

# The Virginia Journal



VAHPERD  
Virginia Association for  
Health, Physical Education,  
Recreation, and Dance

SPRING 2008

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## President's Message

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Kay Schlitz

Once again VAHPERD has had an outstanding year. President, Kerry Redican, really "Made It Happen" in 2007. His leadership and professionalism were unwavering. As I step into Dr. Redican's presidential shoes, and do my best to take the lead, I am extremely happy to have Dr. David Sallee standing next to me. Dr. Sallee was elected as VAHPERD President-Elect in November. Both of these men are accomplished professionals and have been active in our organization for many years. I am honored to be working with them.

We had a terrific time in Reston last year, and are looking forward to seeing all of you in the 'same place – same time' this year. The 2008 convention will be held at the Hyatt Reston, November 7-9. Please share your best lessons with professionals around the state. Submit a program proposal. A proposal form can be found on the VAHPERD website ([vahperd.org](http://vahperd.org)). For first time presenters, do a group presentation. It is fun, exciting and rewarding. The deadline for proposals is coming soon, believe it or not! To get a good spot in the program, get your proposal in soon.

The theme for the 2008 convention is "Step Up and Take the Lead". The step can be in many forms. 'Step Up' and make a difference in the way you teach. Learn new methods and twists on old lessons, by attending your convention in the fall. With 10 sessions per hour presented by the best local, state and national professionals, there will be something for everyone. 'Step Up' and get involved in your organization. Volunteer to serve on the VAHPERD board. Go to the [vahperd](http://vahperd.org) website for contact information for each of our five divisions. On the website I am sure you will find a familiar name listed as a board member, section chair, or committee member. Let us know how we can serve our members better and become a volunteer yourself. Your organizations board members are teachers just like you. Teachers taking an extra step.

On the political front, VAHPERD has written letters to the House and Senate, on behalf of our members, in support of Bill 242. This bill states the need for extended time in physical education class per week. The letters also stated the need for health and physical education to be taught by licensed professionals. Check the House and Senate website for updates on this and other Bills that affect our profession.

We are proud of our 2007 professional TOY's (Teachers of the Year). Henry Castelvechi, Elementary Physical Education; David Hunt, Middle School Physical Education; Crystal Barker, Adapted Physical Educator; Cathy Hawkins; K-12 Health Education, Rodney Williams, Dance Professional; and Bonnie Connor-Gray as Supervisor of the Year. VAHPERD also recognized over 30 Future Professionals (college/university students) as well at our last year's convention.

Out of this high achieving group, two have gone on to receive Southern District (SD-13 states) and National awards. Jen Hamlet received the SD Future Professionals award and Cathy Hawkins received the SD and the AAHE (American Association of Health Educators) award for K-12 Health Educator. Take the time to nominate deserving colleagues for these awards. Nomination forms can be found on the VAHPERD website. Deadline dates for applications is early, so get nominations in soon.

Also, remember VAHPERD is a sponsor for the "The Health and Physical Education Summer Institute". The date for the institute is set for July 20-24, 2008. This institute is more commonly know (among [vahperd](http://vahperd.org) members) as "summer camp for adults". It will be the most fun you can have while learning.

I am proud to represent you as president of VAHPERD. We are a strong association, and I am only a reflection of our members.



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## President-Elect's Message

David Sallee

Let me start by saying how honored I am to be serving our organization in the role of President Elect. Many of the people I have looked to as mentors have played major roles in VAHPERD. Kerry Redican, Steve Ames, Beverly Zeakes, and Beverly Johnson have all played major roles in my life. I learned to be a teacher from Beverly Johnson at Old Dominion University. She began my career in teaching and I am honored to stand in the place she occupied when I was her student. Kerry Redican, Steve Ames, and Beverly Zeakes have been my mentors in graduate school and I am glad to say that I see them all often and they still play a critical role in whom and what I am. I am proud to follow in all of their footsteps in providing service to VAHPERD. I will do my very best to make each of you proud.

I see many opportunities for growth in VAHPERD. Our convention is a wonderful opportunity to learn and grow, but many of our members can't make it to the convention. The timing is problematic or funding is not available. We must find a way to reach those members. I think a wonderful opportunity to do that lies in activities like the Southwest Virginia Summer Institute. If you are not familiar with this event, it is a one day mini convention. Susan Miller organizes and delivers a tremendous event at Radford University. I believe that this type of outreach is what we should be doing as an organization. One to two day learning opportunities that are mobile and can come to those that need or want them.

I also think that we need to do more to support and nurture our young professionals. Students are the key to our future. We must get them involved in their professional organizations. It is critical for their growth as professionals and our growth as an organization. We need to have programming that is designed just for them. I think that we should have a one day institute for students. We could focus the morning sessions on leadership and career development skills. The afternoon could be open for students to present research and or their teaching skills. Let's have an opportunity for students to get out in front of their peers and show what they can do. It would not hurt if we could have people in the audience that are looking for professionals to fill jobs in their community. We need to find ways to do more to attract students to our organization and to support them once they get here. It is the only way our organization will stay vibrant.

I also believe that we need to do more to advocate for our professionals. We need to be a force in Richmond to fight for those we represent. We should be monitoring legislation and talking with our elected officials. They should know who we are and expect a call or visit when a bill comes up that effects who we are, what we do, and the people we serve. We need to do more here and I know that we can. I want to use my presidency to learn more and to take concrete steps to make this happen.

It is my honor to serve you. I look forward to seeing our organization maintain its proud traditions and look for ways we can expand our service to our membership.

Sincerely, David Sallee

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## Past-President's Message

Kerry Redican

"Stepping Up and Taking the Lead" is the theme of the Fall, 2008 VAHPERD Convention. President Kay Shiltz's theme really captures what we individually and collectively need to be doing to advance our profession. Speaking of convention, it is early March (at the time of the writing of this message) and so far only about 12 abstracts have been received. Networking with our colleagues and presentations are the center pieces of our convention. We have plenty of room for presentations so please access the VAHPERD website and complete an abstract on research, projects, creative efforts, collaborations, and other initiatives that you desire to share with your colleagues. The deadline for receiving abstracts is April 15<sup>th</sup>. We've made the form very easy to complete so "step up, take the lead" and submit an abstract (s).

In the next few months, Judy Johnson, (the convention manager) and I will be focused on all the convention planning details (and there lots of details!). We are looking forward to an educational and fun convention.




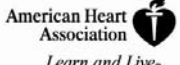
**Jump Rope, Have Fun  
and Help Save Lives**

Students love the excitement of Jump Rope For Heart events, and schools love that students are learning healthy habits and community values. The benefits of physical activity, healthy eating, and staying away from tobacco are just a few topics that these educational programs cover, all while raising funds to fight heart disease and stroke.

**Learn how your school can support cardiovascular research and save lives.**

Call 1-800-AHA-USA1  
or visit [americanheart.org](http://americanheart.org).

 American Alliance for Health, Physical Education, Recreation and Dance

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# *Multiple Influences on Women's Body Image*

*By Serena Reese, Ph.D., Virginia State University*

## **Abstract**

There are many women considered to be normal weight, with no eating disorders who look in the mirror and see their bodies as fat and ugly. Many of these women's distorted beliefs about their bodies can be traced to the fashion industry's portrayal of the ideal woman as very thin. The fashion industry tends to use models who are not indicative of the average woman. As a matter of fact, the average model used in the fashion industry weighs 25 percent less than the average woman (Mahan, 2004). This distortion can lead to women seeing their imperfect bodies as indicators of an imperfect person (Brownell, 2005). Socially and culturally, many women are taught that their looks will determine their success.

Some cultures state that a woman who is thin is the ideal woman accepted by society. This type of pressure for women to try to achieve the impossible may lead to depression, eating disorders, and low self-esteem. Throughout the years, in many cultures, women have been the focus of beauty. Women have had to read, listen and hear about what is considered to be beautiful. Unfortunately, for most women they do not fit into the prevalent category that is accepted as the norm for beautiful. This type of pressure can be overtly or inadvertently reinforced by their friends, family in the work environment and in the many magazines, books and television ads and shows that are shown daily.

Before and after advertisements are shown to be biased. In other words, they send a message to women that if you look like the before picture your body type is not acceptable. These type of ads also tend to send an unrealistic message about how losing weight is a process, not an overnight cure. The ads do not focus on the many hours that the woman may have spent adjusting her diet and modifying her lifestyle through exercising. These ads send a message that losing weight is easy and that if you are similar to the before picture you are lazy and fat.

## **Cultural Influences**

Studies of health practices have included consideration of factors stemming from social and cultural forces that play a role in determining body image. For example, a woman's attitude about body image is formed within her cultural environment and is the result of sociocultural experiences (Arena, 2003). Different cultures have varying degrees of influence on what are considered valued behaviors. Findings from a study by Weaver (2006) indicated how socially constructed differences toward appearance contribute toward "thinness" standards for women. Many women in American society are identified by their body type. This unrealistic standard of beauty has been further distorted in the mass media. Many believe that the emphasis placed on thinner body shapes as the ideal causes some women to develop eating disorders in an effort to become or remain thin (Elliot., 2006). Women may develop a poor self-image because they can never achieve what is believed to be the ideal body image. This may lead to many women subjecting themselves to yo-yo dieting which eventually may lead to constant weight loss and gain in their effort to achieve thinness. This process of weight gain and loss induces weight gain over time.

The ideal body image for women has shifted over the years. The waif (thin) look is currently the ideal look for many women in society (Kaminski, 2005). The sculpted look through plastic surgery has also become an acceptable look for women in society. The unattainable ideal image has led women to try diet pills, and may lead to eating disorders that are not easy to overcome (Kaminski, 2005). Women who are caught in the middle with a distorted image of their body may need to learn to get in touch with their body type. In other words, women may need to try to live outside of society's perceived notion of what is considered an acceptable, ideal body type for women. They need to have a positive acceptance of their particular type of body and appreciate the uniqueness of their bodies.

## **Influence of Age**

Fingeret (2004) studied sociocultural, feminist, and psychological influences on women's body dissatisfaction by examining the manner in which awareness and internalization of appearance standards, feminist ideology, and self-esteem affect body dissatisfaction. Sociocultural influences were shown to have significant effects on body image. Self-esteem had a direct effect on body dissatisfaction. Clearly, societal pressure for a body shape that is not attainable by most women can have a negative effect on self-esteem as well as physical health. There is some evidence that this is especially true for younger women. In a study of adulthood predictors of health-promoting behavior in older women, Holahan (2004) reported that education, and perceived health in adulthood, recalled importance in adulthood of success in sports before the age of 12. Older women may be more positive about their bodies than younger women because they perceive fewer societal pressures associated with their bodies. Choate (2005) added that body dissatisfaction is prevalent among women and girls.

Saucier (2006) investigated aging women and how body image emphasized society's role in influencing their body perceptions. The findings concluded that women entering middle age became more conscious of the realization that they no longer conform to society's standards of youth and beauty and that this may lead to low self-esteem, depression, and anxiety. According to Bruening (2005), the key to successful promotion of exercise and health benefits among diverse groups of women is to include women of all body shapes. Bruening suggested that a woman does not have to conform to an ever-changing ideal body image portrayed by the media and fashion industry to be considered beautiful. The motivation for changing exercise habits is assumed to be related to the discrepancy between reality and the ideal image of oneself (Rowe, 2005).

## **Media Influence**

Many magazine covers aimed at the female audience are used as sales tools to attract women to the magazine. These magazines emphasize body appearance and contain pictures of women's bodies that are impossible for the average women to obtain, which may lead women to feel negative about their own body type. Many

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weight management programs advertised in women's magazines are aimed at convincing women that if they use their product, they will be able to achieve the ideal body type.

There has been growing concern about body dissatisfaction, particularly in young women. Studies have reported body dissatisfaction prevalence greater than 60 percent for high school aged females and higher than 80 percent for women in universities (Choate, 2006). A large percentage of younger women feel that their body weight is too high and are trying to lose weight even when their weights are within, or below, the range that is considered healthy (Clay, 2005).

Brownell (2005) stated that it is hard to find a woman who likes her body. Brownell mentioned that women are changing the way they view their bodies. He suggested that instead of being horribly dissatisfied with their own bodies, women have become somewhat less horribly dissatisfied. Brownell (2005) mentioned that many women will find something wrong with their bodies. Brownell stated that if a woman likes her shape, she will usually find something wrong with her body such as her toes, knees elbows or ankles. Women need to focus on their inner vision which entails knowing what they want, and learning to express themselves through their thoughts and emotions. This may lead to their ability to accept their body types and not be engrossed in believing that they have to conform to the stereotyped women's body image portrayed by society, particularly the media.

Swann (2007) reported that for most women today- whatever their racial or ethnic identity free and easy relations with food are a relic of the past. Additionally, Swann explained that if we surveyed cultural attitudes toward women's appetites and body size there would be a variety of answers shaped by ethnic, national, historical, class and other factors.

In a study on young women who were exposed to ultra thin magazine models Clay (2005) found that self esteem declined substantially during middle adolescence. Clay proposed that the reason may be due to changes in body image which develops in the context of sociocultural factors. According to Clay the main sociocultural factor was the unrealistic media images of female beauty.

Another study on young girls ages 5-8 years reported that girls who looked at magazines aimed at adult women had greater dissatisfaction with their appearance. This particular study concluded that girls aged 5-8 years of age are already living in an appearance culture in which both peers and the media influence body image and dieting awareness (Dohnt, 2006). Girls as young as 6 years old have reported negative body images (Choate 2006).

Rowe (2005) conducted a study on women that measured self-ideal size perception. He found that the majority overestimated their body size on average one fourth larger than they really were. The findings in Rowe's study show that women may not actually see themselves as fat, but they base their evaluations of themselves with their own self-critical standards. Swann (2007) concluded that lack of self-esteem is the cause of women's body image problems. He stated that the better women feel about themselves, the less they tend to overestimate their size.

Bessenoff (2006) explored body image self-discrepancy as moderator and social comparison as mediator in the effects on women from thin-ideal images in the media. This study reported

that women with high levels of body image self-discrepancy were more likely to engage in social comparison from exposure to thin-ideal advertisements. She stated that these comparison processes tend to induce self-directed negative consequences. Unfortunately, study after study has shown that many women do not feel good about their bodies (Swann, 2007). In our American culture many women are "disordered" about issues of self-worth, self-entitlement, self-nourishment and comfort with their bodies.

### Summary

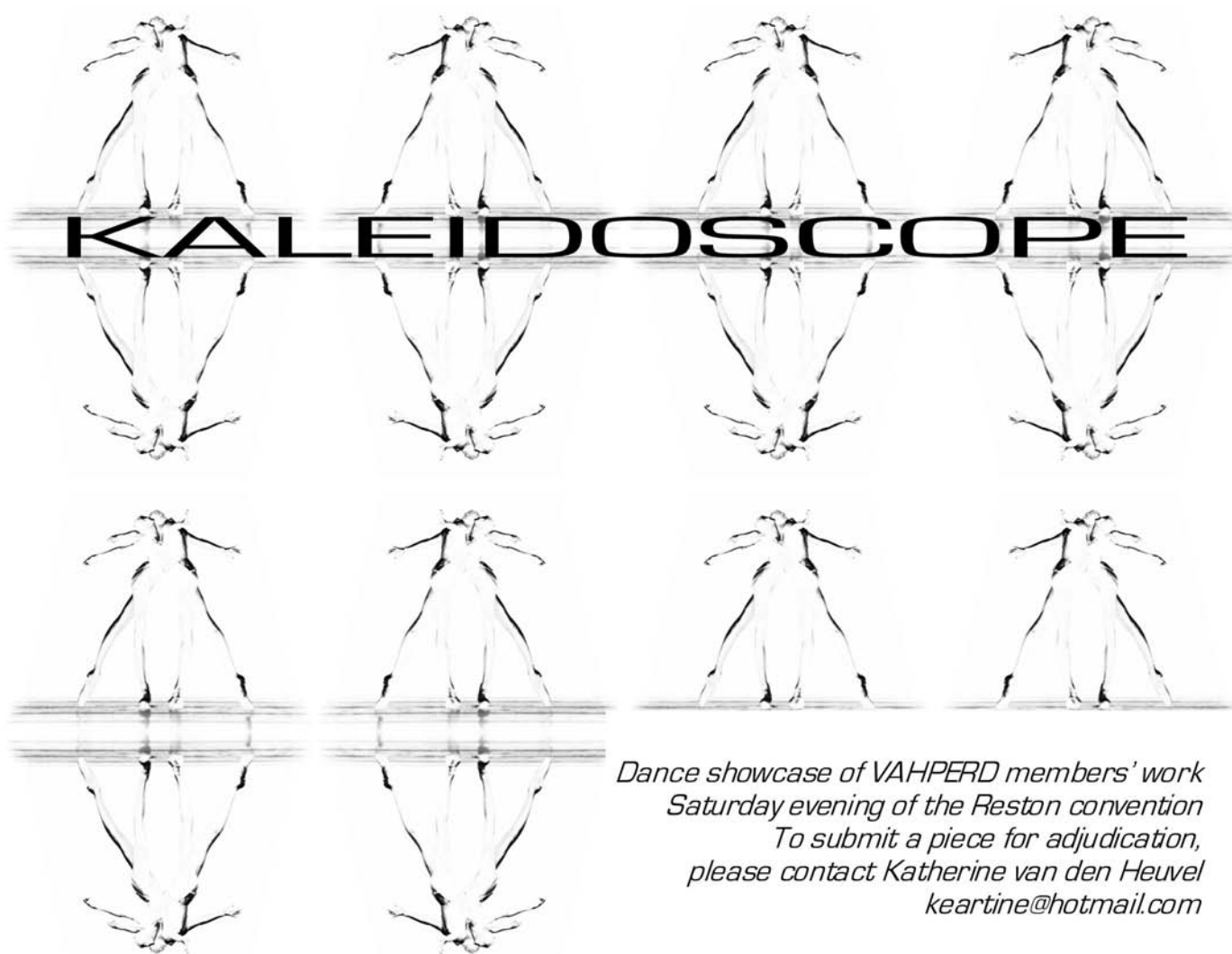
Orbach (2005) stated that even as the media such as the movies, television and magazines has begun to promote images of normal-size or large women, the skinny-body ideal continues to exist. Orbach (2005) stated that the ideal of the skinny-body ideal is embedded in the average woman's psyche. The rail thin ideal body image has been passed down through generations. Burgard (2000) concluded that we are in our third generation of women who believe in the rail thin body as the ideal image. Burgard (2000) mentioned that there are patients now whose grandmothers were anorexic.

Many women are exposed to similar sociocultural pressures. As a result, can a cultural analysis account for the fact that some women develop a distorted view of their bodies while others do not? Why are some women more vulnerable than others? The feminist position on this subject involves positing of an identical cultural situation for all women instead of the description of ideological and institutional parameters that govern the construction of gender in our culture (Fingeret, 2004). Of course not all women are exposed to the same cultural environment. Rather, they are all exposed to homogenizing and normalizing images and ideologies concerning female beauty. Unfortunately, these images and ideologies press for conformity to dominant cultural norms. A woman's identity is not formed only through interactions with such images. The configurations (of ethnicity, social class, sexual orientation, religion, genetics, education, age, etc.) that make up each woman's life will also be factors in how each woman is affected by our culture.

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*Dance showcase of VAHPERD members' work  
Saturday evening of the Reston convention  
To submit a piece for adjudication,  
please contact Katherine van den Heuvel  
keartine@hotmail.com*

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# BIKE SMART, VIRGINIA SCHOOLS!

By Vicki Miller, *Bike Smart, Virginia Schools! Coordinator*  
Adjunct Instructor, Health and Human Performance, Virginia Commonwealth University

Did you know that bicycles remain associated with more childhood injuries than any other consumer product except the automobile? Wearing a properly fitted bicycle helmet reduces the risk of brain injury by approximately 90 percent. This statistic is one of the reasons that I became involved with teaching bicycle skills in my physical education classes. Know how to ride a bicycle is a great lifetime physical activity. It is also a great mode of transportation that does not pollute our environment. And, best of all, it is FUN!

I was surprised how many children did not know "how" to ride a bicycle. Due to many societal factors: safety concerns when parents are working, "screen time" and lack of safe places to ride, many children do not have opportunities to practice bike skills. This is where Bike Smart, Virginia Schools! and HPE teachers can teach movement skills and concepts that will last a lifetime.

Bike Smart, Virginia Schools! is a collaborative project with the Virginia Departments of Education, Health, and Motor Vehicles and the non-profit organization, Bike Walk Virginia. 80% of child-

hood bike-related fatalities are due to the rider's error. Bike Smart, Virginia Schools! aims at teaching children safe biking behavior in an effort to reduce the numbers of injuries and fatalities. This is accomplished by teaching a unit of "on the bike" instruction as part of the school's Health and Physical Education curriculum. These lessons can also increase student's physical activity and hopefully, decrease childhood obesity.

To ensure that students are taught current safety information and riding techniques, all teachers instructing bike safety as part of their health and physical education classes are encouraged to become Bike Smart Basics certified. The 12-hour course is offered to Virginia school divisions and organizations of ten or more and is eligible for continuing education credit through the Virginia Department of Education. All instructors are Bike Smart of LAB certified. Below are a couple of examples of lesson plans from the PEDAL POWER curriculum guide that I am writing for Bike Smart, Virginia Schools!

## Bike Smart, Virginia! PEDAL POWER!

### Elementary Curriculum Lesson 1 - Helmets



#### *In This Lesson...*

Students will have the opportunity to learn about why helmets are so important, and how effective they are. Students will practice fitting bicycle helmets correctly on their head and helping their partner. This lesson also gives the teacher the opportunity to assess the students' prior knowledge about bicycles through a written assessment. Bicycle rules and expectations are essential to teach during the first lesson and information/consent forms should be sent home.

#### **A. HELMET FIT:**

Putting a helmet on isn't as straightforward as you may think. Helmets must pass the proper-fit test to ensure they are on correctly.

- The helmet should sit **LEVEL** on your head, covering the forehead (**doesn't rock & roll**).
- The helmet should be **SNUG** and not wobble excessively side to side.
- No more than 2 fingers (**child's fingers**) above the eyebrow to helmet (2-finger salute!)
- Side straps: Adjust the slider on both straps to form a "V" shape under and slightly in front of the ears.
- The chinstrap must be tight and properly adjusted. No more than 2 fingers should fit under the chinstrap.

If you are using a helmet with "universal fit" / "wheel adjuster", tighten the wheel.

**Check to see if the helmet fits correctly.** Open your mouth wide... big yawn! The helmet should pull down on the head. If not, tighten the chinstrap. Does your helmet rock back more than two fingers above the eyebrows? If so, unbuckle, shorten the front strap by moving the slider forward. Buckle, retighten the chinstrap, and test again. Does your helmet rock forward into your eyes? If so, unbuckle, tighten the back strap by moving the slider back toward



the ear. Buckle, retighten the chinstrap, and test again. Does your helmet rock forward into your eyes? If so, unbuckle, tighten the back strap by moving the slider back toward the ear. Buckle, retighten the chinstrap, and test again.

Give students a Virginia Department of Health "A Perfectly Fitted Bicycle Helmet" brochure for review and to keep in log or take home to share with parents.



### **B. Ideas to prevent head lice:**

Have a specified space to store helmets. Wear a cap, bouffant hat (lunch lady cap), do rag, book sock, bandana, or other head covering/barrier to protect from lice when sharing helmets. If possible, have students wear their own helmet or have a bike helmet drive so students can purchase their own personal helmet at a reasonable cost (see attached document – Bicycle Helmets for PEDAL POWER!). Discourage using disinfectant sprays: breaks down the styrofoam and could be caustic to students.

## **Bike Smart, Virginia! PEDAL POWER!**

### **Middle School / High School Curriculum Lesson 5 - Gearing**

#### *In This Lesson...*

Students will learn the basics of gearing. It is important to explain gearing in a simple way because it can be very confusing. Students should get opportunities to practice gearing on a trainer, a flat surface, and then an uneven surface. It is important that students are never in extreme gears. Students will learn pedal techniques and cadence (rhythmic pedaling at same speed in low gears / high gears).



## *Virginia Physical Education Standards of Learning*

### Skilled Movement

6.1 7.1 8.1 8.2 9.1 10.1

### Responsible Behaviors

6.4 7.4 8.5 9.4 10.4

### Movement Principles and Concepts

6.2 7.2 8.3 9.2 10.2

### Physically Active Lifestyle

6.5 7.5 8.6 9.5 10.5

Objectives	Instructional Activities
<p><b>1. Review ABC Quick Check</b></p> <p><b>2. Review Scanning and Signaling</b></p> <p><b>3. Demonstrate Pedaling Techniques</b></p> <p><b>4. Demonstrate Gearing</b></p>	<p>1A. After the students put their helmets on, have them perform the ABC Quick Check on their bikes. Teaching Tip: Have students work with partners to demonstrate and check skills.</p> <p>2A. Review the bike unit rules and emphasize the importance of proper spacing. Have students ride around the designated area to practice scanning and signaling during the warm-up. Teaching Tip: To maintain balance when scanning, emphasize “chin to shoulder” when looking over shoulder for obstacles.</p> <p>3A. Demonstrate proper pedal technique on a bike trainer/stand. Pedal using the balls of feet. Have students practice pushing pedals to make “circles” in low gears or “spinning” in high gears. Teaching Tip: Check footwork for pedaling efficiency.</p> <p>4A. Demonstrate gear changing on a trainer/stand. Put students in pairs or groups of 3 using a trainer to practice pedaling/gearing. Teaching Tip: Encourage students to look forward and not at the shifters.</p> <p>4B. Challenge students to shift gears by telling them that they are going up/down a hill, or riding on a level surface. Emphasize shifting gears - “one at a time”.</p>
<p><b>5. Demonstrate Cadence</b></p> <p><b>6. Demonstrate Gearing and Cadence</b></p>	<p>Teaching Tip: Have group members check and see which gear their teammate selects. Show a bike video or “travel channel” video to teach students how to shift gears while going up/down a hill, or riding on a level surface.</p> <p>5A. Have students practice pedaling at a rhythmical or measured flow (cadence) in low gears and high gears on the bike trainers. Teaching Tip: Riders should be able to pedal at the same speed going up/down a hill or on level surfaces using the correct gears.</p> <p>6A. Have students ride around the bike course or on trainers shifting gears in the following combinations: <b>flat surface</b>: chain ring: 2 and cassette: 4; <b>up hill</b>: chainring 1 and cassette 3, and <b>down hill</b>: chainring 3 and cassette 6.</p> <p>6B. Gearing/Cadence warm-up activities lesson (attachment). Teaching Tip: Emphasize pedaling at the same speed (cadence) in each gear. Have students ride in an area that has small hills.</p>

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## Equipment:

- Class set of bicycles, helmets, and head barriers
- Cones to mark course and chutes
- Bike trainers/stands
- Designated area for adjustments: air pumps, extra bikes and helmets

## Plan Ahead and/or Best Practices:

1. Prepare a bike course with several "cutes" or "boxes" for demonstration purpose. You may designate areas for students to **STOP** if they need to adjust their bike or helmet. You may want to have parent/community volunteers help with adjustments. Have air pumps, extra helmets and bikes at the **STOP** area. Trainers/stationary bikes should also be set up for students with special needs/balance difficulties.
2. Set up trainers in the bike area. If you have enough bikes, put them in the trainers so the students do not have to put their bikes in the trainers.
3. Set up a TV/VCR with a bike video or "travel channel" video so students can practice pedaling efficiently while practicing cadence and gearing in simulated situations.
4. If your school has access to pedometers, heart rate monitors, bike computers, etc., introduce fitness technology while participating in the gearing lesson. Students can measure their steps (place pedometer on shoe), miles traveled, amount of miles traveled per hour, cadence, heart rate, etc. Students can track progress in logs, journals, or other assessments.
5. Have students complete the gearing section of the bike booklet in class or homework.

## Need to Know or Background Knowledge:

**Pedaling** - Proper pedaling technique emphasizes using the "balls of the feet" or push pedals. Students will be able to ride more comfortably and efficiently if pedaling correctly.

**Cadence** - Rate of pedaling measured in revolutions per minute.

The lesson plans include: helmet and bike safety, bicycle readiness, bicycle readiness, bicycle fit, scanning and signaling, gearing, maintenance, prevention maneuvers, rules of the road, group rides, bicycle rodeo skills and helpful hints for teachers. There are also sections for bicycle technology and trainers, special needs students (including special bikes and stabilizers), English Second Language, storage facilities, maintenance contracts with bicycle shops, bike clubs, advocacy, and other important information to start or improve bicycle programs. Bicycle safety programs have

been adopted as part of the Health and Physical Education curriculum in one of more of the following school districts:

Albemarle, Alexandria, Arlington, Charlottesville, Cheasapeake, Chesterfield, Fairfax, Fauquier, Galax, Hanover, Henrico, Harrisonburg, Prince William, Roanoke City and County, Rockbridge, Stafford, Smyth, Virginia Beach, and Williamsburg/James City County.

**For more information about Bike Smart, Virginia Schools!, Pedal power, and other resources:**

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P.O. Box 203, Williamsburg, VA 23187 757-229-0507

There are also grant opportunities through the Virginia Department of Health (DIVP Bicycle Helmet Mini Grants) and Virginia Department of Transportation (VDOT) – Safe Routes to Schools. VDOT recently awarded \$2.5 million in Safe Routes to School programs to foster opportunities for Virginia children in grades K-8 to walk and bike to school safely.

[www.saferoutesinfo.org](http://www.saferoutesinfo.org)

[www.saferoutestoschools.org](http://www.saferoutestoschools.org)

[www.dmv.virginiagov/webdoc/safety/programs/bicycle/index.asp](http://www.dmv.virginiagov/webdoc/safety/programs/bicycle/index.asp)

Bike Walk Virginia hopes to certify 80 new public school teachers through the Bike Smart Basics course by September 30, 2008. We would also like to certify 4 new Bike Smart Virginia instructors this year. If you are interested, please contact Bike Walk Virginia.

## Bike Smart, Virginia! Instructors:

Vicki Miller, Terry Gooding, Chad Triolet, Craig Foster, Lee Wilson, Steve Knott, Pam Mason, Misty Stahr, Chris Carroll, and Bill Hughes

## Bike Smart, Virginia! Instructor candidates:

Lynne Gilbert, Barry Trent, Ruth Wilkinson, Jessica Moore, and Michelle McCloud

**BIKE SAFE, BIKE SMART!**

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## *Lesson Ideas from Dr. Charlotte Guynes* **Bacteria War**

Grade: 3-5

Equipment: 2 different colored “pennies”/t-shirts, 3 hula hoops, 4 cones

Objective: to demonstrate how bacteria germs easily spread

Method:

First, move all desks and objects to one side of the classroom, or go outside to a open area for more room. Stress safety rules to the students for activities that involve running/tagging others.

This activity could follow a lesson on bacteria (a pathogens) and how it is spread from one person to another, and how the human body fights back to become well again. Begin by selecting two groups of three students each. Have one group wear red “pennies” to indicate that they are **bacterial agents**, another group wears blue “pennies” to represent **antibacterial agents**, and everyone else will not wear “pennies”, or be in groups as they are considered **healthy**. The four orange cones will be placed to indicate the playing area, and all skipping/tagging/standing must be within this area.

Begin with all the healthy students and the group of antibacterial agents scattered and skipping about the free space area. On the signal “bacteria”, the bacterial agents (holding hands) will skip around trying to tag other healthy students (on their **hand**) and infect them. If tagged, they will join hands with the bacterial agents and continue to try and tag others until everyone is infected. Meanwhile, the antibacterial agents (also holding hands) may attempt to tag the person(s) on either end of the infected chain without being tagged and free them (making them well again.) There will be three hula hoops placed on the playing area as “*safe zones*” that any student can stand in for a maximum of 10 seconds. If the students who make up the antibacterial agents get tagged they have to sit down outside the playing area until everyone is tagged. Remind students they **cannot run** while playing, and that they must tag another person’s hand to infect them (otherwise, they are still healthy).

Lesson Focus:

This activity is intended to help students recognize how easily it can be to transmit bacteria from one to another. Also, that there are anti-bacterial agents/medications that can help fight against the bacteria and help us get well again.

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## *Lesson Ideas from Dr. Charlotte Guynes* **B-Wise**

Grade: 6-8

Equipment: several Ziplock bags with basil/parsley flakes, video camera, videotape, TV/VCR

Objective: to associate what they see with possible danger

Method:

Videotaping is used to initiate great discussion and entertainment following this activity. Divide the class into small groups giving each group a Ziplock bag of simulated “marijuana.” Instruct the groups to develop a short skit with the focus being “say no to drugs”. Also have them involve peer pressure as an issue in their skit. It will be interesting to see the students devise unique ways to turn down the illicit drug.

Have the students use the following criteria to evaluate their peers skits as they view the video:

- Was the skit ‘believable’?
- Did the skit include peer pressure
- Did the group members take the issue of marijuana use serious?
- Did everyone have a “part” in the skit?
- Was the message “say no to drugs” clear?

Ask the class to rank the top three video skits and state why.

Lesson Focus:

This activity will help students experience how peer pressure can persuade them to use illicit drugs, but also prepare them to “say no” with a possible “real life” encounter.



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# *Developing the Four Domains Through Golf*

*By John Weeks, B.S., James Madison University*

*Susan B. Nye, PhD, James Madison University*

After completing a round of golf it is customary for a foursome to discuss the events of the round. Common conversations focus on shots that were taken both good and bad. Foursomes rarely discuss anything other than components that would fall within the psychomotor domain. However, within a physical education setting, the sport of golf can include so much more than just the psychomotor domain.

NASPE states “the goal of physical education is to develop physically educated individuals who have the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity” (NASPE, 2004). While the psychomotor domain is a major component of any physical education program, the cognitive, affective and health related fitness domains should not be neglected. Physical educators face many challenges from class size to lack of equipment and it can become easy for teachers to become overwhelmed and only focus on the psychomotor components of golf (i.e. hitting a good shot). However, within a golf unit, all four domains can be developed. This article will introduce teaching ideas to incorporate all four domains through the sport of golf.

The sport of golf helps students develop cross-lateral movements, hand-eye coordination, balance, and striking with long handled implements. Students can be taught through a progression of swing phases to help maximize additional movement concepts such as force, effort, and weight transfer (Graham et al, 2006). Below are several examples to engage students in golf related activities.

1. Clock putting – a clock is laid out by the teacher using golf tees or other similar objects with the golf hole being the center of the clock. Students then attempt putts from the different positions on the clock.
2. Ladder chipping – a number of cones or golf clubs are laid out in a ladder formation and the student attempts to pitch to the area between each object.
3. Target golf – the teacher creates large areas designated by a rope or cones. Student attempts to hit the desired target.

To help students learn to successfully hit a golf ball, the physical educator creates a progression for the golf swing. Within each phase of the progression, students are provided multiple opportunities to find success. Listed below describes the progression in which to teach the different golf swings.

- 1) Full swing assessment – Students would utilize an 8, 7, or 6 iron. By beginning students with the full swing, you can assess students’ experience with golf. With the full swing, there are many cues that can be utilized however, keeping the cues simple works best. Cues or critical elements to observe would include (1) feet shoulder width apart, (2) the body folds at waist like a piece of paper (3) left arm and club form an L in the backswing and during the follow through, and (4) belt buckle faces target at finish.

- 2) Putting – This allows students to become familiar with a proper stance and the knowledge of force. Putting will allow for club control. The cues to observe when students are putting include (1) feet shoulder width apart, (2) eyes over the ball, (3) swing path of club is straight back and straight forward, and (4) no movement of the lower body.
- 3) Chipping – Chipping will allow students the opportunity to increase the club’s swing distance. The cues to observe when chipping include (1) open stance to target, (2) hands slightly in front of ball, and (3) follow through to the target.
- 4) Pitching – Pitching allows students to increase the club swing’s distance and increase distance from the green. The cues to observe when students are pitching include (1) a narrow stance, (2) hands slightly in front of ball, (3) grip down on club, and (4) let club follow through towards target.
- 5) Full swing – At this point the full swing instruction can begin. This swing can be utilized for all irons, hybrids, and metal woods. The cues are similar to the full swing assessment.

Golf is a very thought provoking activity. The sport of golf is a game of problem solving, strategic play, and decision making. A golf player must make multiple decisions during play. Decisions such as the length of the hole, wind conditions, hole lay out, hole hazards, club selection, and so forth. Within a golf unit, students can develop critical thinking skills. For example, a teacher can have students create their own golf hole. The teacher would provide students with a list of specifics such as the hole length, number and type of hazards. In addition, students would be provided equipment such as hula hoops, flags, and/or colored cups in which to create their hole. Students would then design and play their created holes. This activity provides students an opportunity to apply and synthesize the information they learned through the golf unit. The teacher is then able to assess whether the students comprehended the golf information.

Another activity that assesses the cognitive domain is to present students with a combination of three golf holes. These holes would be illustrated on paper. The students would explain and/or demonstrate their strategy for playing the hole and explain the clubs they would use for each shot. Not only will this personalize the activity for students but it will provide the teacher with an assessment of the student’s cognitive understanding.

A component within the NASPE standards is for students to “exhibits responsible personal and social behavior that respects self and others in physical activity settings” (NASPE, 2004). The sport of golf lends itself to meeting this standard. Golf requires players to govern their own play and follow etiquette rules. For example, a teacher can provide instruction on how to determine which player would play first, how to greet other players at the tee box, what conduct is appropriate while participating, and what it means to not have a referee. As students are participating in golf, they would have opportunities to implement these etiquette rules.

For example, a student could hit their ball into the rough near a tree. The student is the only player in that particular area. The student is then faced with a decision, should they kick the ball out of a bad lie into a good lie or hit the shot from where it lies. The responsibility of the teacher is to provide instruction on how to make appropriate decisions that are both ethical and within the rules of play. Within the sport of golf, students can face this and other situations that will require thoughtful and ethical decisions.

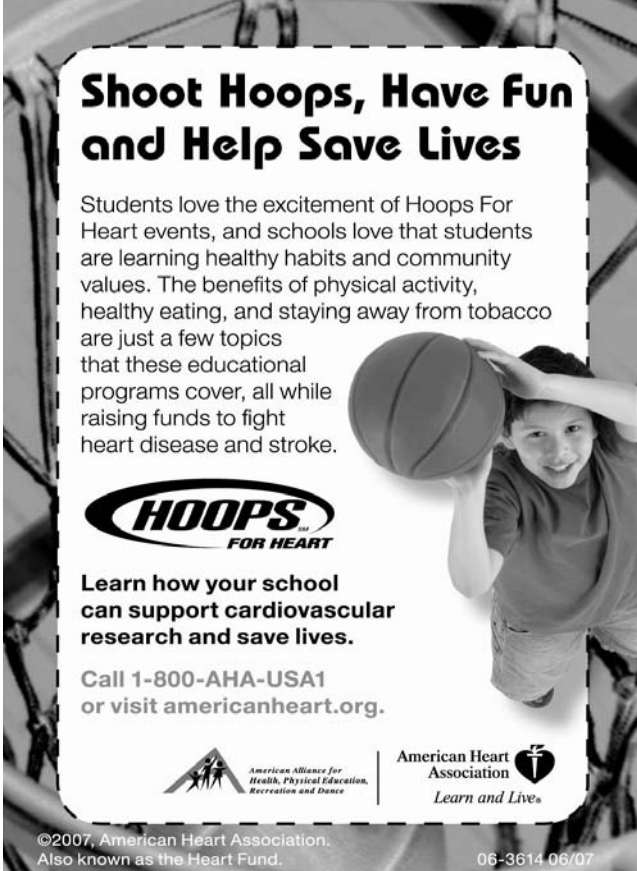
Beudet and Acquaviva (2005) have proposed a fourth domain, health related fitness, to be considered within the physical education curriculum. Health-related fitness components such as flexibility, cardiovascular endurance, and muscular endurance can be enhanced through golf. First, the golf swing requires a certain amount of flexibility. When swinging a golf club, a student's body rotates on a specific axis allowing maximum rotation, speed, and power upon striking the ball. Through stretching activities and repeated golf swings a student's flexibility and range of motion can improve. The sport of golf also provides students an opportunity to increase cardiovascular and muscular endurance. During a typical round of golf (i.e. 18 holes) a student can meet the recommended 10,000 step count for daily physical activity (Kobriger, Smith, Hollman, & Smith, 2006). Depending on the length of the course, this number can greatly increase. In addition, the act of carrying a golf bag and swinging a golf club more than one hundred times during a round can enhance a student's muscular endurance. Within physical education lessons, a teacher can incorporate the health related fitness domain by utilizing flexibility or yoga routines or infusing exercise bands or stability balls. One way to assess student learning within the health related fitness domain is to have

students create their own fitness routines. By creating routines, students can understand what areas of their body to develop and the benefits of developing these target areas, whereby enhancing their golf performance.

The sport of golf is an opportunity for teachers to provide a fun and engaging learning environment for students. Golf is one activity that can be a vehicle to assist students to learn more than just the physical components. By incorporating the four domains, psychomotor, cognitive, affective, and health related, students can learn about life skills that can be utilized outside of the sport of golf. It is important for physical education lessons to not only provide students with multiple opportunities to practice but to utilize all the domains. As physical educators we want our students to be engaged physically, emotionally, cognitively, and with healthy pursuits; golf is one way to accomplish this.

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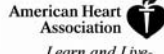
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# Using Heart Rate Monitors for Effective Teaching and Curricular Accountability in Physical Education: A Commentary

By Lisa G. Driscoll, Virginia Polytechnic Institute & State University

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## Introduction

To effectively deliver instruction whose purpose is to motivate students to exercise aerobically in their target heart rate zone is certainly one of the most desirable outcomes and expectations for today's physical educators. Yet to be certain that each student is exercising to his or her individual potential is often an elusive goal. As part of a research study already in progress, we observed that teachers tended to modify their instructional behavior over the course of an academic year in response to analyzing the student physical activity data recorded by heart rate monitors. In this article we present anecdotal observations and commentary on this phenomenon. First, we review the challenges in measuring physical activity, and briefly explore the link between teaching effectiveness and curricular accountability in physical education (PE), followed by what changes we observed in teacher behavior over time, and finally, we conclude how the changes in practices the teachers adopted may lead to effective instruction and curricular accountability in physical education.

## The Challenges in Measuring Physical Activity

Physical activity is defined as any bodily movement resulting in energy expenditure. Decomposed, physical activity has four dimensions: *frequency* (# sessions/per unit time), *intensity* (rate of energy expenditure, adjusted for body size), *time* (minutes, seconds) and *type* (a qualitative descriptor of the activity). Of the four dimensions, measuring the *intensity* of physical activity performed by an individual has been largely a difficult goal for educators to achieve. To measure intensity teachers have typically observed students during the activity period in the classroom. However, this method likely introduced subjectivity into the assessment, because some students may not appear to be exercising hard, but their heart rates may portray otherwise. Accelerometers and heart rate monitors are used to measure physical activity intensity, because these devices reduced the subjectivity and recorded measurements for many students simultaneously.

Some drawbacks of these devices are that they are expensive and require attention to detail in their deployment. A data downloadable heart rate monitor may cost as much as \$260 each with computer software and other accessories for an entire class adding at least another \$1,500. Furthermore, heart rate monitors require the student to wear the wrist strap and chest strap correctly positioned. Heart rate monitors may, also, record heart rates independent of physical activity due to physiological factors such as caffeine use, pharmacological, emotional stress, and environmental temperature effects. These factors must be considered when planning for using heart rate monitors with a group.

## Linking Teaching Effectiveness with Curricular Accountability

Traditionally in PE class, student participation is required to earn a passing grade. Often when a teacher assigns a highly vigorous activity for the class to participate in, such as ultimate fris-

bee, some students may appear to be more actively involved than others. This issue of widely differentiated levels of physical activity among students, especially in large PE classes, has been especially vexing to PE teachers who believe that effective instruction is based on high levels of involvement among all students. On the one hand, there is reason to motivate every student into performing moderately vigorous physical activity. On the other hand, how much physical activity is appropriate for each student in accordance with his or her fitness level? How does a teacher confirm that a student is working to his potential (in this case, the target heart rate zone)? Finally, how can teachers develop more effective instructional practices that are accountable in terms of having each student participate to his or her potential? We assert that one cannot know for certain, unless one has additional information, such as that which could be provided by documenting the heart rate of the student during physical activity.

We propose that one way to enhance effectiveness and accountability tenets in PE would be to utilize student heart rate monitor data to plan, modify, and assess instruction – similar to how a reading or math teacher would use previous student assessment results to plan and gauge progress on future lessons. If the aim of an *effective* PE lesson is to have all students work to their potential, teachers could employ heart rate monitors to measure physical activity *intensity* (heart rate in beats per minute) in the target heart rate zone for a specified amount of *time* (minutes: seconds) for each student. Of course, the other two dimensions of physical activity – *frequency* (# of sessions per unit time) would translate to the number of periods per week the student was enrolled in PE, and *type* would refer to the *type* of activity itself be it ultimate frisbee, basketball, or an individual activity such as cycling. Thus, the heart rate monitor data could provide accountability regarding whether or not the teacher's instruction was effective and resulted in a student's growth in PE.

To take full advantage of the ability to measure physical activity, a new PE curriculum for the elementary and secondary grades was developed. Based on the principles of aerobic fitness, this new *fitogenic* curriculum minimized the elements of the traditional competitive sports and instead focused on themes of individualized fitness development as measured by heart rate and aerobic activities. In the *fitogenic* curriculum there were multiple age-appropriate activities from which the student could choose, and the emphasis was on performing the activity in the individualized target heart rate zone. The *fitogenic* curriculum minimized "waiting to play" behaviors and instilled active behaviors that were designed to elevate students' heart rate to their target zone.

To measure the intensity and time of physical activity we used the *POLAR E600* data downloadable heart rate monitor which was provided individually for each student. These devices measured the heart rate every 15 seconds during each activity period. Over the course of a class period, a complete record of heart rate activity recordings could be established for each individual for analysis. These data could be downloaded to a computer and

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combined with other student's data to develop a class profile.

Prior to the beginning of instruction each student was evaluated for determination of his or her target heart rate zone. We applied the Karvonen method at the beginner level or 50% - 60% intensity<sup>1</sup>. Most students qualified for a target heart rate range of 135-180 beats per minute. Students were taught how to operate the heart rate monitor including distinguishing between the wrist watch device signals (beeps) when the heart rate was below and above the predetermined target heart rate zone. We asked each student in consultation with his parents or guardians to complete the Physical Activity Readiness Questionnaire (PAR-Q). as a cardiovascular risk screening tool.

### Observation of Changes in Teacher Behavior over Time

In our research study we observed teachers at the elementary level and at the secondary level. These observations were not the main objective of the study, but rather became more evident as the teacher's instructional behaviors did not remain constant throughout the study as we had initially expected. Thus, we refer to the observation of the behaviors as *anecdotal*, because in many cases our observations were not systematic and planned at the time.

In the elementary intervention all students wore heart rate monitors during the three, 30 minute weekly PE classes. As the student heart rate downloads were examined – individually and as a class – per the activity *type* the students were engaged in, the teachers appeared to assess the effectiveness of their instruction at weekly intervals, at monthly intervals, and over multiple monthly intervals. (In this case effectiveness means that the teachers appeared to relate the type of activity planned to the student outcomes such as time in the target heart rate zone and then used the feedback to modify future instruction on both an individual student basis and on a whole class basis.) Over the course of the academic year we observed the following shifts in instructional practice that were self-initiated by the two teachers themselves:

- from fewer activities that produced outcomes with smaller average time (minutes:seconds) in the target heart rate zone to a much more frequent use of these activities that produced high average time (minutes:seconds) in the target heart rate zone.
- from spending greater percentages of class time taking attendance, explaining concepts, demonstrating skills at the beginning of class to spending minimal percentages of time at the beginning of the class period on class administration, explaining concepts, etc. to moving the students into the activity.
- from having all students perform the same physical activities every class period to having a mix of class periods in which some class periods allowed for students to choose different activities based on his/her physical needs and skills – a tailoring of “best capability” for each student's fitness program. For example, students-at-risk for overweight often selected low impact activities such as spinning on the stationary bicycles that increased heart rate, but did not risk injury to joints, when allowed to choose.

Similarly in the secondary school intervention we observed three teachers perform what we believe to be deliberately modifying their instruction over time in response to their study of stu-

dents' heart rate monitor data. At the secondary level, we noted the same changes as the elementary teachers with following additional changes:

- Teacher professionalism appeared to be enhanced with the realization that “what they are doing really matters.” Further, the data-driven approach toward assessing teaching effectiveness in physical activity/physical education seemed to validate teachers' work in the discipline at a time when PE seems to be ignored compared to more “academic” subjects.
- Communication with building and district administrators was enhanced possibly due to a common metric to assess teacher effectiveness regarding motivating student physical activity. Teachers reported that there was a new focus on PE as important to the student's overall health and to academic achievement by the administration.
- The teacher-student relationship appeared in some situations to have the opportunity to develop into a more individualized one-on-one situation. Teachers could advise students to exercise and reach target goals based on previous work. Because this approach allowed for differentiation of physical activity based on initial ability and for the constant monitoring of the heart rate throughout the activity, each student exercised in the target heart rate zone adjusted for their unique fitness level.

### Future Plans

In response to the teacher's changes, the school division has approved these ideas:

- Establish a PE teacher's manual for “Kid Tested Target Heart Rate Lessons”
- Establish a Supervisor's “Look Fors” checklist in quality aerobic, fitness enhancing activities for elementary, middle and high school students.
- Ask students to rate activities for the “Fun Factor” which are high on the target heart rate outcome scale. If students enjoy the activity, they maintain more minutes of fitogenic function.

### In Conclusion

As physical educators lament the apparent devaluing of their place in the academic hierarchy and the lack of support for their accountability system (the State Wellness Tests) by their administration, the measurements provided by heart rate monitors may stimulate a new found interest in student's individual health and fitness by parents and the community at large. Working with students to help them become more fit and healthy have the potential to enhance a PE teacher's effectiveness and provide for curricular accountability over time.

### Limitations

Our conclusions are based on anecdotal observations of a small number of teacher behavior scenarios that were made as part of research studies in progress in elementary and secondary school settings. While we do not advance that conclusions from their behavior can be generalized to the behavior of all physical education teachers, we do believe that important insights can be gained from these observations and suggest that further studies be conducted to empirically verify these observations and the potential for adoption of heart rate monitors with a fitogenic curriculum for more effective instruction and an accountability model of curriculum in physical education.

<sup>1</sup> Karvonen Formula  $220 - \text{Age} = \text{Maximum Heart Rate}$   
 $\text{Max Heart Rate} - \text{Resting Heart Rate} \times \text{Intensity} + \text{Resting Heart Rate} = \text{Training Heart Rate}$



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# *The Effect of a Short Educational Program on Young Women's Knowledge and Beliefs About Osteoporosis*

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## **BACKGROUND AND SIGNIFICANCE**

Strategies to prevent osteoporosis are to maximize bone mineral density during the first three decades of life and minimize the decline in bone mineral density thereafter (American College of Sports Medicine, 2004). Many risk factors for low bone mineral density are behavioral in nature with strong evidence that practicing bone health behaviors are conducive to both building and maintaining bone throughout the lifespan (Borer, 2005; Broussard, 2004; United States Department of Health and Human Services, 2004). Osteoporosis educational programs have the potential to influence the behaviors conducive to healthy bone. They are commonly utilized in schools and the community to achieve this goal even though there are few studies on the effectiveness of such programs (Werner, 2005). What is known is that healthy behaviors are complex and are influenced by multiple environmental, social, and individual factors including a person's knowledge and beliefs about the disease (Green & Kreuter, 2005).

Women's level of knowledge about osteoporosis is well documented although a majority of the studies have been in peri- or post menopausal women. In a review of 32 published studies, women's osteoporosis knowledge was found to be consistently high in a select few risk factors, principally a sedentary lifestyle and low calcium intake (Werner, 2005). Their knowledge about the majority of risk factors, however, was found to be poor. In the ten educational intervention studies which included a pre and post test experimental design, nine resulted in improved knowledge scores but just three studies were in young women. Not surprisingly, the author concluded that additional educational interventional studies in young women were needed.

Several studies have also documented that women believe osteoporosis to be a serious disease but do not feel susceptible or concerned about the illness (Hsieh, 2001; Kasper, 1994; Kasper, 2001; Kasper, 2007; Piaseu, 2001; Sedlak, 1988; Taggart, 1995; Tussing, 2005). Further, women believe that one is not responsible for getting osteoporosis (Kasper, 1994; Kasper, 2001; Kasper, 2007). A review of the literature found just three published studies on the impact of educational interventions on young women's beliefs about osteoporosis (Piaseu, 2001; Sedlak, 1988; Sedlak, 2000). The outcomes of the three studies were not in agreement and therefore the effect of educational interventions on influencing young women's beliefs about osteoporosis is unclear and justifies additional studies.

The objective of this study was to evaluate a short osteoporosis educational program on young women's knowledge and beliefs about the disease. We hypothesized that following the intervention women who received the educational program would have a higher level of knowledge and stronger beliefs about osteoporosis than their control group counterparts.

## **METHODS**

### **Design and Measurements**

All subjects were recruited from a required two credit hour physical fitness course at a Mid-Atlantic private college. After approval to conduct the study was obtained from the institution's review board each course was randomized to either the intervention group or the control group. Data were obtained prior to the osteoporosis educational intervention (baseline) and at day 7 (post test one) and day 21 (post test two) following the intervention using the Multiple Osteoporosis Prevention Survey. This paper and pencil survey assessed osteoporosis knowledge by listing 20 items, 16 of which are commonly identified by the National Osteoporosis Foundation as osteoporosis risk factors (National Osteoporosis Foundation, 2007). For each item the respondent had five responses from which to choose: definitely increases, probably increases, probably does not increase, definitely does not increase, or don't know. For the 16 osteoporosis risk factors, responses were dichotomized into either a correct response (definitely or probably increases) or an incorrect response (probably or definitely does not or don't know). Four items were listed that are not recognized osteoporosis risk factors. These items were dichotomized into either a correct response (probably or definitely does not) or an incorrect response (definitely or probably increases or don't know). A risk factor knowledge score was calculated by summing the number of correct responses for all 20 items (possible score ranged from 0 to 20).

The strength of women's beliefs about osteoporosis was measured with the use of a five-point Likert-type scale. Women were asked "How concerned are you about getting osteoporosis?" "How likely are you to get osteoporosis?" "How serious is osteoporosis?" and "How responsible do you think a person is for getting osteoporosis?" The scale ranged from 1 (not at all concerned, not at all likely, not at all serious, or not at all responsible) to 5 (extremely concerned, extremely likely, extremely serious, or extremely responsible). Content validity of the Multiple Osteoporosis Prevention Survey was established by a panel of expert colleagues in health education and osteoporosis (Kasper, 1994; Kasper, 2001). The test-retest reliability has shown to be similar to that obtained with other self-administered epidemiological surveys (Kasper, 1994; Kasper, 2001).

### **Educational Intervention**

Seven days following the base line Multiple Osteoporosis Prevention Survey students in the intervention group received a short one session osteoporosis educational program delivered by a health educator. The educator was blinded as to the purpose of the study. All educational materials were developed by the National Osteoporosis Foundation (Washington, D.C.) and were

purchased on-line at <http://www.nof.org/>.

The National Osteoporosis Foundation's visual presentation entitled, "Osteoporosis: The Silent Disease" was presented to the women. This scripted, full color power point lecture covered incidence and prevalence of the disease, basic bone biology, risk factors, and prevention strategies. The National Osteoporosis Foundation's "Risk Factor Card: Can It Happen To You?" was available to supplement the presentation. On the front of this card were eight questions, each one probing at a different osteoporosis risk factor. At the bottom of the card the reader was told, "The more times you answer yes, the greater your risk for developing osteoporosis." The back of the card provided a brief overview of osteoporosis including the seriousness of the disease and the importance of prevention.

At the completion of the power point lecture each woman was handed a National Osteoporosis Foundation's pamphlet entitled, "Osteoporosis: What You Need to Know." This four-page color pamphlet provided a concise overview of osteoporosis including risk factors and steps to optimal bone health.

### Statistical Analysis

Data were evaluated at each data point using the following analysis. Description statistics and frequency distributions were developed for each variable. Chi-square was used to evaluate for group differences in percentage of respondents who correctly identified a specific osteoporosis risk factor. Analysis of variance evaluated for mean differences between groups for total osteoporosis knowledge score and for mean differences between groups in respondent's beliefs about osteoporosis. All analysis was done using SPSS 13.0 for Windows (Chicago, IL). We hypothesized that each outcome variable would be favorably influenced by the intervention. The level for statistical significance was set at  $P < 0.05$ .

## RESULTS

Of the 133 women recruited for the study 39 of 56 (69%) women in the intervention group and 63 out of 77 (81%) women in the control group completed all study requirements, reaching 77% (102 out of 133) of the targeted population. The data we report is from these 102 women.

Over 90% ( $n=93$ ) of participants were Caucasian, a high risk group for osteoporosis, and ranged in age from 18 to 21 years. Slightly more than one-third ( $n=35$ ) of respondents self reported a body weight of less than 127 pounds, putting them at risk for developing osteoporosis (National Osteoporosis Foundation, 2007). There was no statistically significant difference between the intervention or control group in age, race, or self reported body weight under 127 pounds.

**Risk factor identification.** At baseline there was a high percentage of all respondents who identified correctly the risk factors of sedentary lifestyle (95%), a diet low in calcium (97%), family history (96%), female gender (78%), scoliosis (77%), and post menopause (77%), while a smaller percentage of respondents correctly identified the risk factors of cigarette smoking (60%), use of steroid medication (56%), early or surgically induced menopause (49%), small, thin frame (48%), excess alcohol use (47%), skipped menses (44%), Caucasian race (28%), Asian race (9%), African American race (11%), and Hispanic race (3%).

As shown in Table 1 there was no statistically significant difference at baseline between the intervention and control group in percentage of respondents who correctly identified any of the risk factors. Following the educational program there was a statically significantly higher percentage of women in the intervention group than in the control group who correctly identified eight out of the 16 risk factors at post test one. These differences were maintained at post test two for five of the risk factors.

The mean risk factor knowledge score at baseline was  $10.43 \pm 2.57$  (range 4 to 16) out of 20 with no statistically significant difference between the intervention and control group ( $10.38 \pm 2.83$  vs.  $10.46 \pm 2.41$ ;  $F = 0.02$ ;  $P = 0.886$ ). Following the educational program the intervention group had a statistically significant greater mean risk factor knowledge score at post test one (13.56

**Table 1.** Percentage of women who correctly identified osteoporosis risk factors<sup>a</sup>

Risk Factor	Baseline			Post test 1			Post test 2		
	I	C	P	I	C	P	I	C	P
Lack of physical exercise	100	92		95	97		95	97	
A diet low in dairy products or other sources of calcium	100	95		92	95		87	94	
Family history	97	95		92	94		95	94	
Scoliosis or curved spine	80	75		74	78		82	81	
Post menopause	74	78		85	76		90	81	
Female	74	81		92	81		90	89	
Getting sunburn	69	75		67	73		62	76	
Smoking cigarettes	64	57		92	56	<.001	87	59	0.002
Small, thin frame	49	48		95	64	<.001	95	68	0.001
Alcohol use	49	46		74	37	<.001	87	54	0.001
Use of steroids or thyroid medication	46	62		74	54	0.039	72	54	
Infrequent or missed menstrual periods	46	43		77	52	0.013	82	65	
Early or surgically induced menopause	46	51		90	56	<.001	82	65	
Worry or anxiety	46	49		41	48		31	30	
Caucasian	36	22		85	21	<.001	72	29	<.001
Diet high in animal fat	26	25		31	38		31	32	
High blood cholesterol	18	27	0.296	26	33		23	29	
Asian	8	10	0.751	46	11	<.001	41	14	0.002
African American	8	13	0.428	13	6		15	11	
Hispanic	3	3	0.859	15	10		21	10	

<sup>a</sup> Baseline = 7 days prior to educational intervention; Post test 1 = 7 days after educational intervention; Post test 2 = 21 days after educational intervention; I = intervention group; C = control group; P = significant Pearson Chi-square alpha < 0.05 for between group differences; Data in the row getting sunburn, worry or anxiety, diet high in animal fat, and high blood cholesterol represent the percentage of respondents who correctly identified the item as not being a risk factor for osteoporosis. There were 39 respondents in the intervention group and 63 respondents in the control group.

$\pm 2.37$  range 6 to 19 vs.  $10.78 \pm 2.84$  range 3 to 17;  $F = 26.17$ ;  $P < 0.001$ ) and post test two ( $13.38 \pm 2.50$  range 6 to 17 vs.  $11.30 \pm 2.55$  range 5 to 16;  $F = 16.21$ ;  $P < 0.001$ ).

At baseline, women believed that osteoporosis is a serious disease ( $3.97 \pm 0.884$ , range 1 to 5) and were somewhat concerned ( $2.75 \pm 0.982$ , range 1 to 5) about it. However, the women believed that they were unlikely to get osteoporosis ( $2.70 \pm 1.003$ , range 1 to 5) and that one is not responsible ( $2.93 \pm 0.978$ , range 1 to 5) for getting the disease. As shown in Table 2 there was no statistically significant difference at baseline between the intervention and control group for any of the four beliefs about osteoporosis. At follow up, however, the intervention group at both post tests believed osteoporosis to be more serious than did the control group. The intervention group also had a greater concern about osteoporosis than did the control group at post test one, but this difference was not significant at post test two.

**Table 2.** Mean score for women's beliefs about osteoporosis<sup>a</sup>

Belief	Baseline			Post test 1			Post test 2		
	I	C	P	I	C	P	I	C	P
Concerned <sup>b</sup> ± SD	2.92 0.95	2.63 0.98		3.31 0.89	2.87 0.90	0.020	3.15 0.87	2.98 0.88	
Likely <sup>c</sup> ± SD	2.62 1.09	2.75 0.95		3.03 0.98	2.89 0.86		2.90 1.04	3.08 0.84	
Serious <sup>d</sup> ± SD	4.10 0.82	3.89 0.91		4.41 0.59	4.03 0.78	0.011	4.28 0.82	3.83 0.85	0.009
Responsible <sup>e</sup> ± SD	2.85 0.96	2.98 0.99		3.31 0.65	3.03 0.84		3.36 0.84	3.29 0.77	

<sup>a</sup> On a scale of 1 to 5, 1 indicates not at all; 5 indicates extremely; Baseline = 7 days prior to educational intervention; Post test 1 = 7 days after educational intervention; Post test 2 = 21 days after educational intervention; I = intervention group; C = control group; P = significant alpha  $P < 0.05$  for between group differences using analysis of variance; SD = plus or minus standard deviation; There were 39 respondents in the intervention group and 63 respondents in the control group.

<sup>b</sup> How concerned are you about getting osteoporosis?

<sup>c</sup> How likely are you to get osteoporosis?

<sup>d</sup> How serious is osteoporosis?

<sup>e</sup> How responsible do you think a person is for having osteoporosis?

## COMMENT

For the ten risk factors that had a low percentage (less than 60%) of correct responses at baseline, the percentage of women who correctly identified the risk factor at both week one and week three following the educational program was significantly greater in the intervention group than in the control group for five of these risk factors: smoking cigarettes; having a small, thin frame; alcohol use; Caucasian race; and Asian race. Conversely, for the risk factors at baseline that had a high percentage (greater than 77%) of correct responses there were no significant differences between groups following the educational program. Collectively, at week one and week three following the intervention, the women who received the educational program had a high percentage of correct responses (greater than 72%) for the majority of osteoporosis risk factors (Table 1).

At baseline, women believed osteoporosis to be a serious disease and they were somewhat concerned about the illness. However, they did not feel responsible for or likely to get the disease. At week three following the educational program women in the

intervention group believed osteoporosis to be of greater seriousness than did women in the control group. The educational program was not effective on influencing women's susceptibility (how likely), controllability (how responsible), or concern about osteoporosis.

The baseline osteoporosis knowledge and beliefs data in this study is consistent with previous cross sectional studies in young women that have used the Multiple Osteoporosis Prevention Survey (Kasper, 1994; Kasper, 2001; Kasper, 2007). The baseline knowledge data is also consistent with studies using different instruments but included a population sample of at least some college-age women (Piaseu, 2001; Sedlak, 1988; Sedlak, 2004; Taggart, 1995; Ziccardi, 2004). That is, osteoporosis knowledge tends to be high for a select few risk factors, including a sedentary lifestyle and low calcium intake, but is poor for the majority of risk factors. Similarly, the baseline osteoporosis beliefs data in this study is consistent with other studies in young women. Young women do believe that osteoporosis is a serious disease but they do not feel susceptible, concerned, or responsible for getting osteoporosis (Kasper, 1994; Kasper, 2001; Kasper, 2001; Piaseu, 2001; Sedlak, 1988; Taggart, 1995).

There are just three published studies that we could find, assessing the effectiveness of an educational intervention on osteoporosis knowledge and beliefs in young women (Piaseu, 2001; Sedlak, 1988; Sedlak, 2000). The ability of our educational program to increase young women's osteoporosis knowledge score and increase their ability to identify osteoporosis risk factors was similar to an increase in osteoporosis knowledge observed in all three previous interventions (Piaseu, 2001; Sedlak, 1988; Sedlak, 2000). The consistency of our results and those of other studies on young women's beliefs about osteoporosis is less clear. Both of the studies conducted by Sedlak (1988, 2000) failed to increase the strength of women's belief that osteoporosis is a serious disease and that one is likely (susceptible) to get osteoporosis. Our intervention, however, as well as that of Piaseu's (2001), did change women's strength of belief that osteoporosis is a serious disease. While Piaseu (2001) observed at week two following their intervention an increase in women's belief that one is likely (susceptible) to get osteoporosis we observed a difference only at week one but not at week three following the intervention.

It was of no surprise that the educational intervention was ineffective in influencing young women's concern about and likeliness to develop osteoporosis. Young people do not feel susceptible to illness, especially to diseases like osteoporosis that do not clinically manifest themselves until much later in life. Moreover, failure of the educational program to influence women's belief that one is responsible for getting osteoporosis would suggest that young women believe osteoporosis to be predominantly a consequence of the aging process rather than a result of lifestyle behaviors. It is also possible that the educational stimulus was too weak, too short, or not specifically targeted to young women.

It is important to mention that women respondents in this study may not be reflective of all young women. Our study population was drawn from a group of young Caucasian women enrolled in a physical activity class at a private college. By nature of being students, and as a captive audience, it is possible that they were more attentive during the osteoporosis lecture and actually read



the printed educational material than women not enrolled in college. This would suggest that knowledge and belief scores may actually be lower in similar group of women who are not enrolled in college.

### CONCLUSION

In summary, a short, one session osteoporosis educational program using professionally developed and publicly available material was effective in improving young women's ability to correctly identify osteoporosis risk factors which at baseline were determined to be at a low level. Conversely, the educational program was ineffective on influencing the strength of young women's beliefs about osteoporosis. Health educators should be cautious in expecting a short osteoporosis educational program on influencing young women's beliefs about this bone crippling disease.

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# *1<sup>st</sup> Year College Professors: Are We Following Directions and Making the Grade with our Students?*

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“Teaching makes all other professions possible”  
(Hedrick, 2005).

This is a very powerful statement that defines the role of teaching and makes an important impact on how children and young adults are educated in society today. Have we as educators really thought about why this statement may or may not be so profound to us? Well, I never thought I would have to make a career change until it happened and eventually go into the family business of teaching. I struggled with this decision and realized that sometimes it is out of our hands. Regardless, to how many careers an individual may have, the original idea or passion will always return. When we realize that original idea is not going to leave, then we must act on the opportunity and persevere. Teaching is a job of stimulating thoughts, molding minds and guiding goals for the future. These tasks appear in primary, secondary and academia. As students move, we progress to the next level of achievement. I chose to teach in academia because I felt comfortable with high school students as well as adults. From Corporate America to Academia, new challenges awaited as I embarked on being a college professor.

## *The Career of The College Professor*

According to the Bureau of Labor Statistics, college and university faculty make up the majority of postsecondary teachers in the United States (Occupational Outlook Handbook [OOH], 2008). College professors have knowledge on a subject based on their educational interest or major in college. A college professor's education can expand from a bachelor's degree on the undergraduate level to a master's and doctoral degrees from the graduate level. College professors also continue their education through post-doctoral work which may be research or teaching abroad in their field. Specific accrediting bodies set the standards for faculty qualifications for institutions of higher education. (Faculty Handbook, 1999) Professors must have degrees in their related academic subject or field. The requirement for a first year college professor to teach is to have at least 18 graduate hours above their bachelor's degree in the subject (Faculty Handbook, 1999). The role of the college professor is to facilitate the learning process, to interact with one another as a mentor, to be an expert in the subject area of choice and to apply practical theories and concepts that will energize the minds of students for future accomplishments. Other responsibilities that a college professor is expected to handle on a daily basis includes advising and counseling students, providing office hours and discussing and answering questions on class lectures(OOH, 1999).

## *Expectations of a College Professor*

With new experiences ahead, what is expected of me as a college professor? Why have I chosen to be in academic life (Laredo and Bruns, 2006)? Do I enjoy what I do? Will I continue to have the drive and the passion to teach students or have students suffer

because of hectic schedules and emotional burnout (Malikow, 2007)? Are we teaching what is required of us from our department curriculums or are we presenting information our students could give us a failing grade? But, foremost, am I making a difference or touching a life that hopefully will last a lifetime? It is my intent to give some helpful examples that I have learned in becoming what I have always wanted to do.

## *The Orientation Process*

For a first year college professor, the academic year brings university policies and procedures, a new department chairperson, colleagues, faculty meetings, textbooks and syllabi. Preparing my credentials were a little frustrating because I wanted to represent myself professionally and make a good impression (LaRocco & Bruns, 2006). The curriculum vitae is very important in academia, therefore begin with your educational and teaching positions first followed by any other work experience you may have had. It also helpful to inform the department chairperson what types of classes you are able to teach. Once you have received your letter of acceptance for the position, it is time for you to report to campus. Before students arrive, Hampton University has three mandatory educational staff institutions for faculty to attend during the Fall, Winter, and Spring. Speakers and workshops are presented to the faculty to increase their knowledge of pedagogy skills and techniques. This is also where the Deans of the various schools introduce new faculty to the university. As new professors on campus, we must attend new faculty orientation and seminars directed by Dr. Pollie Murphy, Assistant Provost for Academic Affairs and the staff of the Center for Teaching Excellence (CTE). The new faculty orientation introduces us to the Registrar, Office Services, Security, and Student Affairs. The Center for Teaching Excellence provides support in having various seminars on teaching, electronic news letters on topics of importance and updating us on campus wide issues such as research and grant writing procedures (Faculty Handbook, 1999). If any faculty member needs additional support, the Center for Teaching Excellence provides the necessary tools to make our professorship successful. I improved my writing of objectives through the Center for Teaching Excellence. The Center has assisted me in making my lectures better and efficient. Lastly, The Office of the Provost administers the Faculty Handbook that implements policies and procedures of the university to new faculty.

## *A Dynamic Department Chairperson*

Secondly, having a good department chairperson makes the transition easier. Dr. Marilyn Wells was well-organized and detailed in what she expected for new professors in the Department of Health, Physical Education and Recreation. When I arrived with two other colleagues during the 2006-2007 Academic year, she was available to answer questions and to direct me to resources that would be helpful. One of Dr. Wells' administrative duties is to preview all

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syllabi before they are printed and given to the students. Her door was open to chat and continues to offer a word of encouragement. When articles or ideas appeared in publications, she would share the information in our office mail boxes. With the assistance from the department secretary, you learn how to order your textbooks for the semester. Even though college professors have flexible hours, colleges and universities are year around institutions.

Another plus in receiving a good department chairperson is how your class schedule is structured for the semester. On most college and universities campuses, health education and physical education are general education requirements for graduation. Most health education and physical education activity classes are full every semester because students want to complete these classes early in their curriculum. My classes have been arranged in sequential order which may be tough sometimes, but there is a break in between to refocus and analyze the material. I earned a degree in Biology with a Master's degree in Health Planning and Administration. I develop my lectures across the curriculum of Health Education and my Biology background offers the scientific information. Health Education implements the social science aspect with critical objectives presented in our discipline for students to master.

#### *The College Professor in Academia*

Our work as professors entails the administrative portion which is the responsibility of being a member of the university faculty. These responsibilities may be university committees such as promotion and tenure, grievances, academic issues, curricula changes, and human resources (LaRocco & Bruns, 2006). It is our duty to update our qualifications through the curriculum vitae, faculty profile and faculty performance contract. The Faculty Performance Contract indicates the goals or objectives a professor has set to achieve for the academic year through teaching, scholarship and research (Faculty Handbook, 1999). The Department Chairperson reads the individual contract and shares suggestions for improvements. As the 2008-2009 academic year approaches, I will have to submit a dossier for my third year review as a faculty member. The dossier is designed to show my expertise in the areas of teaching, scholarship and research especially in grant writing and publishing (Faculty Handbook, 1999).

#### *Mentoring from Colleagues*

Also, colleagues are great resources. As a colleague, mentoring is the primary goal to make the new professor welcomed in the academic setting. Our obligations as faculty are to serve the university and society, to promote the ideals and core values of the higher education through competence and ethical conduct (Hamilton, 2007). They give you handouts, worksheets and materials that will help you organize your syllabus. Sometimes, constructive criticism is needed to understand how to do a concept differently. I have found that a colleague may mention something that finally clicks when you didn't realize that it was an important issue until you reviewed your lectures. This identifies the autonomy and obligations we share being an individual and a faculty member. If you don't have any textbooks yet, colleagues will give you additional textbooks that will build your resource library in your office. My library extends from Health Education, Fitness, Physical

Education activities, Health annuals, English, and a Publication Manual for the American Psychological Association which is used for Health and Physical Education majors for citations. Colleagues also introduce you to the professional organizations that you may join in the field. I have joined the American Alliance for Health, Physical Education, Recreation and Dance with membership in American Journal of Health Education and Journal of Physical Education, Recreation and Dance.

#### *Technology is the Key*

The technology component is a major part of the teaching process. Most health education classes have forty students enrolled so innovative ways are needed to hold the attention of college students. The university uses the Blackboard system to post assignments and messages for students along with the professor's grade book in which students can see their individual grade. I learned how to use Power Point for lectures and presentations. Once I developed objectives for my lectures, they flowed better and helped my students follow me during class. I also have posted the chapter objectives and study guides on Blackboard which made it much easier than handouts to give to students. I continue to distribute my syllabi as essential communication and interaction skills between the professor and student. There are still problems with students not listening and not reading the information in the syllabi. Seminars are given throughout the semester to increase our knowledge of computer technology.

#### *Classroom Effectiveness*

With the continued support and mentoring of colleagues, new professors being to show their experiences in the classrooms. According to Chickering and Gamson (1991), they have compiled seven principles of good practices in undergraduate education. These principals state simple ideas that make a difference in teaching undergraduate students. Faculty contact is very important to students because they get to know professors on a personal level. This practice encourages students to think about their future in their major along with opportunities that may be available to them once they have graduated. Do you have your students introduce themselves on the first day of class? I have my students to do so they can get to know each other, to see where they are from and to if any of them have the same major. Cooperation among students initiates collaboration with one another in a team or group atmosphere. Students learn through auditory, visual and kinesthetic styles (Simon, 2006). Active learning encourages students to participate in activities outside of the classrooms and to analyze thoughts through real life situations. Health Education informs the community about issues and topics that bring about prompt feedback on class performance through examinations and assignments.

With 200 or more students in a semester, professors have to be accurate on grading and returning assignments within a certain length of time. I do my best to return assignments and to evaluate students. Being prompt to my classes is a major factor in student evaluation. Excuses must be signed by the proper authorities and submitted to me. All work must be made up. I expect students to be prepared with class assignments and ready for topic discussions. They should strive to be the best and put their best foot forward

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in everything they do. As stated before, professors and students learn differently as both groups adapt to new surroundings. We integrate viewpoints, current events and readings for students to voice opinions about diversity and to attend conferences on campus such as the Black Family Conference and have speakers in class to reiterate what is happening in the community (Chickering & Gamson, 1991).

#### *Pedagogy Skills and Techniques*

Does the methodologies new professors use in class meet the requirements for our students? There are some basic methodologies that develop a professor's teaching skill. Have you identified your teaching style? There are four basic teaching styles which are formal authority, demonstrator or personal model, facilitator and delegator. The formal authority and demonstrator or personal model are instructor centered approaches, with the facilitator and delegator models being student-centered approaches (Pennsylvania State University [PSU], 2007). Identifying your teaching style will match with the student's learning style and this will contribute to the learning process (PSU, 2007). There should be a balance in how a student retains information. According to Pennsylvania State University (2007), if our lectures are becoming boring, we should try a new process based on three questions: (1) What teaching style do you mainly use?; (2) Does your style facilitate achievement of course goals? and (3) Should you consider new styles or continuations of teaching. But foremost, don't forget Benjamin Bloom (1956) and his taxonomy of educational objectives for instructions. The objectives developed for our syllabi express the cognitive, affective and psychomotor processes we relate to daily (Bloom, 1956). Professors continue to explore different techniques that applied will extend growth and development in the classroom.

#### *The Evidence from Students*

Would new professors or seasoned professors be able to comprehend the same information on the syllabi that is given to the students? Well, Brigham Young University in Utah has developed a program where students are paid to observe the performance of professors and the students reflect back to the professors (Wasley, 2007). Students seem to be less threatening to faculty members who are the experts in their field. The program provides professors to see themselves through the eyes of the students who are the experts. To participate in the program as a consultant or "Scots", students must have a 3.0 grade-point average, attend bi-weekly training sessions, and learn about class dynamics and pedagogical theory (Wasley, 2007). The students in return offer feedback on

lectures, note taking, class responses, assignments and problem issues in the class. Students rarely observe classes in their major and all information received is confidential. Professors realized that students do know something about their teaching abilities.

#### *What does the future hold?*

As each semester begins and new professors arrive on college and university campuses, both groups are entering a diverse place and are adjusting to a different environment. Change is never easy and it takes hard work with dedication to finally see the end results. I learn something daily that make my experiences exciting and worthy. I don't know what my future holds in academia, but I will plan my lectures, provide critical information, present myself as an expert, and persevere for the next generation to succeed.

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# Hello Jumpers!!!

Happy New Year and special congratulations to all of our schools, coordinators, and students. We definitely took Jump Rope for Heart to "HEART". I am excited to report that over 633 schools completed and raised over \$2,443,021.50 for the State of Virginia in 2007. Way to Go! 2008 should be a great year.

## Why is Jump Rope for Heart so important?

Jump Rope for Heart promotes the value of physical activity to elementary school children while showing them they can contribute to their community's welfare. This is a time when children can establish the foundation for movement skills. These are also the years when positive learning experiences can help establish a positive attitude and appreciation for participating in regular, daily physical activity for life.

Did you know that heart disease is our nation's No. 1 killer; stroke is No. 3 and also the leading cause of serious disability? Every year, about 870,000 Americans die from cardiovascular diseases and stroke. That's about 36 percent of all deaths. Research confirms jump rope can dramatically improve cardiovascular health in only 5-10 minutes, while improving sports skills and concentration and serving as a method for rehabilitating injuries.

These diseases may remain critical problems in the future because of poor lifestyle habits among American adults and children. For example, only one of 10 Americans participates in 30 minutes or more of vigorous activity every day. In addition...

- Over 15 percent of children and adolescents are overweight.
- 4 million children have above-normal blood pressure.
- 27 million children have high cholesterol.

Healthy lifestyles can help prevent heart disease and stroke. Eating healthy, nutritious foods, being physically active, staying tobacco-free, and maintaining a healthy blood pressure and weight are all part of a healthy lifestyle. Jump Rope For Heart helps get this message across to students. Did you know that jumping rope can burn up to 1000 calories per hour? Jump roping is one of the most efficient and inexpensive workouts available for young and old. It tones muscles in the entire body, developing long, lean muscles in all major muscle groups, both upper and lower. Jumping rope optimizes cardiovascular conditioning and maximizes athletic skills combining agility, coordination, timing, and endurance.

Jump Rope for Heart is a national educational fund-raising program that is sponsored by the American Heart Association and the American Alliance for Health, Physical Education, Recreation and Dance (AAHPERD).

This program engages elementary students in a physical activity (jumping rope) while raising funds to support lifesaving heart and stroke research. This educational program teaches physical fitness and promotes the value of community service to students and their families. It shows students that they can contribute to their community's welfare.

If you would like to hold a Jump Rope For Heart event you can sign up by calling the American Heart Association at 1-800-AHA-USA-1 (1-800-242-8721) or contact me (Gwen Hairston) at ghairston@k12albemarle.org.

The top 20 schools listed below were recognized at the VAHPERD convention held in Reston in November.

Gwen Hairston  
Jump Rope State Coordinator  
ghairston@k12albemarle.org

1	\$30,031.40	JRFH	2006-2007	Gloria Dei Lutheran School
2	\$29,011.37	JRFH	2006-2007	Mill Run Elementary School
3	\$26,301.44	JRFH	2006-2007	Twin Springs Elementary School
4	\$24,160.34	JRFH	2006-2007	Spring Run Elementary School
5	\$19,350.25	JRFH	2006-2007	Garrisonville Elementary School
6	\$18,986.43	JRFH	2006-2007	St. Anne's Belfield School
7	\$18,260.10	HFH	2006-2007	Hickory Middle School
8	\$18,091.62	JRFH	2006-2007	Coventry Elementary School
9	\$16,668.35	JRFH	2006-2007	Rustburg Elementary School
10	\$16,425.27	JRFH/HFH	2006-2007	Stony Mill Elementary School
11	\$16,151.93	JRFH/HFH	2006-2007	Forestville Elementary School
12	\$15,744.93	JRFH	2006-2007	Ashburn Elementary School
13	\$15,603.06	JRFH	2006-2007	Jacobs Rd Elementary School
14	\$15,530.00	JRFH	2006-2007	Abingdon Elementary School
15	\$15,522.92	JRFH	2006-2007	Great Bridge Primary School
16	\$15,345.50	HFH	2006-2007	Alvey Elementary School
17	\$15,193.85	JRFH	2006-2007	Powhatan Elementary School
18	\$14,840.97	JRFH	2006-2007	Brock Rd Elementary School
19	\$14,137.53	JRFH	2006-2007	Rosa Parks Elementary School
20	\$14,005.60	JRFH	2006-2007	Countryside Elementary School



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# *It is Winter: Did you forget your Skis?*

By Sigrid Gunild Krebs, PhD Student, Education, Curriculum & Instruction, Health Promotions  
Department of Learning Sciences & Technologies, Virginia Tech

**Abstract Summary:** Walking and Nordic Walking are the emerging trend sports in Europe where retailers have discovered the market potential of offering equipment to the general public for less money. Walking has always been popular in the United States and finally Nordic Walking is in the “Pole Position”.

**Nordic Walking in the “Pole position”:** Nordic Walking finally found its place in promoting better health in the United States. Although the once belittled edge sport is now viewed as a popular trend in the US, walking with specially designed poles has been booming in Europe for over a decade. “Walking the cane” as a lifestyle activity is in its toddler-hood in the US, and many businesses have discovered that the market potential and opportunities to teach Nordic Walking have rapidly increased. The literature discussed various health benefits for everyone, with minimal physical requirements and low risk of side effects. Proclaimed as a total-body exercise with advantages of cross-country skiing, Nordic Walking is also a year-round activity and can be executed on various terrains. Pole walking serves the needs of all people, from the fragile to serious athletes, and can be tailored for recreational fitness enthusiasts and older adults, to success in losing weight, building strength, and challenging coordination. Moreover, Nordic Walking has emerged as an anywhere-anytime sport that can be performed in group settings.

**Background:** With the population growing older, becoming increasingly inactive, overweight or obese, and at risk for, or recovering from, cardiovascular disease, metabolic syndrome, type II diabetes, and a variety of orthopedic issues, it is crucial to take action. (“Go Active Happy Meal”)

These days we are bombarded by the temptations of quick and fad-fixes, empty weight-loss promises, and dueling celebrity fitness experts. The energy balance does not seem to be working any longer. In the US, one in three adults is obese. According to research in the United States, we tend to put on weight gradually. Adults in one study, for example, added about 2 pounds (0-9 kg) a year from age 20 to 40 years (Larkin, 2003). Many people live sedentary lives; in fact, 40% of adults in the United States do not participate in any leisure-time physical activity. Less than 1/3 of adults engage in the recommended amounts of physical activity – at least 30 minutes most days (Surgeon General, 2007). This means they are taking in an excess of about 100 kcal of energy a day—suggesting that if people could be induced to eat just a little less—or to move around just a little more, it might be possible to prevent obesity.

Therefore, the easy motor activity provided via walking and Nordic Walking would be perfect. Walking and Nordic Walking are classified as eligible preventive health sports by German health insurance companies. In Germany the health benefits are believed to be so great that health insurance pays for people to invest in Nordic Walking instruction. Doctors have begun to prescribe Nordic Walking courses for certain patients “10,000 steps a day keeps the doctor away”. One hour of walking can burn 400kcal. However, a normal person makes only 2000-3000 steps a day.

## **The United States and Walking:**

Have you ever wondered about the “W” in George W Bush? It stands for *Walker*. How is it about Walking in the United States, where the term “Pole Walking” emerged in 1992 using trekking poles?

It began with Edward Payson Weston – the Father of Modern Pedestrianism. He was a long distance walker or “pedestrian” who gained fame through his cross country walks. For example, in 1861 he walked from Boston to Washington D.C. in 10 days.

Nowadays, however, it seems as if we prefer a car-ride over a brisk walk and we wave to our neighbor out of the car in the driveway rather than the side walks. Sometimes the landscape is not designed for long walks: busy streets and roaring expressways can make it difficult to find a place to walk; trails are non-existing, or the street turns into a dead-end. But staying passive and being a “Forrest Lump” can lead us to a dead-end as well. During the search for a typical Nordic Walking pole, I was unsuccessful in local stores and Wal-Mart which usually sells quasi everything. The easiest way to acquire an appropriate walking stick is through the Internet; however the price is enormous in consideration that any other item tends to be bigger, stronger, larger, and less expensive in the United States. Maybe “Supersize” does not work well when it comes to health.

**Supersize Me:** Morgan Spurlock’s movie examined the impact of the fast food industry on the health of the individual consumer. During a 30-day time period (2003) he subsisted entirely on food and items purchased exclusively from McDonald’s. The film documented this lifestyle’s drastic effects on Spurlock’s physical and psychological well-being. Spurlock, age 32 was healthy and slim, stood 6 feet 2 inches (188 cm) tall with a body weight of 185.5 lb (84.1 kg). After thirty days, he gained 24.5 lb (11.1 kg), a 13% body mass increase, and his Body Mass Index rose from 23.2 (within the ‘healthy’ range of 19-25) to 27 (‘overweight’). It took Spurlock five months to lose 20 pounds (9 kg) and another nine months to return to his original weight.

In May 2004, McDonald introduced a “Stepometer” with a salad and bottled water in a promotional “Go Active Happy Meal”. The Stepometer can be clipped on a belt counting the number of steps taken. The Meal came with a “Step With It!” booklet including tips for walking and working out.

## **Supersize Me –**

- Can Walking and Nordic Walking help to “Superstep me”?
- Doesn’t the Commonwealth of Virginia have a variety of mountains and beautiful trails for walkers to utilize?

**Superstep Me:** If a daily fitness walk could be put in a pill, it would be one of the most popular prescriptions in the world. It has so many health benefits.

Isn’t North America seen as a land of “extremes”: Coach Potato versus marathon fanatic? With his “extreme walking”, Steve Vaught (known worldwide as the “Fat man Walking”), a 350-

pound self-described ‘Forrest Lump’, was center of attention when he undertook “Walking across America to lose weight and to regain my life” in 2006.

**Walking:** Walking is generally distinguished from running in that only one foot at a time leaves contact with the ground.

According to Bös (2000), walking is an ideal form of physical activity for the majority of middle-aged and older people. It has been a popular issue in physiological and medical research for the past twenty years. Active research has increased our understanding of the benefits of these low intensity type of activities for improved health and physical fitness, especially for the least fit individuals. Walking is a rhythmic, aerobic activity involving large groups of muscles that add weight to several benefits for fitness and health with minimal adverse effects. Walking expends energy, thus assisting in the long-term control of body weight, and activates the metabolism of high-density lipoproteins and insulin, reducing the risk of cardiovascular diseases and non-insulin dependent diabetes in adulthood. As well as being a weight-bearing activity and a suitable mode of exercise at all ages, walking is also beneficial to bone strength.

**Nordic Walking:** Nordic Walking is fitness walking with specially designed Nordic Walker poles to engage also the upper body during walking. Trekking poles have helped backpackers reduce the stress to their knees and backs. Real Nordic Walking poles have special fingerless glove type straps that eliminate the need to grip the poles. In the United States, presidents have often carried canes and received them as gifts. The Smithsonian has a cane given to George Washington by Ben Franklin. Nordic Walking offers a very efficient, aerobic and easy way to improve physical condition irrespective of age, sex or physical condition. Nordic Walking can be up to 46% more efficient than regular walking (Cooper Institute Research 2000) depending on the intensity of the exercise.

Nordic Walking combines the positive training effects of walking combined with the total-body exercise advantages of cross-country skiing. The result is a total body workout that burns up to forty percent more calories without a change in perceived exertion or having to walking faster, due to the incorporation of many large core, and other upper body muscles which work against resistance with each stride. By transferring some of one’s weight on the poles, one lessens the pressure on the back and lower joints thus benefiting those who may suffer from a damaged knee, hip or back when used in proper form.

**Benefits:** Compared to regular walking, Nordic Walking involves applying force to the poles with each stride. Nordic walkers thus use more of their body (with lesser intensity) and receive stimulation not as present in normal walking for the chest, lats, triceps, biceps, shoulder, abdominals and other core muscles. This extra muscle involvement leads to significant enhancements over ordinary walking or jogging at equal paces such as:

- increased overall strength and endurance in the arms
- greater ease in climbing hills
- burning more calories than in plain walking or running

- improved balance and stability when using poles
- less stress on the shins, knees, hips and back which can be beneficial for those with injuries or muscles not strong enough to bear the person's (modified or unmodified) weight in normal walking for desired speeds, periods and terrains.

More muscles are used through Nordic Walking

### Scientific Studies at a glimpse.

Research by the German Walking Institute, Karlsruhe Germany (DWI, 2007)

<i>Literature</i>	<i>Results of Research</i>
344 Publications in Sport-Sciences	Positive Effects of Nordic Walking for Fitness, Prevention, Rehabilitation and Motivation are evaluated
Sports-Medicine	Positive Effects for Fitness, Metabolism (Diabetes, Bloodfat) and Obesity
Biomechnaics	Very low orthopedic stress (Riskless Motion) Once a week (60 Min.) shows Effects for Beginners (Dosis-Effect-Research)
Sport-Psychology	Low Drop-Out Quote

“Bird flies, fish swims, human (Nordic) walks“– what characterizes the modern environment? It will be interesting to watch if this “exotic” alternative of walking grow deep roots in the US, where walking is one of the most popular forms of activity? Also, will Nordic Walking fit with walking and jogging, while offering surprising benefits, and lead to a new exercise option in a country of 3,718,700 square miles?

### Quo walkis?

**“Don’t worry about walking slowly, but worry about stopping walking”.**

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# *Moving for Knowledge: Using Local Community Foundation Funds to Enhance Elementary Physical Education*

By Brett Chafin, Wenonah Elementary School & Jon Poole, Radford University

## **Background**

Sedentary living among children is rapidly increasing in the United States impacting children of all races, ethnicities, and socioeconomic status. This lack of physical activity and poor nutrition has exposed itself in the percentage of overweight elementary-aged children (ages 6 to 11) reported as doubled and the percentage of overweight secondary-aged adolescents (ages 12 to 19) reported as tripled since 1980 (Ogden, et al., 2006). Childhood obesity has both immediate and long-term serious health impacts including serving as a major risk factor for coronary heart disease, high blood pressure, high cholesterol, stroke, Type II diabetes, and is associated with psychosocial problems such as discrimination and poor self-esteem (Freedman, 1999).

In addition to the health benefits associated with healthy eating and engaging in a physically active lifestyle, educational researchers increasingly understand the positive link between healthy lifestyle behaviors and academic success (Shephard, 1997; Sallis, et al., 1999; Action for Healthy Kids, 2004). The California Department of Education (2005) recently published an extensive report entitled, *Getting Results: Student Health, Supporting Schools, and Academic Success*, which outlines both the scientific evidence supporting the impact of health on academic achievement and presents successful school-based programs.

The good news is that schools can help children adopt healthy eating and physical activity behaviors. School physical education programs have long been at the forefront of promoting healthy lifestyle choices among children. Physical educators working with other public, voluntary, private sector, and community organizations can play a critical role in reshaping social and physical environments, providing important health information, and teaching practical strategies to help children adopt healthy lifestyles.

Unfortunately, while physical education is on the forefront of promoting healthy lifestyle choices, rarely do school budgets provide the needed funds to offer innovative programming. This article describes one strategy to use community foundation funds to enhance an existing elementary physical education program.

## **Project Description**

Classroom teachers face unprecedented pressure in the Commonwealth of Virginia as Standard of Learning tests hover over schools and teachers in this era of “high stakes” assessment. Physical education teachers, who can assist in the learning of academic content such as math, geography, history, etc., are seen as invaluable contributors in an elementary school. At Wenonah Elementary School in Waynesboro, Virginia, the “moving for knowledge” project was proposed to development physical education lesson plans incorporating pedometers in which students would calculate, for example, the distances among various regions within the state (i.e., Appalachian Plateau, Blue Ridge Mountains, Piedmont, etc.) and then simulate walking or running across the state using the pedometers to count steps. Using a map of the state as their guide, students traversed the state learning about each region along the way.

## **Finding Funding**

An application for community foundation funds was submitted

to the Alcoa Foundation under their *health education, promotion and prevention* need area. Requesting just over \$1,000.00, the community grant allowed the purchase of two class packs of “Right Step” 300 Pedometers (approximately \$18.00 per pedometer when purchased in bulk) which measure steps, distance, and calories. Another enticing feature that is now available on many other pedometers was the “alligator-style” clip that made connecting to wide waist bands and sweatpants much easier.

## **Thoughts on the Project**

To gain a clearer picture of the progress each student made during physical education class, a simple pedometer log sheet was constructed for each student. Four columns recorded (1) date, (2) steps taken, (3) miles traveled, and (4) calories burned for each student. Use of the logs provided both motivation for the students and also gave the physical education teacher a better understanding of the intensity involved with specific activities.

Several classroom teachers were, along with the students, very intrigued with the pedometers and helped develop lesson activities exploring distance covered when measuring the perimeter and area of specific math problems. Further, the classroom teachers found the pedometers helped students better understand the distances between various points of interest within the state.

## **Future Applications**

The pedometers worked better than expected! Students were motivated to beat their own personal records. Classes wanted to compete against other classes to see how far they could travel, as a group, during a single class period. Further, classroom teachers saw the benefit with their own academic objectives. Several teachers have already asked about expanding the project to include more pedometers for more youngsters and even talked about sending them home with pedometer to track out-of-school activity.

This project could have never occurred without the financial backing of the Alcoa Foundation. It clearly shows that community foundation funding can enhance elementary physical education.

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# *Perceived Stress Among Graduate Students: Roles, Responsibilities, & Social Support*

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## Abstract

This qualitative study examined perceived stress among graduate students with regard to roles, responsibilities, and social support. Twelve graduate students responded to interview questions regarding personal and academic responsibilities, stress levels, and coping strategies. Participants experienced role conflict between academic and personal responsibilities. Difficulty balancing these responsibilities resulted in increased stress levels. Changes in graduate students' levels of social support upon entering graduate school prevented them from using it as a means to cope with stress. Inadequately coping with stress caused symptoms of burnout, which lead some participants to consider leaving their programs before completing their degrees.

Stress results from conflicting roles in an individual's life that produce competing demands over time (Hudd, Dumlao, Erdmann-Sager, Murray, Phan, Soukas, & Yokozuka, 2000). Conflict emerges when responsibilities and expectations of one role conflict with the expectations of another role (Dyk, 1987; Ross, et al., 1999; Sciacca & Melby, 1992). Graduate students often experience inter-role conflict between their personal and academic roles. These conflicts often occur in the physically and psychologically demanding environment of higher education (Neumann, Finaly-Neumann, & Reichel, 1990), causing stress among students (Abouserie, 1994; Deckro, Ballinger, Hoyt, & Wilcher, 2002; Geraghty, 1997; Goldman & Wong, 1997; Kanters, Bristol, & Attarian, 2002; Ross, Niebling, & Heckert, 1999; Sciacca & Melby, 1992).

If graduate students cannot cope with stress that results from inter-role conflict, then physical and psychological health problems can occur. Physical health problems associated with stress include headaches (Deckro, Ballinger, Hoyt, & Wilcher, 2002; Duenwald, 2002); upset stomach (Duenwald, 2002); sleep disturbances (Deckro, Ballinger, Hoyt, & Wilcher, 2002; Duenwald, 2002; Hudd, Dumlao, Erdmann-Sager, Murray, Phan, Soukas, et al, 2000). Psychological health problems include anxiety attacks (Duenwald, 2002), depression (Dixon & Reid, 2000; Frazier & Schauben, 1994; Geraghty, 1997), and burnout (Neumann, Finaly-Neumann, & Reichel, 1990; Vaez & Laflamme, 2003; Zalenski, Levey-Thors, & Schiaffino, 1998; Bruce, Conaglen, & Conaglen, 2005; Jenkins & Elliot, 2004; Maslach, Schaufeli, & Leiter, 2001; Peiro, Gonzalez-Roma, Tordera & Manas, 2001). Thus, graduate students must find ways to cope with stress to prevent these health problems from occurring.

Social support can create a buffer between stress and graduate students (Bolt, 2004, Jenkins & Elliot, 2004; Jung, 1997; Lawson & Fuehrer, 1989; Mallinckrodt & Leong, 1992), particularly for students already under intense stress (Jenkins & Elliot, 2004; Mallinckrodt & Leong, 1992). The stress-buffering theory helps explain how social support helps people cope with adverse life

events, thereby decreasing stress levels. Decreased stress that accompanies increased social support reduces the likelihood that students will develop stress-induced physical (Bolt, 2004) and psychological illnesses (Kanters, Bristol, & Attarian, 2002; Lawson & Fuehrer, 1989; Clara, Cox, Enns, Murray, & Torgrudc, 2003; Hodges, 2002)

Burnout, a common psychological health problem associated with stress, involves "exhaustion of physical or emotional strength or motivation usually as a result of prolonged stress or frustration (Merriam-Webster's Online Dictionary, <http://www.m-w.com/dictionary/burnout>, February 2007)". Burnout poses a particular challenge in higher education because research indicates burnout can lead to attrition among graduate students (Christie, Munro, & Fisher, 2004; Golde, 1998; Herzig, 2004; Reed & Giacobbi, 2004; Spicuzza & De Voe, 1982; Pines & Keinan, 2005). Social support can help reduce stress, thereby alleviating burnout (Bolt, 2004, Jenkins & Elliot, 2004; Jung, 1997; Lawson & Fuehrer, 1989; Mallinckrodt & Leong, 1992), underscoring the importance of social support in the lives of graduate students.

## A Preliminary Protocol

Higher education personnel can benefit from learning more about graduate students' perception of stress and their ability to cope with stressful situations (Abouserie, 1994; Deckro, Ballinger, Hoyt, & Wilcher, 2002; Geraghty, 1997; Goldman & Wong, 1997; Kanters, Bristol, & Attarian, 2002; Neumann, Finaly-Neumann, & Reichel, 1990; Ross, Niebling, & Heckert, 1999; Sciacca & Melby, 1992). This preliminary protocol involved two components: a discussion of situations and expectations that cause graduate students to experience stress, and strategies students use to re-establish equilibrium as a socialized participant in the academic culture. The protocol used a set of interview questions to probe the extent to which the graduate school experience influences levels of social support, thereby affecting graduate student stress levels.

To test the protocol, 12 graduate students participated in semi-structured, in-depth, personal interviews. Interviewees included two male and 10 female graduate students with a mean age of 27 from diverse ethnic backgrounds (i.e., Caucasian, African American, Hispanic, Canadian, Jamaican) and with a mean age of 27. The group included three master's students and nine doctoral students enrolled at a large, Southeastern university during summer session 2005. Their fields of study included health education, molecular genetics, English, and business administration.

The interview question set was drafted based on a review of literature. After conducting the trial interviews, the authors refined the items to improve question clarity and smooth the transition between questions. The refinement process increased interviewee's understanding of the core concepts within each question, which led to more thorough responses, thereby providing adequate data



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for analysis. The authors conducted the interviews, which lasted 30 to 45 minutes each.

Interviews were transcribed and analyzed using a microanalytic approach in which transcripts were reviewed and coded line-by-line to generate categories, and to identify relationships between categories of themes. The major themes were organized, then used to develop ten domains: academic responsibilities, personal responsibilities, balancing responsibilities, perceptions of stress, types of stressors, negative consequences of stress, coping with stress, perceptions of quality of social support, aspects of effective social support, and influences of graduate school on social life.

### Principal Domains

#### *Academic Responsibilities*

Several interviewees mentioned academic responsibilities as their main priority. One interviewee said, "I would say it takes up a good majority of my time." Academic responsibilities included holding research and teaching assistantships as well as conducting and publishing research. Regarding teaching assistantships, one interviewee said

My responsibilities include conducting two to four classes a week depending on ... how many classes I'm teaching, and creating all the assignments, creating the lesson plans, grading, holding office hours with my students.

Academic responsibilities also included courses, homework, interaction with professors, and qualifying examinations. Regarding academic responsibilities, one interviewee said "School is my number one ... priority and responsibility."

#### *Personal Responsibilities*

This domain included maintaining relationships with family, friends, and significant others. Seven interviewees mentioned their families as major priorities for them; three talked about being close to their parents and the importance of talking with them by phone or e-mail. Siblings also were priorities for two interviewees. One interviewee said, "I'm very close to my family so I'm usually on the phone with my mom as well or my dad during the day and also my brother." Another said "I have a big family, so [I work at] keeping in touch with them, seeing them, visiting with them, making time for them."

Five interviewees considered their friendships as a priority. One interviewee said "I have friends that live all over the place and so keeping in contact with them through e-mail or through phone calls ... I feel is a really big responsibility."

Eight interviewees mentioned their significant others as a priority for them, whether spouse, fiancé, or boyfriend/girlfriend. Two interviewees talked about their long-distance relationships. One said,

I'm in a long distance relationship so that takes up a lot of time...I have to travel about once a month... to kind of nurture that relationship. I'm usually on the phone for an hour to an hour and a half talking to my boyfriend, so that's definitely a responsibility, but it's a good one.

#### *Balancing Responsibilities*

Interviewees admitted they sometimes could not balance all of

their responsibilities. When this situation occurred, four interviewees indicated their professional responsibilities took precedence over their personal responsibilities. One interviewee said, "I do very much have a tendency to let my professional life overwhelm my personal life." Another commented on "not having the time that I would want to do other things because I'm spending it doing school work ... Not to be as stressed out about school work, to give time to other things." Conversely, two interviewees said their personal responsibilities took precedence over their professional responsibilities, with one commenting that "The family comes first, that's number one, because...that's my priority."

For at least two interviewees, some of the afore mentioned responsibilities regularly received more attention than others, producing feelings of stress and guilt. Difficulty balancing these responsibilities increased stress, which lead to physical and psychological symptoms including headache, upset stomach, sleep disturbance, anxiety, irritability, and depression.

Sleep disturbance was the most common physical symptom experienced by interviewees, with eight reporting some difficulty sleeping. One commented specifically,

I don't sleep well. I either want to sleep too much and I still don't feel rested when I'm awake or I'm not sleeping at all because I'm laying in bed at night like thinking, 'Oh my God, there are so many things I could be doing other than laying here in bed' and so my body can be utterly wiped out and my mind will still be bouncing off the walls.

Depression was the most common psychological symptom experienced by interviewees, with four reporting some depressive symptoms, and two indicating specifically that their sleep patterns were closely associated with depression. One said

I go through sleep cycles tied into my depression. There will be months when I don't sleep very well at all and that's usually when I break out the sleeping pills. And there will be months where all I want to do is sleep - all day, all night - I just don't want to get out of bed at all. And that's a significant sign that my depression is getting worse usually. But if I get lucky there will also be weeks where I sleep perfectly.

#### *Coping with Stress*

Interviewees indicated that, prior to entering graduate school, social support was a main method they relied on to cope with stress. During the interviews, a number commented on the value of type of support as well as source of support.

*Types of support.* Interviewees described social support as mutual exchange, not having to take the initiative, listening, caring and understanding, commiseration, unconditional love, perspective, and advice. In their personal lives, interviewees received social support most often from mutual exchange, not having to take the initiative, listening, caring and understanding, and unconditional love. In their academic lives they most often named the following types of support: advice, perspective, caring and understanding, and commiseration. Table 1 provides a more detailed description of the types of social support that assist in coping with stress.

*Sources of support.* Sources of support included people in the interviewees' academic lives as well as in their personal lives. When asked to describe people in their academic lives who pro-

Table 1: Types of Social Support That Assist in Coping with Stress

Types of Social Support	Number of Interviewees	Interviewee Quotes
Mutual Exchange	N = 3	"Mutual exchange really balances out my world because it makes me feel like I'm contributing something to [my friends] lives and they're contributing it to me too."
Not Having to Take the Initiative	N = 1	"My friend will call and ask, 'How are you doing this week?' and that's the kind of things that helps relieve stress - just knowing that someone else is thinking of you."
Listening	N = 8	"Just being able to call them up and have them listen to me complain or vent about what's frustrating me and then after getting that out, they'll take me out and we can do something to get my mind off of it. So, I think that's the biggest way that I cope with my stress."
Caring and Understanding	N = 7	"Just knowing that someone cares, that I'm not out there all by myself because it's easy to get overwhelmed with... thinking that no one understands or that no one cares what's going on with you."
From Family	N = 3	
Commiseration	N = 7	"I think that they identify with what I'm feeling, because it's probably related to school and that's nice because you feel empathy from them...people that are living this life can understand your circumstances. And it's comforting."
From Personal Lives	N = 2	
From Professional/Academic Live	N = 5	
Unconditional Love	N = 3	"Know[ing] that they'll listen and that they'll be nonjudgmental and they'll give their opinion and give me options and support that way. I just know that...I can go to them with anything."
Perspective	N = 2	"A lot of times they put things in perspective for me. I worry about the little details sometimes, that I'm not doing enough or that I'm behind. And a lot of times they just ground me and put me into perspective or where I need to be."
Advice	N = 8	"We just analyze this problem together and share how we are doing with it, come up with a solution."
From Personal Lives	N = 3	
From Professional/Academic Lives	N = 5	

vide social support, interviewees often mentioned peers in same academic program, and their professors. Eight indicated peers in same academic program as providing them with academic support. One said "Other students, especially the ones that have already been through what I've been through." Another said "People that are in the same classes with me and going through the same thing." Five indicated their professors contribute to their academic support. One said "There are a couple of professors, male and female, that I feel like I can go to if I'm really stressed, and they'll help me cope."

When asked about people in their personal lives who provide social support, interviewees named family, friends, and significant others. Eight indicated their families provided them with social support. One said "My mom is awesome...she cares and she listens. And she does not give judgment, she does not give advice, she just listens, and it's unbelievably supportive for me." Friends also served as a source of support. One interviewee said "The people I go to most will be my friends, especially my friends that I met through the church." Six specifically mentioned their

significant other as the person who provided the most social support in their lives.

#### *Diminishing Levels of Social Support*

Changes in level of social support prevented some interviewees from relying on social support to cope with stress. Diminished social support resulted from both academic and personal causes. Factors associated with interviewees' academic lives included being too busy with academic responsibilities to meet other responsibilities, and lack of support from their academic departments. Three indicated that their social health declined after entering graduate school because they kept so busy with demands created by academic responsibilities. Lack of time also detracted from contact with friends and family. Regarding decline in social health from lack of support from their academic department, one interviewee said "The quality of support...I actually receive from my program is...very average because...I have to go to it instead of it coming to me."

Regarding reasons associated with their personal lives, inter-

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viewees frequently cited separation from friends and family. Five interviewees who experienced a decline in social health after entering graduate school said the major cause involved moving to another part of the country to attend school. Such moves separated interviewees from their family, friends, and significant others. One said "I've felt stress about being far from home and it's a huge change of where I'm living and...not being near friends and family."

### Perceptions & Reactions

#### *Consequences*

Inability to cope with stress from lack of social support (Bolt, 2004, Jenkins & Elliot, 2004; Jung, 1997; Lawson & Fuehrer, 1989; Mallinckrodt & Leong, 1992) caused symptoms of burnout, prompting some interviewees to consider leaving graduate school before completing their programs (Christie, Munro, & Fisher, 2004; Golde, 1998; Herzig, 2004; Reed & Giacobbi, 2004; Spicuzza & De Voe, 1982; Pines & Keinan, 2005). Comments indicated students lose their sense of purpose if they cannot see how the time and effort they dedicate to their professional/academic lives will allow them to achieve their goals. One said "It doesn't necessarily feel like your doing what you want to be doing for the rest of your life." Others said "I feel like I've been in school for 7 years now and I still don't know what my purpose is. I haven't found my purpose or what career path I truly want to take," and "I wasn't really sure how the program fit into what I felt I was called to do with my life."

An unsupportive environment was given as another reason for leaving graduate school early (Christie, Munro, & Fisher, 2004; Ellis, 2001; Herzig, 2004). This perception leads students to feel as if they do not belong. One interviewee said

The people there weren't very supportive...the professors were more focused on their research than in teaching, and they really didn't have a lot of time for their students, and...you didn't really get to know and spend time with the other students, so you didn't really have that kind of support and camaraderie.

Another described the graduate school environment as "Too focused on little things and [professors] forget the big picture. And they don't care in some ways about students in the realm of stress and health."

#### *Implications*

To reduce stress, thereby decreasing the likelihood of burnout and attrition, graduate students need help in developing effective strategies to cope with stress especially by enhancing social support networks (Bolt, 2004, Jenkins & Elliot, 2004; Jung, 1997; Lawson & Fuehrer, 1989; Mallinckrodt & Leong, 1992). Interviewees mentioned several ways to enhance the quality of support they receive including being closer to loved ones, taking the initiative to become more concerned, and giving more to others (mutual exchange). Four interviewees indicated their quality of social support could be enhanced if they lived closer to their loved ones. One said "I would like to be a lot closer to the people that I care about." Another was hoping to "see them a little bit more often, doing things with them." One interviewee who viewed social support being enhanced through others taking the initiative and by

being more concerned said "my first choice is not to turn to other people, but sometimes if people ask me about things then I'll tell them more." Two interviewees saw their social support enhanced by giving more to others. They indicated that "it's finding that balance with your friends and your family of when you can help them, when they can help you," and

Sometimes I think maybe I need to be...more focused on helping other people...I think that helping other people work through what they're dealing with or whatever you get a lot of help out of that.

These comments suggest that, to enhance social support, graduate students need opportunities to give and receive social support. This process may be accomplished through service learning and involvement in community activities.

#### *Responses*

One significant approach to reducing stress among graduate students involves increasing social support in both the academic and personal realms. The prevalence of stress makes it imperative that faculty, health center, and student services personnel work collaboratively to help students develop social support networks to cope with stress (Bolt, 2004, Jenkins & Elliot, 2004; Jung, 1997; Lawson & Fuehrer, 1989; Mallinckrodt & Leong, 1992). Improved coping strategies can reduce the risk of burnout (Christie, Munro, & Fisher, 2004; Golde, 1998; Herzig, 2004; Reed & Giacobbi, 2004; Spicuzza & De Voe, 1982; Pines & Keinan, 2005), while enhancing overall well-being for graduate students in all dimensions of health (Deckro, Ballinger, Hoyt, & Wilcher, 2002; Dixon & Reid, 2000; Duenwald, 2002; Frazier & Schauben, 1994; Geraghty, 1997; Hudd, Dumlao, Erdmann-Sager, Murray, Phan, Soukas, et al, 2000).

This preliminary protocol established a foundation for future work with larger, more diverse groups of graduate students, as well as students who dropped out of graduate school prior to completing their degrees and recent graduates early in their professional careers. An expanded protocol will allow observations between levels of stress and social support among graduate students, students who fail to complete their degrees, and young professionals. This information will help higher education personnel and professional organizations more effectively meet the needs of students and employees. Future work also should consider how the specific types of stress students experience influence the type and source of support they need to cope effectively. Such information will assist professionals in developing social support networks of people who can provide the specific type of support needed to counteract stressors commonly experienced by graduate students.

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# Get your Students MORE "Prepared" for Learning by Obtaining the FULL Benefit from Movement Activities

By Danny Malm, C.A.S., M.Ed.

Engaging in movement activities creates far more than only physical fitness. Sweat, aches and pains, headaches, and heart-aches too. And more! Developmental experts have known for more than eighty years that movement enhances learning. Paul E. Dennison's, Ph.D. "Brain Gym" creates movements needed to instill a positive and effective learning process. This is proof that the mind and body can be further strengthened. This combined with another high-level relaxation technique additionally "Prepares" individuals for learning and life's daily challenges. "Prepared" individuals are further ready for learning, work and/or athletic activities. The body and mind need to be relaxed and "Prepared" in order to be used to their fullest.

Brain Gym's relaxation and learning technique the "Hook Up" promotes successful brain functioning by crossing neural pathways located throughout the brain. A "Hook Up" may be performed at any time. Such as in the morning to help students get ready for the day or after movement activities have ended to help calm the students and open up their brain cells in order to make them more ready for learning in their next class. Example: At the conclusion of a day's P.E. lesson. With the eyes closed, hands, arms and feet crossed and their head tilted down the students are getting their minds and bodies relaxed and ready for classroom instruction and learning. Breathing is voluntarily controlled during the "Hook Up" by inhaling through the nose then exhaling through the mouth.

Here's how to easily become even more "Prepared." Simply use internal (nonverbal) or external (verbal) positive self-talk while "Hooked Up." Using "Prepared" techniques after movement activities have ended helps student/athletes in the transition to new challenges they soon will be facing. Example: Use "Prepared" techniques as students are lined up and getting ready to leave Physical Education class. Since self-talk is an internal dialogue it is easy to visualize what is being said. A benefit of being "Prepared" is increased self-esteem, a self-fulfilling prophecy.

Positive self-talk also promotes confidence and relaxation: self-actualization. Self-actualization is a state of highest possible functioning. You are "fully human." The full use and success of talents, capacities, and potentialities is achieved. Such people seem to be fulfilling themselves and doing the best they are capable of doing. This is a quality needed by successful student/athletes!

Seeing promotes achieving. Hearing also is a powerful sense utilized by the mind and body in the learning process. Being ready for a successful life of learning, working, and/or sporting events is enhanced when you are "Prepared" after internally or externally hearing positive self-talk.

Individually using the relaxation method of deep breathing stimulates "Preparation." This is performed by deeply inhaling through the nose accompanied with one positive thought. Follow this with strong exhalation through the mouth with one negative thought, five times. Always finish "Preparation" by inhaling a positive thought combined with a positive self-talk statement, which will be remembered. This enables the mind to remain stable, not confused.

During "Preparation" each positive thought is followed by its' polar opposite negative thought. Example: inhale through the nose "happiness" then exhale through the mouth "sadness." Inhale "smile" then exhale "frown." Inhale "flexibility," exhale "tightness." Breathe in "energy" and blow out "tired." Finish by inhaling "relaxation" while exhaling "tension" then inhaling "success."

Complete "Preparation" now with a positive self-talk statement. This will be remembered! Example: "I'm relaxed and ready for this beautiful day!" The final words, thoughts or actions will always be remembered more than any others. So be positive!

Finishing any movement activity with a "Hook Up" combined with "Preparation" will help students learn, business people work and for student/athletes to perform to the optimum of their ability. And for "You," to be the best and happiest "You" possible!

Try it!

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# ***Recognition and Prevention of Methicillin-Resistant Staphylococcus Aureus (MRSA) in the Physical Education Setting***

By *Korey B. Berg, MSE, VATL, ATC*

*J.E.B. Stuart High School, Falls Church, VA*

Methicillin-Resistant Staphylococcus Aureus (MRSA) infections have become front page news items over the past year. The death of a Virginia teen and numerous reported outbreaks among athletic teams have teachers, coaches and parents concerned. Recognition and prevention of MRSA has improved in the inter-scholastic sports setting thanks to widespread educational efforts. In physical education, a setting just as likely to experience an outbreak, recognition and prevention of MRSA should be a priority.

## **What is MRSA?**

MRSA is a type of staph bacteria that is resistant to certain types of commonly used antibiotics. Staph bacteria live everywhere in our environment including on the skin and in the noses of people. Approximately 25 to 30 percent of the population is colonized with staph bacteria. Colonization refers to the presence of bacteria on the body without symptoms of disease. Only about 1 percent of the population is colonized with MRSA (CDC, 2005). Infections occur when the staph bacteria enters the body through breaks in the skin. Most infections are confined to the skin, but serious internal infections can occur. Serious infections usually only occur in those with weakened immune systems or those who have recently undergone surgery (Virginia Dept. of Health, 2007).

## **Identification of MRSA**

MRSA skin infections often appear as “pustules or boils which often are red, swollen, painful, and have pus or other drainage” (CDC, 2007). Positive identification can only be obtained by culturing the wound. Physicians should be encouraged to culture any suspicious skin lesions. MRSA can be easily misdiagnosed as a spider bite or impetigo without a culture.

## **MRSA Transmission**

MRSA is transmitted through skin to skin contact with an infected person or contact with shared items (i.e. towels, razors, water bottles) or surfaces (weight room equipment, stretching mats) which have been contaminated with someone’s infection. MRSA can stay on surfaces for days, which makes personal hygiene and facility cleanliness of utmost importance (Virginia Dept. of Health, 2007)

## **Risk Factors**

Several factors have been identified with the spread of MRSA infections. The risk factors known as the “5 Cs” are: crowding, frequent skin to skin contact, compromised skin (i.e., cuts or abrasions), contaminated items and surfaces, and lack of cleanliness (Goding, et al.,2007). Based on the 5 Cs, the physical education environment can certainly be considered a high risk environment for the transmission of MRSA.

## **Prevention**

Prevention techniques for the spread of MRSA infections in the physical education setting can be broken down into three categories – education, personal hygiene, and cleanliness of equipment and facilities.

## **Education**

Much of the fear and anxiety created with the recent media coverage of MRSA has been due to lack of knowledge about the infection. MRSA can cause potentially deadly infections, however the vast majority of infections are easily treated with proper wound care and prompt medical treatment. Educating PE students and parents can alleviate many of these fears and reduce the likelihood that an infection will occur. The Centers for Disease Control and Prevention ([www.cdc.gov/Features/MRSAinSchools](http://www.cdc.gov/Features/MRSAinSchools)) and the Virginia Department of Health ([www.vdh.virginia.gov/Epidemiology/Surveillance/MRSA](http://www.vdh.virginia.gov/Epidemiology/Surveillance/MRSA)) both have extensive educational information available on their websites.

## **Personal Hygiene**

Encouraging students to practice proper personal hygiene will go a long way towards preventing MRSA infections as well as other communicable diseases. Students should be encouraged to wash their hands frequently, especially before eating, and after using the toilet or blowing their nose. Washing with soap and water is usually sufficient, however alcohol-based hand sanitizers can be beneficial where running water is not available (i.e. outside on the playing field). Teachers and administrators can help facilitate proper hygiene by allowing students adequate time to shower after class and assuring liquid soap and/or hand sanitizers are readily available. P.E. uniforms should be washed daily and students should not be allowed to share uniforms, towels or other personal items. Wounds should be cleaned and covered. Students should not be allowed to participate if wounds are not able to be sufficiently covered (Virginia Dept. of Health, 2007).

## **Cleanliness of Equipment and Facilities**

School personnel are responsible for the regular cleaning and disinfecting of equipment and facilities that are used by students. A bleach solution of 9 parts bleach and 1 part water mixed daily is recommended for cleaning most environmental surfaces (Virginia Dept. of Health, 2007). This solution should be left in place for several minutes and then rinsed to remove any bleach residue. Pinnies or other shared uniforms should be washed after each use. Equipment such as bats, balls, gloves, or helmets should be cleaned and sanitized regularly. Items unable to be cleaned properly due to damage (i.e. torn stretching mats) should either be repaired or replaced.

## Conclusion

MRSA bacteria can never be completely eliminated from an environment. Even after a thorough cleaning, staph will be reintroduced into the environment as soon as a colonized person returns. However, MRSA infections can be prevented by practicing proper cleaning procedures and encouraging good personal hygiene.

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# *Triathlon Events As Possible Activities for Your Physical Education Program*

*By Robert Case, Old Dominion University*

One possible way to measure the success of school physical education and sport programs is to look at high school graduates several years later to see if they are staying physically active and keeping fit. Research shows that many Americans do not stay physically active years after graduating from high school and/or college. In a recent report, it was pointed out that, "Approximately 300,000 adult deaths in the United States each year are attributable to unhealthy dietary habits and physical inactivity or sedentary behavior... Nearly two-thirds of U.S. adults are overweight" (Overweight Teen, 2007). Potential health problems that are caused from being inactive and overweight include coronary heart disease, stroke, high blood pressure, liver disease and diabetes (Centers for Disease Control and Prevention, 2007). Sedentary lifestyles have become the norm rather than the exception. It appears that America has turned into a nation of spectators rather than participants.

## **Team Sport Orientation**

Several years ago the main focus of physical education classes in schools was to teach team sport skills by providing sport skill instruction through the use of lead-up games (Darst & Pangrazi, 2006). This approach to physical education developed excellent team sport athletes and recreational team sport players. However, very few students continued to play team sports into adulthood with many becoming physically inactive adults.

## **Well-Rounded Curriculum**

School physical education classes have moved away from being dominated by team sport skill instruction. They are now more well-rounded and offer a diversified approach to developing human movement skills (Pangrazi, 2007). For example, movement education, fundamental motor skill development, manipulative skill development, rhythmic movement activities, gymnastic skills, cooperative skills, individual lifetime sports, and game skills are important components of today's physical education classes, particularly at the elementary grade level.

## **Fitness and Individual Lifetime Sports**

Over the past two decades, many school physical education programs have moved toward offering fitness and individual lifetime sport activities with the hopes of maintaining an interest in keeping students physically active after graduation. Aerobic dance classes, spinning classes, exercising on fitness equipment, and instruction in lifetime activities such as golf and tennis can be found in many middle school and high school physical education programs. During the past five years, a number of high school physical education programs have started to offer lifestyle sports and adventure activities. It is not uncommon to find climbing walls, ropes courses, orienteering activities, and adventure racing being offered within physical education classes.

## **Lifestyle Sports and Adventure Activities**

Recent articles in the Journal of Physical Education, Recreation and Dance (Moorman, Schlatter, and Hurd, 2007; DeJager, 2006) describe situations where adventure activities are finding their way into communities across the United States. In a number of instances, these activities are being offered in school physical education programs. For communities that offer adventure activities, it appears that students now have a choice. They can learn about physical activities that offer participation and fitness possibilities for a lifetime. The importance of selecting a healthy lifestyle through proper nutrition and physical activity choices is being taught within these physical education classes. Traditional team sport skills are still part of the physical education program offerings but they are being offered along with a number of lifestyle sport and adventure activities.

## **The Sport of Triathlon**

The sport of triathlon is a lifestyle and lifetime activity that has tremendous potential for physical education programs. Research (Case, 2001, 2004) has shown that triathletes generally start participating in triathlons after they leave high school or college. They select triathlons as a lifestyle choice because they prefer to stay active, healthy and fit. Triathlons provide various levels of competition while individuals participate in running, cycling and swimming events. Duathlons, 5K races, 10K races, half-marathons, and marathons also provide opportunities to stay active and fit while competing against oneself, nature and others.

Most triathlons attract participants with varied skill levels ranging from novice to intermediate to expert or advanced. Triathletes enter races for various reasons. Some triathletes enter competitions for the exercise, challenge, competition, and/or fun (Case & Branch, 2001). A number of triathletes would admit that one of the major benefits of participating in a triathlon relates to the training process that must precede the actual event. This is where several hours are devoted each week to training that involves running, cycling and swimming activities.

Although a direct connection between triathlons and physical education seems distant or remote, triathlons can serve as an excellent vehicle to teach lifetime fitness concepts and practices. The remainder of this article will describe how two triathlon events were used to teach youth about the importance of lifetime fitness.

Two National Youth Sport Programs (NYSP) were used as pilot programs to introduce triathlon activities to economically disadvantaged youth ages 10 to 16 years. Certified physical education instructors were hired by the Old Dominion University NYSP programs in Norfolk and Virginia Beach. A class schedule was developed that was similar to the rotations used in a typical middle school. The main difference was that classes and lesson units were specifically developed to teach and emphasize the skills needed for a triathlon event. For example, bicycle safety and riding techniques



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were taught in a cycling unit. Another class taught personal fitness techniques that were connected to running and cycling. Stationary bicycles were used in a fitness room to improve cardio-vascular fitness levels. Other components of fitness (e.g., flexibility, agility, muscular power, strength, endurance and motor skill development) were included as part of the fitness class.

Swimming instruction was provided to the participants. Lessons were geared toward a modified triathlon event. Swimming safety, stroke techniques, starts and turns, and endurance were emphasized. Each participant was eventually tested to make sure that he or she reached certain pool safety and swimming proficiency levels before competing in a modified triathlon event.

Proper running techniques and styles were included in another class. Instruction focused on how to run on different terrains and surfaces at different speeds and distances. Understanding running safety and the importance of adequate hydration while competing were additional topics covered in the class. Inviting local triathletes to be guest speakers and showing actual video footage of triathlon races proved to be educational and exciting for the students.

Nutrition as well as drug and alcohol classes were already being offered in the NYSP curriculum. The triathlon event provided opportunities to discuss proper nutrition for competitive events. It also opened the door for discussions on inappropriate drug usage in sport. Anabolic steroids, blood doping, and the illegal use of supplements were discussed. Again, this presented a great chance to invite local triathletes to class in order to talk about proper nutrition and the importance of saying no to drugs.

### **Triathlon Event**

Finally, all the instruction and training involving triathlons led to the actual hosting of a triathlon event. This was a time when participants and their families gathered to enjoy the sport of triathlon. A festival type atmosphere was created with music, food and beverage available to the spectators. The triathlon event was organized as a team event with three race segments provided in order to accommodate all the participants. A dry run or rehearsal of the event was practiced a few days before the actual event. The course layouts for the running and cycling segments were strategically planned and clearly marked. The distances used were not regular triathlon distances; they were modified and shortened. An indoor swimming pool was used for the swimming segment of the event. Students enrolled in the Norfolk NYSP program competed against students from the Virginia Beach NYSP program. Individual and team awards were presented at the end of the event.

Bicycles, stationary bicycles and helmets used in this event were provided by the Xterra Foundation and swimsuits were donated by Speedo. The cost of equipment should not be a deterrent to conducting triathlon events. A number of organizations are willing to provide financial support or equipment donations for such events. Sometimes local Police Athletic Leagues (PAL) will donate bicycles that have been previously discarded.

The Old Dominion University NYSP triathlon event was offered in a summer sport program for economically disadvantaged youth.

There is no reason that such activities can't be offered within the context of school physical education classes. It will require a significant amount of risk management planning, patience and creativity -- but it can be done. If a school does not have access to a swimming pool, then a duathlon can be conducted where the running and cycling components of the event are offered and the swimming segment deleted.

### **Conclusion**

The real winners of this triathlon event were the students who participated. They were involved in a lifestyle sport activity that can be pursued for a lifetime. More importantly, the participants had fun and enjoyed the activities. They realized that fitness is not just something to talk about but something that can be lived everyday. They also learned a little something about themselves. They learned that teamwork and hard-work are important and that self-confidence goes hand-in-hand with teamwork if one hopes to succeed. As one 10-year-old female participant told a reporter, "I didn't realize how tough it really was...I had to reach down deep in my heart. And now I know just how strong I really am" (Painter, 2005, p. 134).

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# *Free Basketball Camps Develop Champions On and Off of the Court*

*By Leslie Crocker, HPE Instructor, Meadowbrook High School*

*Leon Wright Bey, Professor, HPERD Dept., Virginia State University*

Quite often, summer basketball and other camps are too expensive for some parents to afford. Even though they may want to provide the best possible opportunities for their offspring, other priorities relegate camps to a low-priority status.

With this in mind, The Champions Youth Developmental Basketball Camp (CYDBC) was launched at Petersburg High School (PHS) in Petersburg, VA during the summer of 2005. During this event, over 130 boys and girls (ages 9-13) received: a daily breakfast and lunch; expert instruction, motivational sessions, and life lessons conducted by a variety of collegiate and high school coaches, educators, players and administrators, entrepreneurs, and community leaders; a T-shirt; and a tote bag filled with school supplies.

The next year (2006), the same number and gender of participants received all of these items plus a new basketball and other gifts. Last summer (2007), when this camp was held for the third consecutive year at its original site in Petersburg, and for the first time at its new expanded location, Armstrong High School in Richmond, VA, the same number and gender of campers received the aforementioned items and pedometers; the latter of which were designed to help strengthen their grasp of certain mathematical and wellness concepts.

Given the demographics of the regions where these camps were conducted, and the huge benefits that were provided, one may wonder how these hundreds of children could afford such an experience. "Quite easily," would be the response. Each of these camps was provided **free of charge**.

"We are very fortunate to have the support of a wide variety of sponsors and other individuals who continue to believe in our cause and provide the wherewithal that enables us to provide these free camps for our communities, said Camp Director, Dr. Leon Wright Bey, former Virginia State University (VSU) Women's Basketball Coach and Athletic Director, and current Professor in the VSU Department of Health, Physical Education, Recreation, and Dance. "Each camp's success is directly attributable to their great support," he added.

Each year, the Petersburg camp has been presented and co-sponsored by Friends Helping Friends and the Petersburg Department of Parks and Leisure Services (PDPLS). Mike Pearson is the President of Friends Helping Friends, a nonprofit organization that has been involved with several philanthropic causes such as providing truckloads of food and supplies for Hurricane Katrina victims. Tami Yerby is the Director of the PDPLS. This camp's Site Director has been Michael Moore, who teaches health and physical education at Matoaca Middle School and coaches wrestling at Matoaca High School in Chesterfield County, VA. The Honorable Annie M. Mickens, Mayor of Petersburg, Virginia, Bill Lawson III, Boys Basketball Coach at PHS, and retired PHS Athletic Director, Harry Bradley, were among others who helped to facilitate many camp activities at PHS.

In its inaugural year (2007), the Richmond-based camp was hosted by Dimitric Roseboro, Randy Ashe, and Darryl Watts,

respective Principal, Athletic Director and Head Boys Basketball Coach at Armstrong High School. Pearson, and his Friends Helping Friends organization, also co-presented and co-sponsored this event. Among the many other facilitators and/or sponsors for this camp were: former legendary high school and VSU Head Football Coach, Lou Anderson; Richmond City Councilman, Marty Jewell, Central 5<sup>th</sup> District; Delores McQuinn, Vice President of Richmond City Council, East End 7<sup>th</sup> District; Richmond City Public Schools; and City of Richmond Department of Parks, Recreation, and Community Facilities.

Each camp has emphasized its Basketball, Academics, Life, and Leadership (BALL) Concept. In addition to proper basketball skills techniques, participants have also been exposed to academic enrichment activities, and sessions designed to enhance their leadership skills and character.

"One of the major purposes of our camps is to use the 'Ball Concept' to teach the campers to believe in themselves and to dream about what is possible for them to attain. We also stress our 'Give and Go Theme,' which is analogous to the basketball technique that requires teammates to work cooperatively by making unselfish initial and return passes. In short, we teach them that the more that they give in an unselfish way, the farther they will go in life in return. For us, basketball is the bait that is used to get our campers' attention. Once they get to the gymnasium, they are exposed to a lot more than the game of basketball," he added.

"What our educational specialist, Leslie Crocker (a health and physical education teacher at Meadowbrook High School in Chesterfield County, VA; a former adjunct health teacher at VSU; and a mainstay of the camp staff since 2005) did with her pedometer project is a good example," Bey stated. Last year, Crocker ensured that each participant received a pedometer and instructions on why and how they were to be used throughout the weeklong camp and beyond.

Among those joining Bey on the coaching staff for the 2007 camps were Watts, Mona Mayes Sumblin (former VSU player and present HPE teacher, and Head Girls Basketball Coach at Franklin VA City High School), and former VSU Assistant Women's Basketball Coach, Eddie Allen, who presently serves in a student activities capacity at VSU.

During the last three years, many business leaders, high school and collegiate coaches, educators, community leaders, facilitators, current and former athletes, and others have served as guest speakers, clinicians, sponsors, or in other capacities for the Petersburg and Richmond, VA camps. "While this article does not accommodate an opportunity to provide a detailed list of all of these individuals, I would like our readers to know how much I appreciate their support," said Bey.

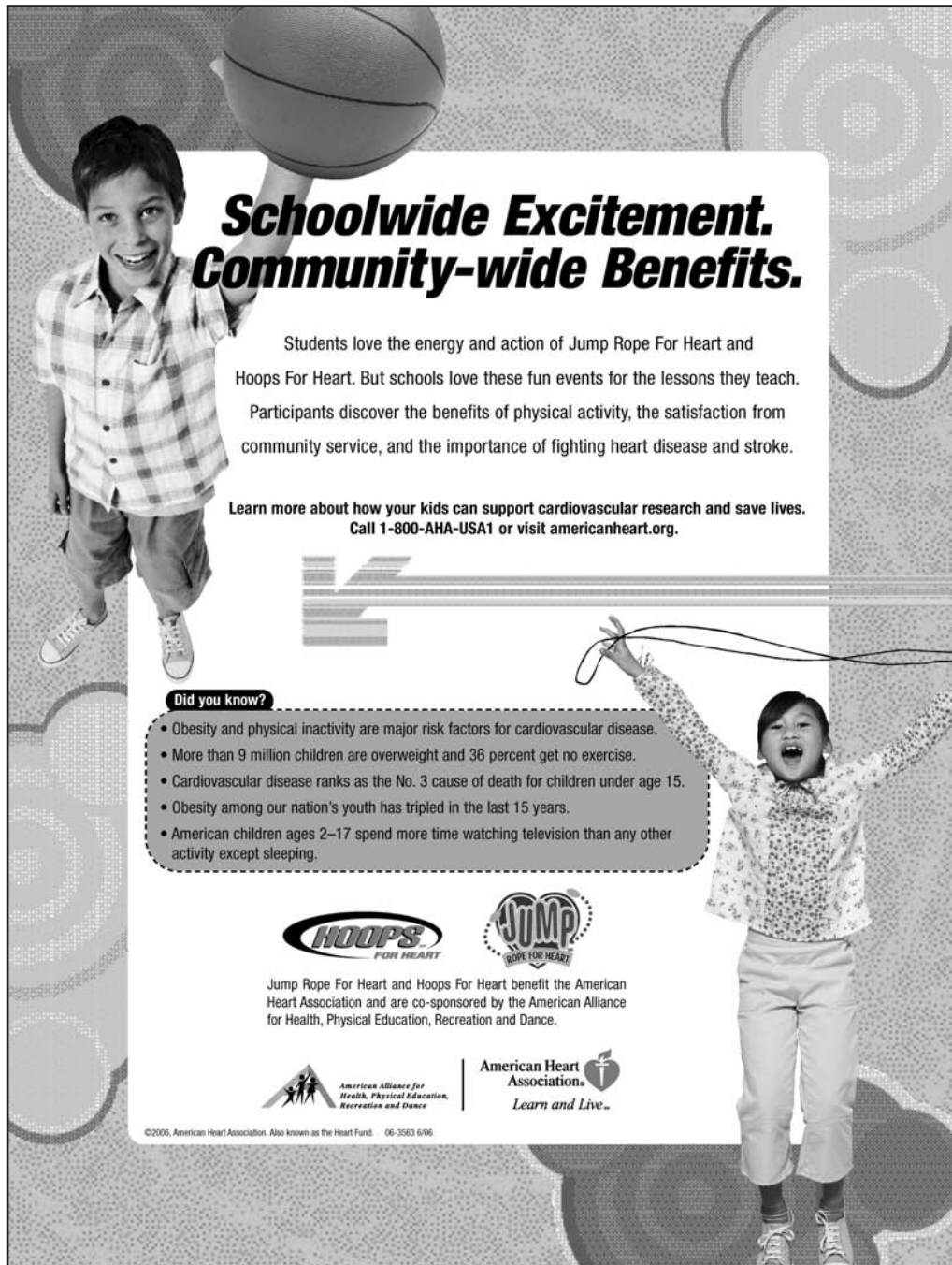
The origin of these camps can be traced to an idea about starting a basketball camp that was given to Bey by Kim Brandveen, an entrepreneur, who owns several businesses in Petersburg (e.g., Healthcare Solutions & Medical Supply Llc). This idea was quickly augmented by Pearson (another entrepreneur who also owns a

variety of businesses) and fully supported by Yerby in 2005. That original idea ultimately gave rise to all three Petersburg-based camps and to last year's expansion to AHS.

Since its inception in 2005, one of the highlights of each camp has been "Media Day." Last year, for example, several local newspaper and television media representatives covered the PHS camp, which featured Mayor Mickens as its guest speaker, and the AHS camp where Richmond, VA Sheriff, C.T. Woody, was the featured speaker. Former University of Richmond and NBA basketball player, Johnny Newman, was the guest speaker for

the 2<sup>nd</sup> Annual CYDBC that was held at PHS. Many other speakers also addressed the campers and others in attendance at these Media Day events.

The great success of these camps has underscored the value of engaging community leaders to provide young people with affordable wholesome activities that serve as viable alternatives to the sore temptations that have often beset their environments. Plans are currently underway to feature the 2008 versions of these camps at PHS and AHS. For more information, please contact Bey at 804-536-6394.



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- American children ages 2-17 spend more time watching television than any other activity except sleeping.

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# PHETE Teacher Candidates Help and Learn in the Community

By A. Vonnie Clvin, Program Coordinator for Physical & Health Education, Teacher Education

Amy Beckwith, Lauren Harris, Jason Kagarise, Senior PHETE Majors at Longwood University

Physical & Health Education Teacher Education (PHETE) majors require hands-on experiences to prepare them for the real world. At Longwood University, teacher candidates learn from, but also give back to the community through special activities and practica experiences. The purpose of this article is to describe some of those experiences.

## Fitness calendars and newsletters

As course requirements, PHETE majors create fitness calendars and wellness newsletters. These are disseminated electronically to the School Health Advisory Boards (SHABs) at ten area elementary schools. Since every school in Virginia must have a SHAB, these activities serve as resources for each school and provide a strong link between the university and the community.

By sending the material electronically, the cost of reproducing the materials is absorbed by the individual schools. In addition, all of the calendars and newsletters are linked to [www.longwood.edu/staff/colvinay](http://www.longwood.edu/staff/colvinay) and individuals may access them at any time.

## Calendars:

















The monthly calendars are an assignment in the PHETE majors' middle school methods course. Each teacher candidate is assigned a month. The goal is to develop a one-page calendar that addresses physical activity, nutrition, safety, as well as positive behaviors for elementary-age children. In addition, date-specific topics are

included whenever possible. For example, on November 11 and Memorial Day, thanking a veteran for his or her service is always included.

Since most of an elementary child's experiences are impacted by family resources, it is really not feasible for every child to meet every challenge on the specific day of the month. Our goal is for each child to meet 20 of the challenges within the month. The child may do the activities in whatever order he or she would like.

Since most SHABs are looking for additional educational resources, other PHETE programs may elect to initiate a similar activity. The first step is to format the calendar. The computer program utilized is up to the individual. However, the schools must be able to open the attachment and a widely used program is better.

The PHETE majors utilize the table feature within the Microsoft Word program to create a calendar-like table, complete with seven columns and four or five rows. The days of the week comprise the top row and then each day of the month is delineated. The date is placed within each cell. Then the creativity begins. Appropriate text is created and then pictures are inserted using the clip art feature in Microsoft Word or by downloading pictures from the Internet. These pictures can be enlarged or reduced to fit the cells. The final calendar includes the name and academic classification of the teacher candidate who creates the calendar. Table 1 provides a sample calendar.

Name: _____ Grade: _____		<h1>March 2008</h1>					School: _____	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
This calendar was created by Lisa Word, a Senior in the Department of Health, Recreation and Kinesiology at Longwood University in conjunction with the Childhood Healthy Weight Coalition and the Virginia Cooperative Extension.						1 Jog around the house 5 times and then stretch.		
2 National Reading Day! Visit your local library! 	3 Choose 3 of your favorite exercises and do each 15 times.	4 Tell someone how much you appreciate him or her.	5 Ask a family member to teach you to play his or her favorite sport.	6 Check out a book from the library. Try to act out the book as a play.	7 Drink only water or skim milk today.	8 Help your parents with work around the house. 		
9 Daylight savings time begins! Be sure to get at least 8 hours of sleep.	10 Eat something red today. 	11 Jog up and down the stairs for 10 minutes. Stretch when you finish.	12 Instead of soda, drink skim milk.	13 Read a book instead of watching television. 	14 Ride your bike for 10 minutes. Ask your family members to join you.	15 Take a walk around your neighborhood and pick up trash.		
16 Teach a younger child in your neighborhood a skill from PE.	17 St. Patrick's Day! Eat something green today.	18 Help a neighbor with daily chores. 	19 Can you make the salad for dinner? 	20 First day of Spring! Ask your family to join you in playing your favorite outdoor sport.	21 Eat something yellow today. 	22 Do 22 sit-ups and 22 jumping jacks.		
23 Participate in an egg hunt! 	24 Create a dance and perform it for your family or friends.	25 Help your parents plan for dinner. Be sure to plan a colorful meal.	26 Take a walk around your neighborhood and count how many birds you see. 	27 Jump rope with some friends after school. 	28 Make up a basketball dribbling routine. 	29 Offer to walk your neighbor's dog. 		
30 Play catch with a friend or family member.	31 Go for a 10 minute walk.							

# Gym Shorts

Created by Longwood University students in the Department of Health, Recreation, and Kinesiology – January 2008

## About Our Newsletter...

This monthly newsletter is devoted to topics for students and their parents to use to promote health, safety, and fitness. We hope you enjoy.



## Be Sure To Stay Warm!

Although it is cold in January, people still like to be active outside. Often people will dress too lightly. They think they are going to be active, so they under dress. When playing outside, it is always smart to wear gloves, earmuffs, a hat, and a scarf.

Also, tennis shoes are better for indoor play or nice weather. Therefore, it is recommended to wear boots in the cold weather.

It is better to dress in layers. Wearing a couple of layers of clothes will keep you warm and help prevent moisture from reaching your skin. While everyone wears jeans, they really aren't the best choice in cold weather. When they become wet they stay damp and cannot keep you as warm as wool pants.

Pay attention to the weather. If it is cold or windy, do not spend too much time outside. Go back inside and warm up.



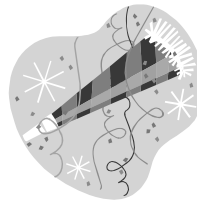
It's hard to keep active in the cold months, but here are some activities to get you

## moving!

1. Do you like movies? Watch your favorite movie on television or rent one. As you watch the movie, every time your favorite character's name is said you have to do one jumping jack, two arm circles, or one curl up. Maybe the family will join you.



2. Include the entire family, your sister, brother, friend, Mom, Dad, dog, whomever you like in this next activity. Go into a room with lots of space. Have someone stand at the light switch and turn it ON and OFF. Start *slowly* and the *speed* up. As the light turns ON, one person must lead an exercise and everyone must follow. When the light turns OFF everyone stands **perfectly still**. The next time the light goes on someone else must lead in a **NEW** exercise.



## New Year's Resolutions

New Years is a time when we all should make our yearly goals or resolutions. Your resolution can be about anything! Most people choose to make goals about their health! It can be to keep active or to eat healthier food! Try to make your goal something that you know you can achieve, but be sure not to make it too easy! To make these goals easier to reach, try to do them with friends or family! Good luck with your resolutions!

## Three Fun and Easy New Year's Resolutions

1. **Eat Healthy**-Choose apples over chips or have a sandwich instead of pizza.
2. **Exercise** at least 20 minutes 3 times a week. Get your closest friends together and ride bikes or play kickball or take a hike.
3. **Plan Ahead**- Choose one or two days a week to go running or have friends over to play instead of watching a TV program or playing video games.

## Winter Exercising Tips

1. **Dress Warmly** - Layers work best! Wear gloves, a hat, a scarf and boots too!
2. **Listen to music during your exercise** - Whether it's with your head phones on while running or a boom box during a pick up game, exercising with music makes it much more fun and will pump you up.
3. **Warm up and Stretch** - Warming up and stretching are very important in the winter. You must get warmed up to keep from injuring yourself.
4. **Get Your Friends Involved** - Committing yourself to keeping fit is so much easier when you have a partner to help push your or just keep you company.

## Word Search!

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p w o v x q n u s k b a t n g  
o j j i z e n c s h x m x o y  
a i w q t m c r p v y r a w d  
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s d i f a c w b z w s k q a b

Celebration	Snwo
Football	Super bowl
January	New years

This newsletter was created by Rob Miller, Brittany Long and Laura Miller. This project is a collaborative effort between the Longwood University (HRK Department) and the Childhood Healthy Weight Coalition

## Newsletters:

The newsletters are created by first semester freshmen PHETE majors who work together in small groups. The current newsletter title is **GYM SHORTS**. Within each newsletter are topics related to fitness, safety, nutrition, as well as some type of puzzle. In addition, seasonal concepts play a major role in content selection. For example, Halloween safety is important every year, as is dressing in layers in the cold or using sun screen all year. To better meet the needs of the children, the SHABs have our contact information and are encouraged to request any specific areas they would like us to address.

These newsletters are also created using the Microsoft Word program by adjusting the tabs at the top of the page to create different columns. This creates more of a newspaper look as opposed to one large essay. The more "techno-savvy" teacher candidates may choose to use Microsoft Publisher or another program. While these programs permit much more creativity with the design and the graphics, remember that the schools must have the software to open the attachments.

To create the newsletters, the groups first generate ideas they would like to address for their month. The concepts are divided

among the participants and then the teacher candidates either create the material or find it through various sources. Generally, the Internet provides a wealth of information. However, citations must be included on all referenced material. As with the calendars, creativity by the teacher candidates is encouraged and drawings and graphics enhance the project. A copy of the January 2008 newsletter is found in Table 2.

Both the calendars and newsletters are submitted to the appropriate faculty member for grading and editing. The materials are then shared with an individual from the local Cooperative Extension Service. She provides "fresh eyes" to the project and makes suggestions. For example, a recipe was once submitted that involved raisins. She explained how they are choking hazards for young children. We created a new recipe. The local Healthy Weight Coalition group provides the email addresses for the local SHABS and everything is sent electronically during the last week of the month.

An additional benefit of creating calendars and newsletters is they can be aimed towards children and their families. If the children take home a newsletter and share the content with parents, then perhaps some information will reach the family that they might not have known. These two projects are great ways to

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education children and to get parents involved in their children's physical activity and health.

**Community Service Embedded with Pedagogy Content:**

Integrating the pedagogical skills from the classroom into a class with "real children" is essential. Since Longwood University is in a very rural area, the local system can be overwhelmed when practica placements are needed. To compensate for this, our PHETE program creates unique opportunities for the majors to work with children.

*Swimming Lessons:*

One of the best examples of embedding community service within a course is Water Safety Instruction (WSI). In WSI, teacher candidates learn to teach swimming and safety techniques. As a culminating activity, the teacher candidates offer three days of swimming lessons to the local elementary school children free of charge. The children are divided into groups based on age and ability. Each group (three to four children) receives instruction from two Longwood teacher candidates. In addition, each child earns a certification of completion after the three lessons. This activity allows PHETE majors to experience teaching "real children" how to swim and also provides an excellent service to the community.

*Elementary Experiences:*

Longwood University's PHETE majors enrolled in the elementary methods course conduct their practicum at a local private school. Located approximately 2 miles from campus, this church-related school has approximately 100 children and a full-size gymnasium, but no physical education teacher. During the spring semester, Longwood's PHETE majors are the physical education program.

Within the practicum, teacher candidates create and implement their own lesson plans. Since classes are small, fewer than 15 children, the teacher candidates are "eased" into successful teaching experiences. During each teaching experience, classmates are available to assist and the professor is there to provide feedback after every lesson. This is another situation where the community receives a service and PHETE majors hone their pedagogical skills.

*Middle School Experiences:*

Once teacher candidates complete their elementary practicum, they move on to the middle school methods course. As a practicum within this course, Longwood's PHETE majors offer a free after school Physical Education program at Prince Edward County Middle School. The program is called **PE x 3** (Physical Education, Prince Edward, and Promoting Excellence) and is offered once a week for ten weeks every fall.

During **PE x 3**, the middle schoolers rotate to four different stations and stay at each station for approximately 30 minutes. Each station has a different physical activity. Some of the skills/sports taught include: golf, floor hockey, speedball, lacrosse, tennis, fitness, and cooperative games.

**PE x 3** is very beneficial to the Longwood teacher candidates and the local school students. The program helps the middle school students improve skills learned in physical education, introduces them to new sports and skills, and helps them be active. Through **PE x 3**, the teacher candidates develop lessons plans, actively supervise students, work with "real children" under "real" teaching conditions, and learn to adapt lessons to a variety of skill levels. As in the elementary placement, the professor is on site and available if needed. The teacher candidates, however, teach their activities just as they will teach their future classes.

*Coaching:*

Longwood's PHETE majors also have the opportunity to coach and/or officiate in the community. The local schools often contact the university looking for individuals to coach youth teams and occasionally middle or high school teams. Some positions are voluntary, while others are paid; such as some of the high school positions. In addition to the opportunity to coach, Longwood also offers a coaching minor. These opportunities are very beneficial to teacher candidates as they develop leadership skills and gain more experiences working with youth.

*Summary:*

Being located in a rural area necessitates creativity for teacher preparation programs. However, Longwood University's PHETE program incorporates course work with community service. The teacher candidates learn valuable skills and the community receives many benefits. In this partnership everyone wins.



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# Guidelines for Manuscript Submission

The Virginia Journal is published twice yearly (Fall and Spring) by the Virginia Association for Health, Physical Education, Recreation and Dance. Deadlines for submitting materials for inclusion in the spring issue are July 15th and January 15th. Manuscripts should be sent to Dr. David Sallee, TVJ editor, by email in an attached WORD document. In submitting a manuscript, the author affirms that it has not been published or accepted for publication elsewhere, unless otherwise stated in writing.

## Manuscripts

Manuscripts follow the form of the Publication Manual of the American Psychological Association and must be typed on 8 1/2 by 11 inch paper. The attached manuscript must be double spaced except that direct quotations of three or more lines in length are to be single spaced and indented.

Manuscripts should not exceed 10 double-spaced pages of narrative including the citation page. Pages should be numbered consecutively. The name and institution of each author are inserted on a title page but not on the narrative. There should be provided on the title page biographical information on each author. This biographic information should include name and position at time of manuscript submission.

References should be listed at the end of the manuscript and should be arranged in alphabetical order. Each reference cited in the article must be listed, but only those cited should be included. Sources should be cited by placing the author's name and date of publication followed by a page number when appropriate in parentheses: i.e., (Cowlick & Rice, 2003). The reference should be cited following the quote or fact noted. References listed at the end of the article should contain the following information:

1. The author, editor's or compiler's name, in reverse order (surname, followed by first and middle initials).
2. The exact title. Titles of books, pamphlets, periodicals, and newspapers are underlined: titles or articles within periodicals or books are not underlined and precede the periodical or book in which they are found. Only the first word of the title is capitalized and the title is followed by a period.
3. Titles of books are followed by place: company, date of publication. The date, volume, and page numbers follow the title of a journal. If each issue of a journal begins with

page 1, include the issue number after the volume number in parentheses. Volume numbers should be underlined for journals and for books they should be placed in parentheses and included at the end of the title.

## Examples of Citations

American Dietetic Association. (1999). Dietary guidance for healthy children aged 2 to 11 years. *Journal of the American Dietetic Association*, 99:93-101.

Kulwicki, A., & Rice, V.H. (2003). Arab American adolescent perceptions and experiences with smoking. *Public Health Nursing*, 20, 177-183.

## Illustrations

Illustrations such as pictures, graphs, and drawings are valuable additions to manuscripts. Please send these as separate files with your manuscript.

## Reviewing and Editing

Each article is reviewed by three members of the Editorial Board. Sometimes a guest editor is asked by the editor to review a manuscript depending upon the topic. To be accepted for publication the article must be approved by at least two of these persons. Reasons for rejecting articles include: topic is not of interest to the profession or to only a few members of the Association, topic is of interest but has already been thoroughly discussed in the literature, manuscript discussion is too general and vague, poor research techniques, or the manuscript is poorly written. In some instances a manuscript may be rejected but the author is invited to revise and resubmit it with corrections. Manuscripts accepted are subject to editing to conform to the Journal format.

## Final Acceptance for Printing

After the editor has compiled the journal issue, it is sent to the printers. VAHPERD's executive director, president and president-elect then edit *The Virginia Journal*. These three VAHPERD members are provided with a minimum of two drafts for their revision and comment. Upon their approval, the final document is printed and distributed.



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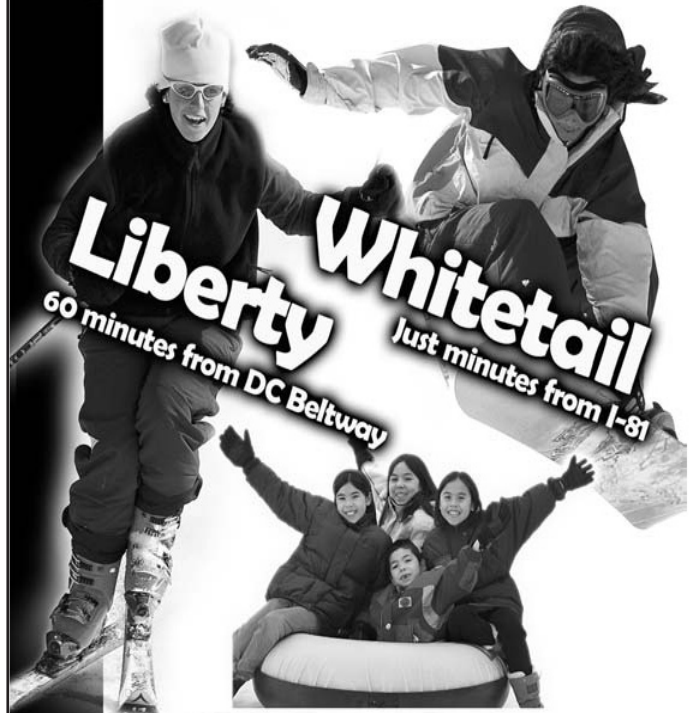
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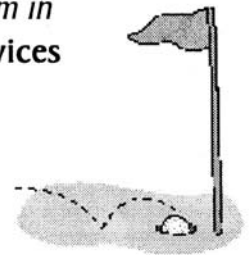
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# Help Wanted

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<p><b>RESPONSIBILITIES:</b></p> <ol style="list-style-type: none"> <li>1. Be responsible for the publication of two journals a year.</li> <li>2. Solicit content from a variety of professional resources.</li> <li>3. Supervise the layout and edit all materials.</li> <li>4. Develop revenue-generating strategies</li> <li>5. Coordinate the printing and mailing of the journal.</li> <li>6. Select the Editorial Board members with the approval of the Board of Directors</li> </ol>	<p><b>RESPONSIBILITIES:</b></p> <ol style="list-style-type: none"> <li>1. Solicit information and materials from the members and related professions.</li> <li>2. Produce a camera-ready copy of the newsletter to the Executive Director by designated deadline.</li> <li>3. Coordinate the publishing and mailing of the newsletter with the Executive Director.</li> <li>4. Publish a minimum of a winter and summer newsletter.</li> </ol>

Applicants are encouraged to apply for both positions.

**Applications will be accepted until July 15th, 2008**

If you are interested please send a cover letter and resume to:

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or send as an email attachment to [info@vahperd.org](mailto:info@vahperd.org)

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Contact SUSAN M. MILLER

VAHPERD/ESHE Workshop Director

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## About VAHPERD

### Mission Statement

VAHPERD is a professional association of educators that advocate quality programs in health, physical education, recreation, dance and sport. The association seeks to facilitate the professional growth and educational practices and legislation that will impact the profession.

### VAHPERD Values

- Excellence in teaching, research and educational practices in HPERD and related professions
- Positive efforts to promote our disciplines
- Professional integrity and high ethical standards
- Effective communication within and between members and related professionals
- An active and healthy lifestyle
- Embracing the role of special and diverse populations

### VAHPERD Priorities

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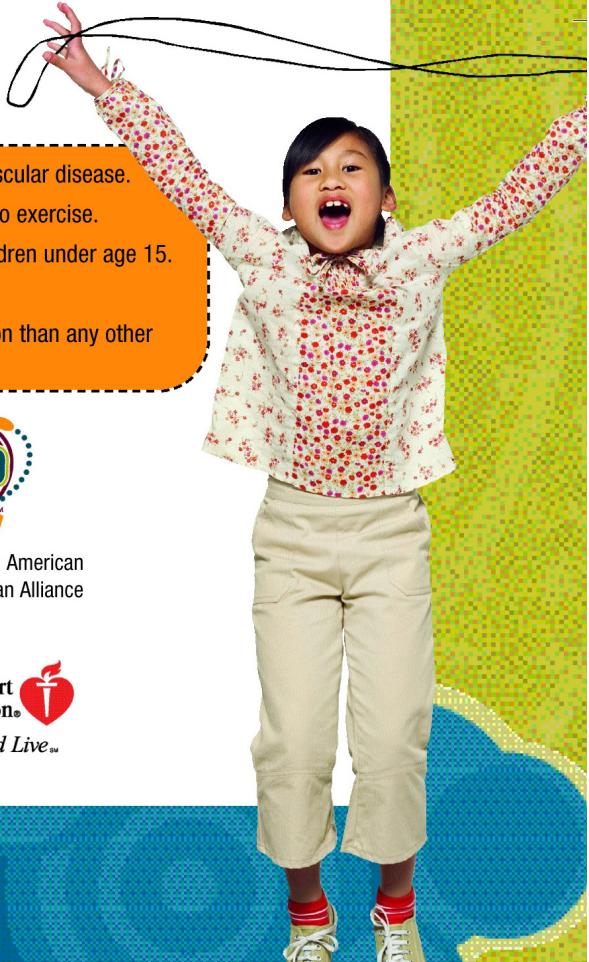
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- Obesity among our nation's youth has tripled in the last 15 years.
- American children ages 2–17 spend more time watching television than any other activity except sleeping.



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# *The Virginia Journal* Publication Specifications

## **Submission Deadlines:**

January 15 and July 15

## **Manuscript Specifications:**

All manuscripts and announcements should be submitted by email as a WORD attachment. See page 33 for more information.

## **Authors:**

Please include your name, position, address, email address, and telephone number. Authors are strongly encouraged to be members of both VAHPERD and AAHPERD.



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