency procedures. The procedures relating to children with acute or chronic illnesses or conditions shall be developed with due consideration of the size and staffing of the schools within the jurisdiction.

Appendix B: School Health Advisory Board Annual Report Form

I. IDENTIFYING INFORMATION

School Division:	_____		
SHAB Chairperson:	_____		
Address:	_____		

Telephone:	_____	Fax:	_____
Person completing this Report:	_____	Date:	_____
Telephone:	_____	Fax:	_____
E-mail:	_____		

II. STRUCTURE AND OPERATION OF YOUR SHAB

A. Membership

Use the following grid to describe the composition of your SHAB by listing each member's name. Use the accompanying legend to designate each member's role. If members serve in more than one role, please designate it below.

Jane Doe (example)	P1

Use the following symbols and numbers:

<p><u>P = Parent</u> 1-school age child 2-medically fragile child 3-PTA representative</p> <p><u>C = Community</u> 1-civic group 2-religious group 3-human services 4-youth services</p>	<p><u>HP = Health Professional</u> 1-medical 2-dentistry 3-mental health 4-public health 5-other (specify)</p> <p><u>S = Student</u></p>	<p><u>E = Education</u> 1-school nurse 2-health teacher 3-other teacher 4-administrator 5-counselor 6-food service 7-other (specify)</p>	<p><u>M = Miscellaneous</u> 1-business 2-government official 3-other (specify)</p>
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B. Work Completed This Year

Indicate the areas of work performed by your SHAB this past school year by completing the grid below. (Use the following codes to mark each cell. Use all codes that apply.)

- 1 – We would like assistance with this area.
- 2 – We have not looked at this area yet.
- 3 – Our work in this area is in progress.
- 4 – We have completed our work in this area.
- 5 – We are willing to share information about our work in this area.

	Health Services	Health Education/ Instruction	Healthy Environment	Physical Education	Food Services	Counseling	Staff Wellness	Parent/ Community Involvement
Policies Developed or Reviewed								
Programs Implemented								
Programs Evaluated								

C. Accomplishments

On a separate page, list your SHAB’s specific contributions to/accomplishments in the above areas (policies, programs, evaluations).

IV. FACTORS THAT AFFECTED YOUR SHAB’S EFFECTIVENESS

A. Factors That Facilitated Effectiveness

Check all of the following factors that helped your SHAB to be more effective this school year. The below list was generated from previous SHAB reports.

- Participation of SHAB members
- Diversity of the membership of the SHAB
- Cooperation and team spirit among SHAB members
- Leadership/organization of the SHAB
- Support provided by the Central Office
- Support provided by the school administrators
- Support provided by the outside agencies (e.g., local health department)
- Others (please specify): _____

B. Factors That Limited Effectiveness

Check all of the following factors that limited your SHAB's effectiveness this school year. The below list was generated from previous SHAB reports.

- Lack of time to devote to SHAB activities
- Poor attendance at SHAB meetings
- Scheduling problems
- Lack of money and resources
- Changes in membership
- Poorly defined objectives
- Not enough volunteers
- Others (please specify): _____

V. ADDITIONAL INFORMATION

Use this space to provide additional information about your SHAB that you feel is important to share.

Thank you for your participation!

Appendix C: SHAB 1997-98 Report Information

School Division	Person(s) Completing Report	Telephone	Area(s) Willing to Share
Accomack County	┆┆┆		
Albermarle County	Tom Nash	(804) 296-5885	
Alexandria City	┆┆┆		
Alleghany Highlands	Leslie Downer	(540) 863-1736	PD: HS, P/C. PI: HS, SW, P/C.
Amelia County	Patricia Hill	(804) 561-2621	
Amherst County	Lee Paris	(804) 946-9343	
Appomattox County	Joyce C. Jamerson	(804) 352-8251	
Arlington County	Lucy Kernan-Schloss	(703) 527-6584	
Augusta County	James H. Sout	(540) 245-5120	PD: HS, SW. PI: HS. PE: HS.
Bath County	Jackie R. Stephenson	(540) 839-2722	
Bedford County	Sara S. Staton	(540) 586-1045	
Bland County	Nancy Gamble	(540) 688-3361	
Botetourt County	Jacqueline Giorgi	(540) 473-8263	
Bristol City	Barbara Mumpower	(540) 645-9612	
Brunswick County	Janet P. Roberts	(804) 848-2157	
Buchanan County	┆┆┆		
Buckingham County	Cynthia Jones	(804) 969-2050	
Buena Vista City	Cathy E. Davis	(540) 261-6717	
Campbell County	┆┆┆		
Caroline County	Mary S. Swisher	(804) 448-2171	
Carroll County	Betty Quesinberry	(540) 728-3191	
Charles City County	Kitty G. Lewis	(804) 829-9252	
Charlotte County	Carolyn M. Baker	(804) 542-4463	PD: HS. PI: HS, Hed, FS PE: FS.
Charlottesville City	Marianne Kosiewicz	(804) 984-7007	
Chesapeake City	Barbara Hardee	(757) 494-7628	PD: HS, HEd, HEnv, PE, FS PI: HS, HEd, PE, SW
Chesterfield County	Jeffrey Hanzel	(804) 358-2361	PI: HS, HEd.
Clarke County	Scott Kizner	(540) 955-6100	
Colonial Beach City	Don Warner	(804) 224-0906	
Colonial Heights City	Carol P. Mingea	(804) 524-3445	
Covington City	Melinda Snead-Johnson	(540) 965-1400	
Craig County	Mary Page Cosby	(540) 864-5191	
Culpeper County	Mary E. Grist	(540) 825-3677	
Cumberland County	Joan M. Kidwell	(804) 492-3668	
Danville City	┆┆┆		
Dickenson County	Linda H. Sykes	(540) 865-5361	
Dinwiddie County	┆┆┆		
Essex County	Phillip Iovino	(804) 443-4366	
Fairfax County	Jeff White	(703) 876-5230	
Falls Church City	Judith Becker	(703) 241-7620	
Fauquier County	Pamela Trude	(540) 439-8926	
Floyd County	William R. Gardner, Jr.	(540) 745-9400	PI: HS.
Fluvanna County	Thomas Smith	(804) 589-8208	
Franklin City	Vanessa Collins	(757) 562-5348	
Franklin County	Florella H. Johnson	(540) 483-5138	

Frederick County	Joseph C. Jones	(540) 662-3888	
Fredericksburg City	Carlos L. Valadez	(540) 899-1300	
Galax City	Mary L. Coulson	(540) 236-2911	
Giles County	Mary Henderson	(540) 921-1421	
Gloucester	W. Wayne Fox	(804) 693-1454	
Goochland County	Elaine Berryhill	(804) 556-5316	
Grayson County	Mike Phipps	(540) 773-2832	
Greene County	William Wade	(804) 985-5254	
Greensville County	Elaine Seymour	(804) 634-2473	
Halifax County	Morris L. Bryant	(804) 476-2171	
Hampton City	LL		
Hanover	LL		
Harrisonburg City	John Seal	(540) 574-4597	
Henrico County	Frona.Colker	(804) 343-6504	
Henry County	Sherry M. Vestal	(540) 634-4753	
Highland	LL		
Hopewell City	Kelly G. Stock	(804) 541-6400	
Isle of Wright County	Warren J. Winter	(757) 357-0810	
Williamsburg-James City	Kathleen McNutt	(757) 229-8983	PD: HS, HEnv. PI: HEnv, PE, C, P/C PE: PE, C, SW
King George County	C. Lynn Lenaham	(540) 775-5833	
King & Queen County	SueAnn Fitzpatrick	(804) 785-6350	
King William County	Patricia E. Hall	(804) 769-3434	
Lancaster County	Frances Callaghan	(804) 435-1681	
Lee County	LL		
Lexington City	LL		
Loudoun County	K. Anne Lewis	(703) 771-6428	PD: HS. PI: HS.
Louisa County	Ann J. Wickwire	(540) 894-5133	
Lunenburg County	Deborah Linke	(804) 696-2161	
Lynchburg City	Anne Bond-Gentry	(804) 522-3700	
Madison County	Jeannie Utz	(540) 948-2245	
Manassas City	Sandy Thompson	(703) 257-8867	
Manassas Park City	Joanne K. Georg	(703) 335-8861	
Martinsville City	Carolyn Carr	(540) 634-5785	
Mathews County	W. Aaron Wilburn	(804) 725-3909	
Mecklenburg County	LL		
Middlesex County	Denise Hurd	(804) 758-2496	
Montgomery County	Judith R. Beazley	(540) 381-1714	
Nelson County	Larry J. Kellogg	(804) 263-8311	PI: HS
New Kent County	Gwendolyn Keeton	(804) 966-9648	
Newport News City	Daria Weber	(757) 591-4667	
Norfolk City	Gracie S. White	(757) 441-2107	
Northampton	LL		
Northumberland	J. Haynie/A.Swift	(804) 529-6134	
Norton City	John C. Sessions	(540) 679-2330	PD: HEnv, C. PI: HEnv., C PE: HEnv, C.
Nottoway County	April Wright	(804) 292-5373	
Orange County	Phyllis Smith	(540) 672-2296	
Page County	LL		
Patrick County	Sandra J. Montgomery	(540) 694-7139	
Petersburg City	Nelson R. Ramsey	(804) 861-5841	
Pittsylvania County	Emily B. Hill	(804) 432-2761	

Poquoson City	George Curtis	(757) 868-3055	
Portsmouth City	J.B. Martin	(757) 399-4588	
Powhatan County	⊥⊥		
Prince Edward Co.	Maurice Finney	(804) 392-8893	
Prince George County	Renee Williams	(804) 733-2700	
Prince William County	Allison K. Stearns	(703) 791-7436	PD: C. PI: C. PE: C.
Pulaski County	⊥⊥		
Radford City	W.R. Wright/Barbara Mayo	(540) 731-3647	
Rappahannock County	⊥⊥		
Richmond City	Leecoste/C. Garner	(804) 780-7801	
Richmond County	Robert G. Luttrell	(804) 333-3681	
Roanoke City	⊥⊥		
Roanoke County	Lavern Davis	(540) 562-3756	PD: Env PI: Hed, P/C
Rockbridge County	⊥⊥		
Rockingham County	Krista Swensson	(540) 564-3225	
Russell County	C. Michael Puckett	(540) 889-6500	
Salem City	Lewis D. Romano	(540) 389-0130	
Scott County	Debra Keith	(540) 386-6118	
Shenandoah County	⊥⊥		
Smyth County	Becky Ewald	(540) 783-3791	
Southampton County	Koren Edwards	(757) 653-2692	
Spotsylvania County	Charles H. Harris	(540) 898-6032	
Stafford County	Randall R. Clingenpeel	(540) 720-3336	
Staunton City	Steven Walk	(540) 332-3920	
Suffolk County	Janice F. White	(757) 925-5627	
Surry County	Beatrice Johns	(757) 294-3185	
Sussex County	Richard C. Moore	(804) 246-5511	
Tazewell County	Donna S. Murray	(540) 988-6980	
Virginia Beach City	Carol Flach	(757) 427-4791	
Warren County	Pamela M. McInnis	(540) 635-2171	
Washington County	Sue T. Thayer	(540) 628-1835	
Waynesboro City	Pat Caulkins	(540) 946-4604	
West Point Town	Juanita S. Joyce	(804) 843-4368	
Westmoreland County	Randy Long	(804) 493-8790	
Winchester City	John Taylor	(540) 667-4253	
Wise County	Donnese Kern	(540) 328-8017	
Wythe County	Lee Johnson	(540) 288-5411	PD: HS, SW PI: HS, SW
York County	G. Conradi/B.Elliott	(757) 220-4091	

*** Codes Used in Appendix C, Areas(s) Ready to Share:**

PD	= Policy Developed or Reviewed	P/C	= Parent/Community Involvement
PI	= Program Implemented	⊥⊥	= No report on file for school year 1997-98
PE	= Program Evaluated		
HS	= Health Services		
HEd	= Health Education Instruction		
HEnv	= Healthy Environment		
PEd	= Physical Education		
FS	= Food Services		
C	= Counseling		
SW	= Staff Wellness		

Appendix C (continued): SHAB 1998-99 Report Information

School Division	Person(s) Completing Report	Telephone	Area(s) Willing to Share
Accomack County	↓↓		
Albermarle County	Tom Nash	(804) 296-5885	
Alexandria City	↓↓		
Alleghany Highlands	Leslie Downer	(540) 863-1736	
Amelia County	Melinda Murray	(804) 561-2433	
Amherst County	Lee Paris	(804) 946-9343	
Appomattox County	Joyce C. Jamerson	(804) 352-8251	
Arlington County	Lucy Kernan-Schloss	(703) 527-6584	
Augusta County	James H. Sout	(540) 245-5117	
Bath County	↓↓		
Bedford County	Sara S. Staton	(540) 586-1045	
Bland County	Nancy Bralley	(540) 688-3361	
Botetourt County	Jacqueline Giorgi	(540) 473-8263	
Bristol County	Barbara Mumpower	(540) 645-9612	
Buchanan County	↓↓		
Brunswick County	D. Steed & A. Martin	(804) 848-2157	
Buckingham County	Cynthia Jones	(804) 969-2050	
Buena Vista City	Cathy E. Davis	(540) 261-6717	
Campbell County	↓↓		
Caroline County	Mary S. Swisher	(804) 448-2171	
Carroll County	↓↓		
Charles City County	Kitty G. Lewis	(804) 829-9252	
Charlotte County	Carolyn M. Baker	(804) 542-4463	PI: HS, Hed, FS PE: FS.
Charlottesville City	Marianne Kosiewicz	(804) 245-2405	
Chesapeake City	Barbara Robinson	(757) 494-7628	PD: HS, HEd, HEnv, FS PI: HS, HEd, FS, P/C.
Chesterfield County	Jeffrey Hanzel	(804) 358-2361	
Clarke County	Matthew John Eberhardt	(540) 955-6100	
Colonial Beach City	Don Warner	(804) 224-0906	
Colonial Heights City	Carol P. Mingea	(804) 520-7269	
Covington City	Melinda Snead-Johnson	(540) 965-1400	
Craig County	↓↓		
Culpeper County	Mary E. Grist	(540) 825-3677	
Cumberland County	Joan M. Kidwell	(804) 492-3668	
Danville City	↓↓		
Dickenson County	Linda H. Sykes	(540) 859-2740	
Dinwiddie County	Pamela Wilkerson	(804) 469-4280	
Essex County	Jeffrey R. Smith	(804) 443-4301	
Fairfax County	Rebecca Moscoso	(703) 876-5230	
Falls Church City	Theresa A. Werner	(703) 248-5630	
Fauquier County	Michelle D. North	(540) 349-0588	PI: P/C. PE: HEnv.
Floyd County	William R. Gardner	(540) 745-9400	PI: HS.
Fluvanna County	Barry Mahanes	(804) 589-8208	
Franklin City	Vanessa Collins	(757) 562-5348	
Franklin County	Florella H. Johnson	(540) 483-5138	

Frederick County	Richard Plaughner	(540) 662-3888	
Fredericksburg City	Carlos L. Vavadez	(540) 899-1300	
Galax City	Mary L. Coulson	(540) 236-2911	
Giles County	Mary Henderson	(540) 921-1421	
Gloucester County	↓↓		
Goochland County	↓↓		
Grayson County	Mike Phipps	(540) 773-2832	
Greene County	Linda Handy	(804) 985-5354	
Greensville County	Elaine Seymour	(804) 336-0907	
Halifax County	↓↓		
Hampton City	↓↓		
Hanover City	↓↓		
Harrisonburg City	John Seal	(540) 5744597	
Henrico County	Frona.Colker	(804) 343-6504	
Henry County	Sherry M. Vestal	(540) 634-4700	
Highland County	↓↓		
Hopewell City	Kelly G. Stock	(804) 541-6400	
Isle of Wright County	Warren J. Winter	(757) 357-0810	
Williamsburg-James City	Kathleen McNutt	(757) 229-8983	
King George County	↓↓		
King & Queen County	↓↓		
King William County	Patricia E. Ball	(804) 769-3434	
Lancaster County	Frances Callaghan	(804) 435-3183	
Lee County	Patricia G. Murphree	(540) 346-2107	
Lexington City	↓↓		
Loudoun County	↓↓		
Louisa County	Ann J. Wickwire	(540) 894-5133	
Lunenburg County	Shirley Hide	(804) 696-2137	
Lynchburg City	Anne Bond-Gentry	(804) 522-3700	
Madison County	Jeannie Utz	(804) 948-2245	
Manassas City	Sandy Thompson	(703) 257-8867	
Manassas Park City	Joanne K. Georg	(703) 355-8861	
Martinsville City	Vicky Utt	(540) 634-5785	
Mathews County	W. Aaron Wilburn	(804) 725-3909	
Mecklenburg County	Patricia E. Ryan	(804) 738-6111	
Middlesex County	↓↓		
Montgomery County	Judith R. Beazley	(540) 381-1714	
Nelson County	Larry J. Kellogg	(804) 263-8311	PI: HEd, HEnv.
New Kent County	Gwendolyn Keeton	(804) 966-9648	
Newport News City	Daria Weber	(757) 591-4667	
Norfolk City	J. Frank Sellew	(757) 441-2819	
Northampton County	↓↓		
Northumberland County	↓↓		
Norton City	N. Kaye Mink	(540) 679-2330	PD: HEnv, C. PI: HEnv. PE: HEnv, C.
Nottoway County	April Wright	(804) 292-5373	
Orange County	↓↓		
Page County	↓↓		
Patrick County	Sandra J. Montgomery	(540) 694-7139	
Petersburg City	Nelson R. Ramsey	(804) 861-5841	
Pittsylvania County	Emily B. Hill	(804) 793-1624	
Poquoson City	Judith Connell	(757) 868-3050	
Portsmouth City	J.B. Martin	(757) 397-9801	

Powhatan County	┐┐		
Prince Edward Co.	┐┐		
Prince George County	Renee Williams	(804) 733-2700	
Prince William County	Allison K. Stearns	(703) 791-7436	PD: C. PI: C. PE: C.
Pulaski County	Max Cecil	(540) 994-1406	PI: HS.
Radford City	W.R. Wright/Barbara Mayo	(540) 731-3647	
Rappahannock County	┐┐		
Richmond City	T. Leecoste/C. Garner	(804) 780-7801	
Richmond County	Robert G. Luttrell	(804) 333-3681	
Roanoke City	Lou C. Talbutt	(540) 853-2466	
Roanoke County	Lavern Davis	(540) 562-3756	PI: HS, HEd. PE: HS, HEd.
Rockbridge County	┐┐		
Rockingham County	Scott L. Hand	(540) 564-3225	
Russell County	C. Michael Puckett	(540) 889-6500	
Salem City	Lewis D. Romano	(540) 389-0130	
Scott County	Debra Keith	(540) 386-6118	
Shenandoah County	Robert A. Belyea	(540) 459-4091	
Smyth County	┐┐		
Southampton County	Koren Edwards	(757) 653-2692	
Spotsylvania County	Charles H. Harris	(540) 898-6032	
Stafford County	┐┐		
Staunton City	Janet Surratt	(540) 332-3920	
Suffolk County	Janice F. White	(757) 925-5500	
Surry County	Beatrice Johns	(757) 294-3278	
Sussex County	Richard C. Moore	(804) 246-5511	
Tazewell County	Donna S. Murray	(540) 988-6980	
Virginia Beach City	Gilbert/Flach	(757) 427-4791	
Warren County	Pamela M. McInnis	(540) 635-2171	
Washington County	Sue T. Thayer	(540) 628-1835	
Waynesboro City	Pat Caulkins	(540) 946-4600	
West Point Town	Juanita S. Cawley	(804) 843-4368	
Westmoreland County	Randy Long	(804) 493-8790	
Winchester City	Michael Jeffries	(540) 678-3962	
Wise County	Donnese Kern	(540) 328-8017	
Wythe County	Lee Johnson	(540) 288-5411	PD: HS, HEd
York County	S.Hunter/B.Elliott	(757) 898-5689	PD: HS.

*** Codes Used in Appendix C, Areas(s) Ready to Share:**

PD = Policy Developed or Reviewed
PI = Program Implemented
PE = Program Evaluated

HS = Health Services
HEd = Health Education Instruction
HEnv = Healthy Environment
PEd = Physical Education
FS = Food Services
C = Counseling
SW = Staff Wellness
P/C = Parent/Community Involvement

┐┐ = No report on file for school year 1998-99

