

GAHPERD Journal

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Mission Statement

GAHPERD, Inc. is a non-profit organization for professionals and students in related fields of health, physical education, recreation and dance. GAHPERD, Inc. is dedicated to improving the quality of life for all Georgians by supporting and promoting effective educational practices, quality curriculum, instruction and assessment in the areas of health, physical education, recreation, dance and related fields.

President's Message

Fall 2018

As a student I looked forward to all of the new friends and experiences a new school year promised. As a teacher it took a little “self-talk” at times to bring that same enthusiasm to transition from a relaxing summer to a busy September. As a recent retiree I’m not sure what emotions will come this Fall, but I know there will be a part of me that will miss the shine of the freshly waxed gym floor and the sounds of excited students awaiting the start of class.

The 2018-2019 school year will be the beginning of positive changes for Georgia’s health and physical education programs:

On May 3, 2018 the new Georgia Standards of Excellence for K12 Physical Education were approved. Voluntary implementation will take place in 2018-19 with full implementation going into effect 2019-2020.

There is growing support for the reinstatement of the middle school HPE requirement in Georgia. During a meeting with state school board leaders, GAHPERD representatives informed the board that 30% of 6th graders are not enrolled in physical education classes and 26% are not receiving health instruction. The state board members in attendance voiced their support to making sure all middle school students are provided with quality health and physical education programs.

After meeting with PSC representative, Kelli Young, GAHPERD formed a task force to eliminate the GACE-IN certification option for health and physical education. The task force is currently gathering data to support this position and plans to present the rationale to the PSC by the end of the year.

HB 273, the “Recess Bill”, passed the Georgia Senate with a 50-0 vote. The passage of this bill is an important step in providing Georgia’s children with opportunities to engage in physical activity.

GAHPERD has been actively advocating for these changes and will continue to support Georgia’s health and physical education teachers. Highlights for this year include the following:

GAHPERD membership is at 663, an increase of 121 since 2017.

The South Eastern District Workshop was held May 1 at Valdosta State University with 103 participants.

The Robert W. Moore Summer Institute met June 7-8 at Kennesaw State University with 48 participants.

Emily Adams, GAHPERD Board member, led a professional development for Houston County physical education teachers in February.

The Northwest District Workshop is planned for September 18 at the University of West Georgia.

We have been busy! With so much more to accomplish, I invite you to join us at The Classic Center in Athens for the 2018 GAHPERD Convention.

Dr. JoAnne Owens-Nauslar, a popular health and fitness motivational speaker from Lincoln, Nebraska and one of the country’s most vocal personalities on the issue of physical activity, is scheduled as the keynote speaker.

BE THE ONE!

Babs Greene, GAHPERD President





Message from the Editor:

In this issue, you will find specific content to help you grow as a professional. The issue includes two special features and two peer reviewed manuscripts. I hope you enjoy reading all four professional articles. The first is a reprint of a historical feature originally published in 1979 (GAHPERD's 50th anniversary)! The second is related to health and community wellness, the third on motivation, and the fourth on bicycle safety and related programs.

I encourage you to check out the information for upcoming workshops, specifically one scheduled for September 18 on the UWG campus, and of course, the annual state convention in Athens (October 14-16).

We appreciate your contributions and support of Georgia AHPERD. The fields of health, physical education, recreation and dance continually need quality professionals like you!

If I can assist you in some way, please let me know via email.
bheidorn@westga.edu.

GAHPERD Journal



Editor

Dr. Brent Heidorn
University of West Georgia

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GAHPERD Executive Board:

President

Babs Greene babsgreene@gmail.com

President-Elect

Christy Crowley christycrowley@hotmail.com

Past-President

Brian Devore briangahperd@att.net

Executive Director

Kim Thompson kthompson@gahperd@att.net

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VP- Dance and VP-Dance Elect

Rebecca Collins rriggs@georgiasouthern.edu

Stephanie Viness sviness@georgiasouthern.edu

VP- General and VP- General Elect

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cassie.ferrell@cowetaschools.net

Eugene Asola

efasola@valdosta.edu

VP- Health and VP- Health Elect

Kandice Porter

kporte21@kennesaw.edu

Lesley Corley

lesley.corley@sccpss.com

VP- Physical Education and VP- PE Elect

Jason Hallman

jason.hallman@sccpss.com

Sonya Sanderson

slsanderson@valdosta.edu

Members at Large

Northwest: Jana Forrester

jana.forrester@carrollcountyschools.com

Southeast: Renee Califf

vrcaliff@valdosta.edu

Southwest:

Vacant

Metro: Kaci Roberts

kaciroberts@westminster.net

Northeast: Cate Hernandez

gajumpers@yahoo.com

Future Professional Student Rep

Brianna Vandeursen

bv00481@georgiasouthern.edu

Journal Editor

Brent Heidorn bheidorn@westga.edu

Webmaster

Brian Devore briangahperd@comcast.net

JRFH and HFR Coordinator

Emily Adams em.adams@mindspring.com

Chair, Awards Committee

Amy Aenchbacher

amy.aenchbacher@cherokee.k12.ga.us

Co-Liaison, GA DOE

Therese McGuire tmcguire@doe.k12.ga.us

Mike Tenoschok Tenoschok@aol.com

Invited Article—Editorial Feature

The Wolf Wellness Lab:

A Model for Community Health and Wellness Promotion

By Duke Biber, Gina Brandenburg,
Chrissy Knoll, Sasha McBurse, Anne Merrem,
& Bridgette Stewart

The University of West Georgia

Recent data from the CDC indicate that over 31% of adults in Georgia are obese (Robbins et al., 2018). Prevalence of obesity negatively affects entire communities, from premature mortality, comorbidity with chronic and mental disease, economic burden, and overall quality of life (Guh et al., 2009; Swinburn et al., 2011; Wang, McPherson, Marsh, Gortmaker, & Brown, 2011). It is necessary for researchers and practitioners to approach the pandemic with a community-based, holistic perspective.

The community-wide health promotion model improves the control individuals and communities have over their health, thus improving overall health (Jagosh et al., 2012; McQueen & Salazar, 2011; WHO, 1986). Universities co-create, or work alongside communities in terms of healthcare promotion, research, and community service (Greenhalgh, Jackson, Shaw, & Janamian, 2016). However, co-creation can often result in perceived and concrete barriers to effective health promotion and obesity reduction. Community members often feel misunderstood in terms of the effectiveness, education, and implementation of university-driven, health research (George, 1994; Glasziou et al., 2014; Raftery et al., 2016). Other barriers, such as lack of motivation, social exclusion, access to affordable care, lack of time, and unavailability of services to meet specific needs hinder individuals from accessing university-driven health promotion services (Misra-hebert et al., 2015). Furthermore, health inequity, or unequal provision of health services, has a negative impact on relationships between universities and communities (Marmot & Allen, 2014). With so many barriers to health promotion and obesity reduction, it is necessary for universities to advocate for health equity in their community. Health programs and organizations should emphasize community partnership, participation, and health equity to achieve lasting and effective change (WHO, 2012).

The Wolf Wellness Lab (WWL) in the College of Education at the University of West Georgia (UWG) was established in 2018. The lab developed from the need for experiential and community-based learning for health and community wellness (CMWL) majors in the Department of Sport Management, Wellness, and Physical Education at UWG. Through program meetings, the CMWL program coordinator and faculty members were able to conceptualize the transformation of the former Human Performance Lab into the WWL. With support from the Department Chair and the Dean of the College of Education, a significant amount of funds were allocated for the establishment of the WWL in the spring of 2018. Construction began in the summer. The WWL officially opened to the university and community in August 2018. The Wolf Wellness Advisory Council generated awareness of the WWL through emails to the college and university and word-of-mouth referrals. The mission of the lab is to educate, serve, lead, and advocate for a culture of health and well-being of UWG students, faculty, staff, and the members of the surrounding community. The purpose of this article is to: inform scholars and practitioners about the structure of the WWL, increase awareness of the services offered, and provide a blueprint for other universities to replicate a community-based wellness lab.

**“The WWL is structured
around four components:
Education, Services,
Leadership, and
Advocacy”**

Lab Structure

The WWL is structured around four components: Education, Services, Leadership, and Advocacy with the specific aim of supporting health initiatives for faculty, staff, students, and the community. Under the mentorship of faculty and staff, health and community wellness (CMWL) students gain "real-world" experience through hands-on consultations with practical results and conversations with clients, helping create a healthier, more informed community.

Education

An instrumental focus of the WWL is educating students, faculty, staff, and community members. The lab faculty and staff provide programs, classes and trainings such as Lunch N' Learns, the Diabetes Prevention Program (DPP), and American Heart Association certifications to promote a culture of health. For example, Lunch N' Learn topics include 1) Sit Less, Move More; 2) Sleep for Wellbeing; 3) Mindfulness; and 4) Stress Prevention. Cooking demonstrations and classes are led by the lab's registered dietitian and assisted by undergraduate students in the CMWL major and Nutrition minor. The cooking classes utilize a 10-person cooking station and nutrition cart, enabling demonstrations of food preparation and hands-on cooking techniques. Certifications through the American Heart Association, such as First Aid, CPR, and AED training, are offered through the lab as well.



Once CMWL students are trained in specific skills and techniques, they can participate in facilitating programs and lab services. Students in the CMWL program have a required experiential learning assignment in nine of their major courses, most of which will be completed in the WWL. Through these experiential learning opportunities, CMWL majors apply their classroom knowledge to real-world practice. For example, students will work with the Exercise is Medicine® advisor on the development of individualized exercise plans for clients based on their biometric results. Students will also work alongside the program coordinator and National Health Coach, to provide health coaching sessions for clients. Students trained in nutrition

“The WWL staff also offers high performance leadership training for athletes, coaches, organizations, and businesses within and outside the UWG community”

education can assist in delivery of nutrition demonstrations and classes. With the guidance and mentoring of WWL staff, students learn from their initial experiences in the lab, and can reflect on the experiences of providing hands-on health services.

The WWL staff also offers high performance leadership training for athletes, coaches, organizations, and businesses within and outside the UWG community. The goal of leadership training is to equip athletes and leaders with the skills to overcome setbacks and enhance performance. Offerings include communication and leadership training for collegiate, high school, and youth coaches, mental wellness and peak performance coaching for individual athletes, team-building exercises, and motivational presentations. The WWL leadership team has hundreds of client-specific consulting hours and graduate education in sport and exercise psychology, psychological skills training, and counseling. The leadership team has specific expertise in stress management, mindfulness, cognitive-behavioral therapy, eating disorders and disordered eating, arousal regulation, and mental preparation. Athletes who are returning to play following an injury or rehabilitation, struggling to focus during competition, having difficulty managing their sport-life balance, or need motivational and goal-setting assistance before, during, or after the competitive season could all benefit from the WWL services.

Services

The educational component of the lab is directly connected to the services offered. Some of the services include health coaching, biometric screenings, fitness assessments and worksite well-being packages. There are three main health assessments individuals can purchase.

The first is *Know Your Core Four*: blood glucose profile, cholesterol profile, resting blood pressure and body composition. The options for body composition are dual-energy x-ray absorptiometry (DEXA), bioelectrical impedance analysis (BIA) or skinfold testing, with DEXA being the “gold standard” option for measurement (Punda & Grazio, 2014). The second package is the *Fitness Package* consisting of heart rate monitoring, waist-hip ratio, body composition, cardiovascular and muscular fitness screening, and flexibility testing. Lastly, the *Wellness Package* includes all of the measures in the *Know Your Core Four* plus the *Fitness Package*.

The lab also services Exercise is Medicine® referrals and community-based research. Exercise is Medicine® On Campus (EIM-OC) is a program available to eligible college students, which promotes exercise as a lifestyle habit and a form of treatment for various chronic diseases. Students must meet two or more of the following requirements to be eligible for EIM-OC: blood pressure over 140 (systolic) and/or 90 (diastolic) (three consecutive measurements over two weeks taken by WWL staff or personal physician); diagnosed chronic condition or currently taking medication for chronic condition (documentation required); and/or BMI over 30. The program focuses on minimizing risk for developing chronic conditions and using exercise to manage

“The lab also services Exercise is Medicine® referrals and community-based research”

existing symptoms. This service also gives CMWL students the opportunity to apply the assessment, exercise programming, and health coaching skills learned in the classroom with their peers on campus. EIM-OC services include an initial consultation meeting to determine undergraduate student health history information and eligibility for the program. Biometric and fitness assessments are completed, along with motivational interviewing, to determine stage of behavior change (Prochaska & DiClemente, 1983) and SMART goals (ACSM, 2008). Based on this information, a personalized exercise plan is provided to the participant with recommendations for safe progression and instructions of recommended exercises.

Research

Numerous research efforts are planned and ongoing within the WWL. As one example, graduate students in the College Student Affairs concentration in the Master's Program in the Department of Communication Sciences and Professional Counseling at UWG will engage in an innovative longitudinal research program with the goal of improving transition to the program and healthy behavior regulation (i.e. sleep, physical activity, stress management, diet). Over a two-year period, participants will complete baseline and bi-semester testing that includes BMI, height, weight, blood tests, DEXA scan, health coaching, and muscular strength and endurance training. Participants will receive a tailored exercise plan by EIM-OC staff, monthly group health coaching that targets barriers to healthy behavior regulation. In addition, they will be asked to self-monitor their weekly efforts including exercise behavior, diet, and cognitive and emotional thought patterns each week.

Students within the College Student Affairs program are traditionally meet basic physical activity recommendations. As they progress in their graduate studies, and spend the majority of work time on a computer, eventually becoming a professional who sits behind a desk forty hours per week, their level of physical activity (and overall health) often decreases. An unhealthy lifestyle can negatively affect work by increasing stress levels, decreasing productivity, and creating a greater risk of professional burnout (Danna & Griffin, 2016).



An unhealthy awareness can also result in more professional mistakes, carelessness, decrease in confidence, and an overall disregard for general performance (Danna & Griffin, 2016). By providing tools to help these students modify their current lifestyle, practitioners can cultivate their professional and personal experiences to better serve students. The research program through the WWL utilizes evidenced-based techniques such as motivating others (O'Connell, 2012), group accountability (Beighle, Pangrazi, & Vincent, 2001), and health coaching (Palmer, Tubbs, & Whybrow, 2003). This in turn will provide a formal method for graduate students to receive help from undergraduate students training in health and wellness. This on-going relationship will create a group dynamic that encourages a healthier lifestyle for both the graduate students receiving treatment and the undergraduate students providing the education services.



Community Engagement

The WWL focuses on building engaged, mutually beneficial partnerships between the UWG campus and the community. The aim is for community members to advocate for the WWL by utilizing the available services, thus creating space for CMWL students to apply knowledge to practice. The WWL also collaborates with the Wolf Wellness Committee to provide resources and physical space for community health programs, businesses, and initiatives for meetings, screenings, and additional trainings.

Leadership and Advocacy

One of the main goals of the WWL is to foster partnerships with leaders in the UWG community. In order to establish effective partnerships, the WWL program coordinator and staff needed to gain an understanding about the perceived health and wellness needs within the community. The Health and Community Wellness Advisory Council was formed to provide guidance on curricular decisions in an effort to ensure students are equipped for multiple positions within the CMWL field. The Council brings the mission and vision of service learning opportunities, internships, employment opportunities, grants and development to life through strategic community partnerships. Members of the Council include community leaders from the local hospital, Chamber of Commerce, school system, large businesses, faith-based and community organizations, and elected officials. Several members of the Council are in state and national leadership positions in health and

wellness. The council also includes former students and current faculty members. Council meetings include discussions of community health and wellness needs and potential projects for the coming years. Partnerships, program, and service ideas include: classes and services for senior care; health and wellness classes for small businesses; parent workshops; Summer Feeding school initiative coordination; and data coaching following WWL visits. The Advisory Council aims to bridge the gap between the WWL and the community, creating opportunities for CMWL undergraduate students to serve in their chosen field.

The Wolf Wellness Committee was formed in 2016 and follows the Wellness Council of America's (WELCOA) Seven Benchmarks for successful wellness programs. It is actively involved in promoting wellness across the UWG campus. The committee consists of representatives from the CMWL program, Human Resources, University Recreation, Information Technology Services, Health Services, Creative Services, Financial Aid, Facilities and Grounds, Faculty Senate, Campus Activities, and Dine West.

The mission of the committee is to enhance organizational health and wellness by 1) fostering interest and encouraging all students, faculty and staff to initiate and engage in healthier lifestyles; 2) providing and supporting diverse wellness programs and initiatives across campus that meet a wide range of personal health needs; 3) recognizing students, faculty and staff for participating in healthier lifestyle activities; 4) decreasing absenteeism due to illness and stress; and 5) developing a positive culture focused on celebrating and improving the quality of life for all.

Recently, the committee promoted the “Health Trails” walking and fitness challenge in 2017 with over 700 faculty and staff participating in physical activity opportunities. The UWG President helped kick off the “Health Trails”

“The WWL promotes quality of life for everyone with an unconditional, encouraging approach to health and wellness.”

challenge with an inaugural walk alongside 200 faculty and staff members. During the year, the committee works with students in the CMWL program to coordinate Wolf Wellness Walks every Wednesday throughout the academic year. One of the main goals for 2018 is the promotion of the comprehensive, system wide Well-Being program that aims to create a culture and environment of well-being throughout the University System of Georgia. Employees and spouses covered on a USG healthcare plan can each earn up to a \$100 per year for participating in the program and accomplishing health goals. The committee also planned the Wolf Wellness Expo and developed the Wolf Wellness website (<https://www.westga.edu/wolfwellness/>), both of which helped raise awareness about the multitude of health and wellness opportunities available for students, faculty, and staff.

Lastly, a Wolf Wellness Champion network will be established Fall 2018 at UWG. The Champions will work with the Wolf Wellness Committee and the WWL to promote a culture of health among faculty and staff. Wolf Wellness Champions will serve as social support and help educate co-workers about the WWL and University wellness programs. Faculty and staff who embrace the notion of “walking the talk” and strive to be positive health and wellness role models for their colleagues are ideal recruits. At least 40 trained Champions will help raise awareness of wellness programs, increase engagement in health education opportunities, and improve program participation. A wellness recognition program will distinguish student organizations, schools and colleges, campus departments/units, and other groups at UWG that demonstrate a commitment to developing a culture of health in all dimensions on campus and in the surrounding community.

Future Research and Application

The WWL provides a starting point for others to explore their overall health and wellness needs. The WWL promotes quality of life for everyone with an unconditional,

encouraging approach to health and wellness. The program coordinator of the WWL has worked at UWG for 15 years and holds numerous certifications including ACE National Health Coach and Fitness Nutrition Specialist, faculty status with WELCOA, and Certified Worksite Wellness Specialist through the National Wellness Institute. She chaired the committee that developed the country's first set of core competencies for holistic wellness professionals, which guide educational and service-learning programs in the WWL. The program coordinator plans to develop the WWL into a university center through which every university wellness initiative and program can be facilitated. Faculty members associated with the WWL will seek external grant funding in support of evidence-based research and programming in obesity prevention and holistic wellness promotion. These research projects will train undergraduate and graduate students in academic inquiry, preparing them for career pathways in health and community wellness. With sufficient funding, developing a mobile health and wellness program that can travel to underserved areas in the community is one of the goals for the WWL. The mobile health and wellness program could offer nutrition classes, health education coaching, biometric screenings, and fitness assessments. The WWL is a great place for those who want to give back to a UWG student's educational experience while promoting health equity and wellness. To make an appointment or to find out more information about the WWL, email wolfwellness@westga.edu.



BIOMETRIC SCREENINGS

KNOW YOUR NUMBERS

Packages Available

Pricing

Know your Core 4 package

Blood pressure, glucose and cholesterol profile, and body composition *Valued at \$200*

Fitness Package

Resting heart rate, Waist-hip ratio, body composition, cardio screen, muscular fitness screen, and flexibility
Valued at \$225

Wellness Package

Includes both Know Your Core 4 screenings AND the Fitness Package screenings
Valued at \$250

UWG students \$5/\$10 with DEXA
UWG faculty/staff \$10/\$15 with DEXA
Community \$30/\$45 with DEXA

UWG students \$5/\$10 with DEXA
UWG faculty/staff \$10/\$15 with DEXA
Community \$30/\$45 with DEXA

UWG students \$8/\$15 with DEXA
UWG faculty/staff \$15/\$25 with DEXA
Community \$50/\$70 with DEXA

We accept cash or check

For more information or to schedule an appointment, email wolfwellness@westga.edu



UNIVERSITY of
West Georgia.

College of
Education

Wolf Wellness Lab

The mission of the Wolf Wellness Lab is to provide leadership, education, advocacy, and services to develop and promote a cultural of health and maximize the well-being of UWG students, faculty, staff, and the citizens of the surrounding community.

**THE WOLF WELLNESS LAB IS STRUCTURED
AROUND FOUR COMPONENTS: LEADERSHIP,
EDUCATION, ADVOCACY, AND SERVICES**



All authors serve in the College of Education at the University of West Georgia.

- Duke Biber is an Assistant Professor of Health and Community Wellness
- Gina Brandenburg is an Instructor in Health and Community Wellness
- Chissy Knoll is an Instructor in Health and Community Wellness and Program Coordinator of the Personal Wellness and Leisure Activities Program
 - Sasha McBurse is an Instructor in Health and Community Wellness
 - Anne Merrem is an Assistant Professor in Health and Physical Education
- Bridgette Stewart is a Senior Lecturer and Program Coordinator of the Health and Community Wellness Program

For more information pertaining to this article, email

Duke Biber at dbiber@westga.edu

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Sponsored by Georgia Shape, Georgia Department of Education, & Georgia Association for Health, Physical Education, Recreation, and Dance

Physical Education

PROFESSIONAL DEVELOPMENT WORKSHOP

September 18, 2018

8 am - 3 pm

UWG Coliseum

First 30 Registrants Receive Funding For Full Day Sub

Register by sending an email to
Georgia.Shape@dph.ga.gov

Day to include: Fitnessgram booster session,
effective teaching and student learning in
physical education, large group games, and more!



Motivation of Rural Parents for Youth Recreational Sports Programs

By Bridget Melton, Hyun-Woo Lee,
Christina Gipson, & Macy Lewis
School of Health and Kinesiology,
Georgia Southern University

Abstract

In 2016, it was estimated that over 45.7 million youth ages 6-17 years engaged in organized sports across the United States. Common parental motivations for encouraging youth sport participation centers around health outcomes, socialization, enjoyment, and competition. **PURPOSE:** The purpose of the article was to identify the motivations of rural parents for signing their children up for recreational sport programs. **METHODS:** Parents (N=466) from a southeastern rural Georgia recreational department were recruited from a variety of youth sports to complete the Motives for Physical Activities Measure – Revised (MPAM-R) survey. **RESULTS:** Descriptive analysis shows the top three motives for youth participation are enjoyment (M=6.49 SD=.93), competence/competition (M=6.46, SD=.72), and fitness (M=6.34, SD=.84). Multivariate ANOVA revealed no significant difference between motivational factors by sport, age, or race. There were significant differences found between motivation appearance by child gender, with parents of male athletes more concerned with appearance compared to parents of female youth participants. **CONCLUSION:** The data suggest that parental motivation for sport focuses on enjoyment, competition and fitness. Parents of male children specifically value of appearance more so than parents of female children. Targeting factors such as enjoyment, competition, and fitness may encourage parents to sustain youth sport participation.

Introduction

In 2016, it was estimated that over 45.7 million youth ages 6-17 years engaged in organized sports across the United States (Langhorst, 2016). Parents play a vital role in children's sport participation. It is recognized that parents' support is needed for financial and logistics purposes (e.g. transportation), but also for emotional support (Holt, Kingsley, Tink, & Scherer, 2011; Cote, 1999). Parental support, encouragement and understanding are particularly important

given that they are associated with increased intrinsic motivation and enjoyment among youth sport participants (Elliot & Drummond, 2017; Ullrich-French & Smith, 2006). Parents are highly influential when encouraging children to join organized sports and to continue to maintain their involvement in sports and physical activity (Light, Harvey, & Memmert, 2011). Common parental motivations for encouraging youth sport participation focus around health outcomes, socialization, enjoyment, and competition (Myer, 2016; Montesano, Tafuri, & Mazzeo, 2016; Weiss, 2013).

Health and Fitness Outcomes

Organized youth sport has been cited as a source of much needed physical activity with potential positive health and fitness benefits (Katzmarzyk et al., 2016). Substantial evidence indicates that physical activity, as seen with sport participation, is positively associated with lowered chronic diseases and improving self-esteem, self-perception, and subjective well-being (Rey, Vallier, Nicol, Mercier, & Maïano, 2017). Wanless, Judge, Dieringer, and Johnson (2017) found parents' recognition of such health benefits is a main reason for supporting their child's sport participation. Furthermore, Murphy, Rowe, and Woods (2016) argue that youth sport participation can be a significant predictor of continued physical activity into adulthood.

Social Opportunities

Social opportunities in the forms of building friendships, interacting with others, and developing self-perception are common benefits parents identified for encouraging their children to participate in recreational sports (Dorsch, Smith, & McDonough, 2015; Montesano, Tafuri, & Mazzeo, 2016; Ullrich-French & Smith, 2006; Jaimes & Turbide, 2016). For example, youth sport participation fosters sociability with youth athletes, which increases positive self-esteem (Chulho, & Ikki, 2016).



Wuerth, Lee and Alfermann (2004) highlighted that parents typically start their child's socialization process into sport. The authors further note that parents may even take roles of coaching or acting as the team parent. Chard, Edwards, and Potwarka (2015) reported that parents are eager to sign their kids up for sport because of the perceived benefits from participation, such as learning life lessons, skill development, discipline/accountability, work ethic, and friendships. Youth sports not only provides social opportunities for the youth players, but for the parent(s) as well (Warner, Dixon, & Leierer, 2015).

“Parents may even take the roles of coaching or acting as the team parent”

Enjoyment/Fun

Fun and enjoyment are the primary reasons for youth participation in organized sports (Michael, Coffield, Lee, & Fulton, 2016; Visek, et al, 2015;). According to Bengoechea, Strean and Williams, (2004), youth participants prefer participation and enjoyment over winning. Meisterjahn and Dieffenbach (2008) concurred as their participants, both youth and guardians, rated enjoyment as their prime motive.

Although fun and enjoyment are the main motivators for youth sports, it is often the lack of enjoyment that causes dropout (Crane & Temple, 2015). Sanchez-Miguel, Leo, Sanchez-Oliva, Amado, and Garcia-Calvo (2013) investigated the impact of parents' behaviors on youth participants' enjoyment and found parents who exhibit high pressures on their children negatively impacted their child's enjoyment. The scholars suggest that it is essential to promote parents' supportive behaviors and involvement in their children's school sports, as well as to lower parent's pressure, thereby decreasing the children's competitiveness.

Competence/Competition

The final area that motivates parents to sign their children up for youth sport is the area of competency or competition; learning, developing and improving sport specific

skills that can in turn be tested during competition. Harvey and colleagues (2010) explained that parents expect high amounts of instruction including feedback and praise from youth coaches in organized sport programs. Yet Langhorst (2016) found that more emphasis has



been placed on developing youth athletes into elite athletes instead of allowing them to simply learn about the sport. The number of children playing organized sports has been declining (9% decline from 2015 to 2016). The drop in numbers can be associated with the media highlighting a parent-driven focus on elite travel clubs, specialization in one sport, and pursuit or focus on obtaining a scholarship (Rosenwald, 2015; Langhorst, 2016).

Value of this Study

The body of research on parents' motivation for youth recreational sports is limited. The majority of existing research in this area utilizes qualitative methods with small sample sizes. Therefore, minimal work has been done to address the diversity of research participants such as racial or class differences, to gain a better understanding of their motivations for their child's involvement within sport. Stodolska, Shavaievskia, Tainski, and Ryan (2014) completed a qualitative study investigating both African American and Latino boys plus administration, and concluded that their sample recognized youth participants being motivated by enjoyment and competition. Another study took the same qualitative approach by specifically investigating African American parents of youth swimmers and found minority parents' background and fear of water become a barrier for allowing their children to participate in swimming activities (Ross, Irwin, Irwin, Martin, & Ryan, 2014).

The literature on youth sport participation is expansive; numerous studies have highlighted the influence that parents have in shaping the youth sports experience (Elliot & Drummond, 2017; Jeffery--Tosoni, Fraser--Thomas, & Baker, 2015). However, there is still limited research in understanding the motivation of parents for youth sport participation especially from different racial backgrounds.

The purpose of the present study is two-fold. First it will address the gap in the literature by examining rural parent's motivation for sport participation. Second, it will investigate the differences between guardianship motivations based on demographics.

Methods

This study employed a cross sectional research design with a convenience sample. After the Institutional Review Board approval, data was collected over a 10-month period during the 2015-2016 academic school year.

Participants

Parents from a southeastern, rural Georgia recreational department were recruited from a variety of sports including baseball, softball, football, cheerleading, basketball, soccer, volleyball, swimming, and tennis. Of the 2,119 youth athletes registered in all sports during the time of study, roughly 700 parents/caregivers were approached to participate in the survey research. Surveys from parents/caregivers of 478 participants were returned (68% completion). Participants were instructed to complete the survey with one child in mind. Among the returned surveys, 466 responses were deemed usable after excluding incomplete responses (78.26% usable response rate). The children's age ranged from 3 to 14 ($M_{age} = 7.74$; $SD = 2.35$); 299 were male and 125 were female; 302 were Caucasian, 103 were African American, 7 were Asian, 8 were Hispanic, and 30 responded as biracial or others. Table 1 describes the frequency and the percentage of the selected demographic factors used within the study.

Procedures/Data Collection

To create the least amount of disturbance to practice or games, the researchers selected the picture day sessions to recruit parents/caregivers to complete the survey for most sports: soccer, football, cheerleading, basketball, baseball and softball. This was an optimal time as picture day traditionally had high participation rates of parents and long wait times between children and teams. Sports with lower participation numbers (volleyball, tennis and swimming) were visited after a regular practice session.



Table 1. *Participant Demographics of Child Reported by Frequency and Percentile*

<u>Demographics</u>	<u>n</u>	<u>Percentile</u>
Sex (n=424)		
Male	299	70.5
Female	125	29.5
Age (n= 436)		
Under 6	95	21.8
Under 10	228	52.3
Under 15	113	25.9
Race (n=450)		
African American	103	22.9
Caucasian	302	67.1
Hispanic	8	1.8
Asian	7	1.6
Biracial	15	3.3
Other	14	3.1
Sport (n=454)		
Soccer	120	26.4
Baseball	121	26.7
Basketball	81	17.8
Football	49	10.8
Multiple	20	4.4
Softball	20	4.4
Tennis	19	4.2
Swimming	11	2.4
Cheerleading	7	1.5
Volleyball	6	1.3



Instruments

To measure parent motives, we used the revised Motives for Physical Activity Measure (MPAM) scale developed and validated by Ryan, Frederick, Lepes, Rubio, and Sheldon (1997). The scale was revised to measure parents/caregivers' motives. For instance, the item "I want to be physically fit" was changed to "I want my child to be physically fit". Internal reliability of factors were .81 for seven items of enjoyment, .79 for seven items of competence, .90 for six items of appearance, .72 for five items of fitness, and .65 for five items of social. Satisfaction scale assessed by Mano and Oliver (1993) was used to measure parent satisfaction. Internal reliability of the seven items was .91. Summated scores of the scales were used in the data analysis.

Analysis

Data analysis for the program was run on the SPSS Software, version 23 (IBM Corp, 2015). Descriptive analysis consisted of means, frequencies, and percentages. Inferential analysis used ANOVAs to compare demographic differences of parental motivation, with the alpha level set at .05.

Results

Overall, the top three motivators for youth sport reported by the parent/guardians in this study included: Enjoyment, Competition, and Fitness factors. Average motivation factors for each category are listed in in Table 2.

Table 2.

Descriptive analysis of parent motivation as reported by means and standard deviations, (n=425)

	<i>M</i>	<i>SD</i>
Enjoyment	6.49	0.93
Competition	6.46	0.72
Fitness	6.34	0.84
Social Engagement	5.65	0.94
Appearance	4.16	1.82

The data was analyzed using ANOVA to reveal any difference in demographics, including age group, gender, and sport. Only one significant difference was found between genders. It appears that parents of male youth athletes are motivated more by appearance compared to parents of female youth athletes ($p=0.028<.05$). Table 3 highlights the differences between genders.

Table 3.

Statistical Significance of Parental Motivational Factors in Youth Sport as determined by ANOVA's.

<i>Demographics</i>	<i>M(SD)</i>	<i>df</i>	<i>F</i>	<i>p-value</i>
Enjoyment		1	0.002	0.963
Male	6.50 (0.07)			
Female	6.50(1.36)			
Competition		1	0.726	0.395
Male	6.48 (0.67)			
Female	6.41(0.83)			
Fitness		1	0.106	0.745
Male	6.36 (0.80)			
Female	6.33(0.92)			
Social		1	0.234	0.629
Male	5.68 (0.94)			
Female	5.63(0.98)			
Appearance		1	4.885	0.028*
Male	4.32(1.81)			
Female	3.89(1.82)			

* $p < .05$

Discussion

The purpose of the present study was two-fold. First, it addressed the gap in the literature by examining rural parents' motivation for sport participation. Second, it investigated the differences between guardianship motivations based on demographic make-up. The study revealed that the top three motivators for youth sport reported by the parents/guardians in a rural community to be enjoyment, competition, and fitness factors. Only one significant difference was found between the demographics, which indicated that parents of male youth athletes are motivated more by appearance compared to parents of female youth athletes.

The findings of the current study were consistent with previous research with fun or enjoyment ($M= 6.49$; $SD=0.93$) being the prime motive of parents for youth sport participation (consistent with Gould, Feltz, & Weiss, 1985; Michael, Coffield, Lee, & Fulton, 2016; Visek et al., 2015; Bengoechea, Streat, & Williams, 2004). Emphasizing this outcome with parents, coaches and players may help reduce the dropout rate among youth (Crane & Temple, 2015).

The second highest motive for youth sport was competition ($M=6.46$, $SD=0.72$), which again is in-line with previous research (Harvey et al., 2010). However, previous studies do not tease out the differences between competency and competition. Competency in the previous study focused on skill development, whereas competition focused on the competing. In the current study, competition was a top parent motivator. This is concerning because a previous study indicated competition could be contributing to drop out rates for recreational sports (Rosenwald, 2015; Langhorst, 2016). Perhaps the focus for recreational sport should be on “friendly competition” to encourage and sustain participation.

“Health and fitness are commonly a leading cause of promoting youth physical

Health and fitness are commonly a leading cause of promoting youth physical activity, and in this study it is ranked as the third most common parent motivator ($M=6.34$, $SD=0.84$) for participation. This analysis is in line with previous research (Wanless, Judge, Dieringer, & Johnson, 2017). The recommendation for physical activity for children is 60 minutes of moderate-to-vigorous activity daily, and youth sport activity can be a supportive out-of-school outlet to help children achieve these recommendations (CDC, 2017). Highlighting to parents the connection between youth sport participation and fitness level can be advantageous to maintain adherence to sports.

This study sought to identify demographic differences in parent motivation for youth sport participants in order to help address disparities in health.

Interestingly, this study found only one significant difference: between the gender of the child and the appearance motivation of parent, with the parents of male youth athletes reported to be motivated more by appearance compared to parents of female youth athletes ($p=0.028<.05$). Gender



difference has been noted in the literature with men having more of a passion for competition and women focusing on appearance, fitness and social motivators (Patay, Patton, Parker, Fahey, & Sinclair, 2015; Cristina & Adriana 2014). Conversely, the current study found that parents are more motivated for the boys to have better appearance as an outcome of youth sport participation.

Limitations

The limitations of the study highlight the need for more research in this area. First, the sample is relatively small and drawn from one southeastern region of the United States. Second, measurements relied on self-report, and thus the extent to which participants were inclined to provide socially desirable responses is not known. Further, the length of the questionnaire may have deterred the participants' attention and caused the parents to leave blanks answers or inaccurate answers.

Conclusion

The study sought to investigate the motivations for sport participation of parents/guardians of a southeastern rural

Georgia recreational department whose kids were from a variety of sports including baseball, softball, football, cheerleading, basketball, soccer, volleyball, swimming, and tennis. The data suggest that parental motivation for sport focuses on enjoyment, competition and fitness. Factors such as enjoyment, competition, and fitness were targeted and may encourage parents to sustain youth sport participation. Only one significant difference was found between the demographics, which indicated that parents of male youth athletes are motivated more by appearance compared to parents of female youth athletes. Competition was the next highest significant difference, followed by health and fitness. With the completion of this study, the need for more research in this area was found as a limitation.

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“Factors such as enjoyment, competition, and fitness were targeted and may encourage parents to sustain youth sport participation.”

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All authors serve at Georgia Southern University in Statesboro, Georgia.

- Bridget Melton is a Professor of Exercise Science
- Hyun-Woo Lee is an Assistant Professor of Sport Management
- Christina Gipson is an Assistant Professor of Exercise Science
- Macy Lewis is a recent graduate of the Exercise Science undergraduate program

For more information pertaining to this article, email
Bridget Melton at bmelton@georgiasouthern.edu



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Tentative Schedule

Tentative Schedule



Sunday, October 14th

Time	Session Title	Presenter	Room
10:00 AM	Registration Opens		Lobby
<hr/>			
1:00 PM - 1:50 PM	Catchball in Schools: Staff Wellness for ALL School Employees	Gi-cheol Kim	Athena E
	MVPA African Dances	Eugene Esola	Athena F
	Storytelling in the Health and Physical Education Classroom	Lesley Corley	Athena G-H
	Plug and Play Fitness Tools	Brian Devore	Grand Hall 1-3
	Mind using your mind? Activities that Challenge Student's Bodies and Minds.	Eric Homansky	Grand Hall 4-5
<hr/>			
1:00 PM - 2:50 PM	Self-Management - The Key to Effective Time Management	Peter Vajda	Athena I
<hr/>			
2:00 PM - 2:50 PM	Empowering Students Implementing the Sports Education Model	Eric Martin	Athena E
	Instant Activities for HS HPE	Judy Young	Athena F
	Fundraising For Physical Education	Joseph Lucas	Athena G-H
	Learning, Take it Personally	Ann Van Loo	Grand Hall 1-3
	Tinikling: The Easy Way	Renee Califf	Grand Hall 4-5
	Active Classrooms	Christy Crowley	Parthenon
<hr/>			
3:00 PM - 3:50 PM	Music and Stepping in Physical Education	Jaylen Colton	Athena E
	Teaching fitness components through fun games!	Starla McCollum	Athena F

Sunday, October 14th

Time	Session Title	Presenter	Room
3:00 PM - 3:50 PM	Setting the Stage for Success	Monica Gerda	Athena G-H
	Do you know GMOs?	Nancy Storey	Athena I
	Play, Jump, and Dance	Emily Adams	Grand Hall 1-3
	TBD 1	KSU HPE Students	Grand Hall 4-5

Monday, October 15th

Time	Session Title	Presenter	Room
7:30	Registration Opens		Lobby
8:00 AM - 8:50 AM	Dance as Fitness - Enriched Lives in School and at Home	Quyionah Wingfield	Athena E
	Effective Elementary Physical Education: Ideas & Lessons to Engage All Students	Darcy Knoll	Athena F
	Supporting my Intern – edTPA Insights for Collaborating Teachers	Anne Merrem	Athena I
	Dice, Dice Baby	Gabe Ervin	Grand Hall 1-3
	High Tech, Low Tech, YOUR Tech	Brian Devore	Parthenon
8:00 AM - 10:00 AM	Let's Have Fun in Health Class Today	Melanie Lynch	Athena G-H
9:00 AM - 9:30 AM	Exhibits Gala		Athena A-D
9:30 AM - 10:20 AM	Adaptive Sports: Watch Us Roll	Anna Henry	Athena E
	Making Movement Matter	Kristen Barinowski	Athena F
	Sport Education: Empowering Your Students To Success	Charla Krahnke	Grand Hall 1-3
	"Core" eography- how to train the core to fun music!	Rebecca Collins	Grand Hall 4-5

Monday, October 15th

Time	Session Title	Presenter	Room
9:30 AM - 10:20 AM	Effective Data Use In Physical Education	Peter Stoepker	Parthenon
9:30 AM - 11:20 AM	edTPA Physical Education: Hints for Success	Tony Pritchard	Athena I
10:30 AM - 11:20 AM	Changing Students' Minds from Sadness to Gladness in Elementary PE	Anne Merrem	Athena E
	Welcome to HyPEd Up! Taking Physical Education Games to the Next Level	J.D. Hughes	Athena F
	Getting to the Heart of Physical Education through Technology	Bob Knipe	Athena G-H
	It's all about P.E. (Positive Experiences)!	Joe Weaver	Grand Hall 1-3
	Play-4-Fit: Games & Activities for Improving Fitness	Curt Hinson	Grand Hall 4-5
	Bringing Blended Learning to Your Health Classroom	Julianna Morelock	Parthenon
11:30 AM - 12:20 PM	Welcome to HyPEd Up II! Taking Physical Education Games to the Max	J.D. Hughes	Athena F
	MVPA Matters - Let's Get Your Kids Moving	Stefanie Ediger	Athena G-H
	Cancer Happens: So Let's Talk About It	Jana Mastrogiovanni	Athena I
	The Ultimate Healthy Sport -- Flying Discs!	Denise Koo	Grand Hall 1-3
	Simple and Fun Dances for All Ages	Renee Califf	Grand Hall 4-5
11:30 AM - 1:20 PM	Kinesiology Regents Advisory Committee Meeting	Kandice Porter	Parthenon
12:30 PM - 1:20 PM	Blue, Yellow, Red: Zone Colors in Action	Joe Gooden	Athena F
	Fitness and Fun for Third Graders: An Initiative by HPE Students from Georgia Southern University – Armstrong	Lynn Roberts	Athena G-H
	You, Me and Adapted P. E.	Anna Henry	Athena I
	Mixing it up with T.O.Y.s!	Joe Weaver	Grand Hall 1-3
	Line Dancing with Two Left Feet!	Rebecca Collins	Grand Hall 4-5

Monday, October 15th

Time	Session Title	Presenter	Room
1:30 PM - 2:30 PM	General Session & Key note Speaker		Athena E
2:40 PM - 3:30 PM	Hitting the Target Heart Rate ZONE Through Technology	Bob Knipe	Athena F
	CATCH My Breath Youth E-Cigarette Prevention Program	Marcella Bianco	Athena G-H
	Meeting Standards Through Film and Literature	Michael Buchanan	Athena I
	Experience Speed Stacks-Skillastics – A Movement Based Group Activity!	Luke Gramith	Grand Hall 4-5
	GADOE Update	Mike Tenoschok	Parthenon
2:40 PM - 4:30 PM	Superstars Competition	GAPHERD	Grand Hall 1-3
3:40 PM - 4:30 PM	This Bud's for you! - Partner Activities for PE	Gabe Ervin	Athena F
	TBD	Dr. Jo Owens-Nausler	Athena G-H
	Experiential Learning in a Student-Led Wellness Class for Individuals with Disabilities	Kevin McCully	Athena I
	Activate, Breathe, and Connect in PE	Carrie Beauchamp	Grand Hall 4-5
	Fountain Of Youth School	Stephanie Lawson	Parthenon

Tuesday, October 16th

Time	Session Title	Presenter	Room
8:00 AM - 8:50 AM	Under the Sea in PE!	Joe Weaver	Athena F
	Sport Education Model 101	Charla Krahnke	Athena G-H
	Field Day Fun	Amanda Grier	Athena I
	Moving To The Beat Of Your Heart	Joe Gooden	Grand Hall 1-3
	Square Dance Grooving	Ann McFadden	Grand Hall 4-5
	Escape Games for Health	Emily Diamond	Parthenon

Tuesday, October 16th

Time	Session Title	Presenter	Room
9:00 AM - 9:50 AM	2035...My Top 20 Games & Activities from 35 Years of Teaching!	Curt Hinson	Athena F
	Let's make a Symbaloo – for yourself, your school, or your classroom.	Lesley Corley	Athena G-H
	Been There Done That?: Playing Experience and Coaching Confidence.	Charles "Hal" Wilson	Athena I
	EZ Scan®! The New Way to Track Laps	Steven Joyce	Grand Hall 1-3
	Mock Interviews for Future Professionals	GAHPERD	Parthenon
10:00 AM - 10:50 AM	TBD 2	KSU HPE Students	Athena F
	High Tech, Low Tech, YOUR Tech	Brian Devore	Athena G-H
	The Kinesthetic Classroom Experience	Mia Oberlton	Athena I
	Activities That Will Be A "HIT" With Your Students	Gabe Ervin	Grand Hall 1-3
	Just Dance!	Stephanie Lawson	Grand Hall 4-5
	GAHPERD 101 for New Board Members	GAHPERD	Parthenon
11:00 AM - 11:50 AM	Step Up Your Sport Stacking Program - An Advanced Lesson of Sport Stacking!	Luke Gramith	Athena F
	Establishing Inclusion	Elisha Nixon Cobb, PhD. Associate	Athena I
	Tools For Teaching with Limited Equipment	Charla Krahnke	Grand Hall 1-3
	Shuffle Mania	Ashley Anderson	Grand Hall 4-5
	Georgia Physical Education Standards of Excellence	Mike Tenoschok	Parthenon
12:00 PM - 12:45 PM	General Session & Keynote Speaker		Athena E
12:45 PM - 1:15 PM	Town Hall		Athena E
1:15 PM - 2:00 PM	Grande Finale		Athena E



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Cycling in the South: Gender and Age

Differences in Perceptions of Bicycle Safety and Infrastructure

By Sharon Thompson

Abstract

Safety is a common concern for those who bicycle. This study examined gender and age differences regarding cycling injuries, safety practices, traffic law enforcement, and bicycling friendly changes in a southern US state. An online survey was developed and data were analyzed using means, frequencies, and the General Linear Model Analysis of Variance (GLM). One-thousand-eighty-six (N = 1086) participants (51.1% male, 84.27% White, 88.16 % > 40 years) completed the survey. Most (85.4%) rode a bicycle in the past month. Of these, 14.75% had been injured by a motor vehicle while bicycling (Male: 16.3%; Female: 11.65%, $p < .0001$). Most (90.14%) reported drivers not sharing the road was a serious problem with females (M = 1.42) more likely to agree than males (M = 1.55, $p < .05$). These scores increased by 4.7% for each decade increase in age (less likely to agree, $p < .05$). Females were less likely to wear helmets (M = 2.93) than males (M = 2.15, $p < .0001$). Males were more likely (M = 1.89) than females (M = 2.10, $p < .0001$) to agree cycling provides a safe means of transportation for short distances. Increased education about rights of bicyclists, increased enforcement of traffic laws targeting cyclists, and increased enforcement of traffic laws targeting drivers were agreed to be needed by 85.03%, 58.06%, and 73.69% of participants, respectively. The distinct gender differences found should be considered when bicycle friendly infrastructure changes are planned.

Introduction

Bicycling provides not only a means for health, but also a popular alternative mode of transportation. In fact, bicycling is so popular that yearly bicycle sales have recently been exceeding those of passenger cars (Andersen, 2013). Why the enthusiasm for bicycling? According to Edmondson (2011), "While bicycling faded as a pastime, it grew as a sport" (p. 3). According to the National Highway Traffic Safety Administration [NHTSA] (2011), 71% of Americans report they would like to ride more than they currently do. Nationally, over 100 million



people rode bicycles in 2014 (People for Bikes, 2015). Most American adults report that bicycling is convenient and that the main reason they ride bicycles is for recreational activity (People for Bikes, 2015).

While many people are bicycling enthusiasts who ride for recreation, transportation or fitness, there are documented barriers that impact bicycling participation. Safety has been cited as the most common concern (NHTSA, 2011). In 2013, it was estimated that 48,000 bicyclists and other cyclists (defined as riders of two-wheel, non-motorized vehicles, tricycles and unicycles powered solely by pedals) were injured and 743 were killed by motor vehicles (National Center for Statistics and Analysis [NCSA], 2015). Between the years of 2010 to 2019 there was a 19% increase in fatalities, with most being men (NCSA, 2015). In fact, males account for most fatalities and injuries among bicyclists and other cyclists, with percentages being 87% and 83% respectively (NCSA, 2015). To break this down by age range for males, most fatalities were among 55 to 59 year olds and most injuries were among 20 to 24 year olds. In fact, the 2013 fatality rate for males was 7 times higher than for females and the injury rate was 5 times higher (NCSA, 2015).

“Males account for most fatalities and injuries among bicyclists and other cyclists”

Age may also play a role in frequency of bicycling and attitudes toward riding. A report from Edmondson (2011) found that the age group with the highest average number of bicycling days is among men over the age of 65. In fact, these rates actually peak at the 75+ age group for men. Women between the ages of 18 to 24 ride more yearly days than men, but this has a steep decline for women during the ages of 25 to 44. Women begin riding bicycles again around the age of 45 and continue at high rates through 75+ years. There is research to support the fact that women enjoy riding bicycles as much as men, but they have difficulty managing time during peak child rearing years (Edmondson, 2011).

Previously, gender differences have been found in safety concerns regarding bicycling. Edmond, Tang, and Handy (2009) found “feeling comfortable using bicycle facilities was the strongest positive influence on women’s bicycle use” (p. 14). Their study revealed that women at all experience levels were less comfortable with traffic than males. They suggest gender sensitivity when planning bicycling lanes and paths so that women are encouraged to ride (Edmond et al., 2009). The same findings were report-



ed in an Australian study where women reported more environmental personal constraints which hindered bicycling compared to men (Heesch, Sahlqvist, & Garrard, 2012).

Although 68% of bicycling-related deaths occurred in urban areas in 2013, with Florida (6.80) and Arizona (4.68) having the highest fatality rate per million, the third highest fatality rate was found in South Carolina (3.14) (NCSA, 2015). An analysis by the Palmetto Cycling Coalition found 10 counties in the state of South Carolina to have the highest crash rates relative to population (2016). Horry county, which is located on the South Carolina east coast, ranked 3rd in 2013 and 9th in 2014 among the 46 counties in South Carolina for bicycling fatalities per 100,000 population (United States Department of Transportation, n.d.). Although South Carolina is mostly a rural state, this coastal area is frequented by many visitors, thus creating bicycle

safety concerns.

Inadequate bicycling infrastructure has been found to impede bicycling, particularly for females and those who live in the South (People for Bikes, 2015). Planning infrastructure to encourage female bicyclists may help to increase the less than 1% of Americans who achieve 30 minutes of daily physical activity (Pucher, Buehler, Merom, & Bauman, 2011). An online review of bicycling safety studies reveals most research in this area has been conducted in European countries and fewer in the United States. Of those conducted in the United States, few are conducted in southern regions of the country. Therefore, this study examined gender and age differences regarding bicycling injuries, safety practices, traffic law education/enforcement, and preferred bicycling friendly changes in a coastal community of South Carolina.

Method

Items from the study were modeled from the National Survey of Bicyclist and Pedestrian Attitudes and Behavior Survey (Highway Transportation Safety Administration, 2011). A draft form of the survey was first developed and feedback was obtained from members of a bicycling coalition and local city planners. After suggested survey changes were made, Institutional Review Board approval was achieved and the survey was administered online in the spring of 2014.

Multifaceted survey promotion was conducted within the coastal South Carolina area. A link to the survey was available on one county and three city government websites. The survey was also promoted through email, social media, and the local news media. The survey was designed as multidirectional so that appropriate responses could be obtained for those who bicycle versus those who do not. Completion time for the 50-item survey was approximately 15 minutes.

Demographic information. Gender, race, age, and zip code of residence were asked of each participant.

Bicycling participation, injuries and helmet use. Participants were asked: “Have you ridden a bicycle (at least once) in the past 12 months?” Those who answered “yes” were classified as bicyclists and were directed to relevant questions about bicycling habits throughout the survey. Those who answered “no” were asked: “Why have you not ridden a bicycle in the past 12 months?”. Here they could choose from a menu of eight items or provide an open-ended response. They, too, were then directed to relevant questions throughout the survey.

All participants were asked if they “owned a bicycle or had one available for use on a regular basis” (yes/no), and, if the response was “no” were asked: **“Why do you not own/have access to a bicycle for use on a regular basis?”**. Here they could choose from a menu of six items or provide an open-ended response.

All bicyclists who reported they rode a bike within the past 12 months were asked **“What is your usual purpose for riding a bicycle”** and could choose from seven responses or provide an open ended response. Questions were also provided for bicyclists on the number of days they average riding per week and the average distance of trips. They were also asked if they **“usually ride on bike lanes or paths”** (yes/no) and if they typically ride facing traffic, with traffic, if it varies, or not applicable – I don't ride on the street.

They were also asked: **“How frequently do you wear a helmet when riding a bicycle”** and could choose from a Likert-type scale of responses from 1-All my rides to 5 – Never. This item was examined using the GLM Analysis of Variance using gender as an independent variable and age as a covariate. For those who did not report helmet use, they could choose a variety of responses or provide an open-ended response providing reasons for non-helmet use.

Those who bicycled were asked **“How do you make yourself more visible when riding a bike after dark?”**. Participants could choose from five scripted responses or add an open-ended response.

Perceptions of bicycle safety.

All participants were asked: **“Whether you have a bicycle or not, which of these situations would discourage you from riding a bicycle?”**.

Participants could choose all responses that applied from a list of 10 scripted items ranging from: “unsafe road conditions”, “not place to park bicycle”, to “fear of crime”, or provide an open-ended response.

Those who reported bicycling were asked: **“During your bicycle rides in the last 12 months, did you feel your personal safety was threatened for any of the following reasons?”**. For this item participants could choose from eight responses or provide an open-ended response.

They were also asked: **“Have you ever been injured, as a bicyclist, in an accident with a motor vehicle?”**. A yes/no response was available for this item and a Chi square test was performed by gender. Those who reported accidents were then asked if: “they had been responsible”, “the motor vehicle driver was responsible”, “they were not sure” or “they didn't recall”.

All participants were asked the following questions which were answered with 5-point Likert-type scales: **“How serious of a problem is drivers not sharing the road with bicyclists?”**. “Do you believe that bicycles provide a safe means of transportation for short-distance trips and errands?”, and “I think encouraging bicycling would lead to a higher quality of life for my town/city” .

All participants were also asked: **“If you felt it was a safe alternative, would you ride a bicycle to a local grocery store, pharmacy or restaurant?”** and could choose between these responses: yes, no, or maybe.

All bicyclists were asked: **“How satisfied are you with how your city/ town is designed for making bicycle riding safe and convenient”** and could choose from a 5-point Likert-type scale (1: Very satisfied; 5: Very dissatisfied). They were also asked: “I would ride my bicycle more frequently if my city/town had better bicycle infrastructure such

as bicycle lanes or multi-use paths” and could answer using a 5-point Likert-type scale for each (1: Strongly Agree; 5: Strongly Disagree).

Bicycle law enforcement perceptions.

All participants were asked: “In my city/town, more driver education is needed about the rights of bicyclists.”, “In my city/town, there should be more enforcement of traffic laws targeting bicyclists”, and “In my city/town, there should be more enforcement of traffic laws targeting drivers”. These were answered using a 5-point Likert-type scale (1: Strongly Agree; 5: Strongly Disagree).

Bicycle infrastructure perceptions.

All participants who bicycled were asked: **“How important are the following design features in making bicycling safer and more convenient”** and presented with eight options. These ranged from “bicycle lanes with buffers” to “traffic signals for bicyclists”. Each was one ranked using a 5-point Likert-type scale (1: Very important; 5: Unimportant).



Data analysis. Data were analyzed using means, frequencies, Chi square, and the General Linear Model Analysis of Variance (GLM). When using GLM, independent variables included gender with age as a covariate while dependent variables were survey items related to helmet use, safety, perceptions of bicycling and quality of life, satisfaction with bicycling infrastructure, and bicycle law enforcement perceptions.

Results

Demographic information. One-thousand-eighty-six (N = 1086) participants (97% South Carolina residents for at least one year, 51.1% male, 84.27% White, 88.16 % > 40 years) completed the survey (see Table 1). Most participants were in the 55- 59 year old age group (n = 158, 14.7%), followed by the 40 – 49 year age group (n = 131, 11.75%).

Bicycling participation, injuries and helmet use. A large majority of participants (85.4%) reported riding a bicycle in the past year. Of these, 89.3% had a bicycle or one available for use. For those who did not ride, the top responses were: safety concerns (26.32%), not practical for use (42.56%), and would not use (21.05%). The main reasons participants cited for riding were exercise and health (87.65%), recreation or leisure, (68.98%), exploring (28.86%), training/ competing (19.75%), and transportation (10.34%).

The most common responses for “average distance of bicycle trip” were: 1-5 miles (32.41%) followed by 5-10 miles (23.61%). Forty-three percent (43.87%) reported they usually ride on bike lanes and paths and for those who do, 87.63% noted they actively seek them out “wherever possible”.

For those who did not ride on bike lanes or paths, the main top two percentages and reasons were: 91% - “they often are not available in my area” and 28% - “they don't go where I need them to go”. Nineteen-percent (19.17%) of participants said they sometimes ride facing traffic, 76.08% reported riding with traffic, 14.35% said it varies depending on the situation, and 3.86% reported they “don't ride on the

street”. When asked why those ride facing traffic did so, the main reason cited for this was because “they feel safer” (76.47%).

Of those who reported riding a bike in the past year, 14.75% said they had been injured by a motor vehicle while on a bicycle (Male: 16.3%; Female: 11.65%, $p < .0001$). Those who reported an accident with a motor vehicle on a bicycle were then asked if: “they

had been responsible”, “the motor vehicle driver was responsible”, “they were not sure or didn't recall”. Most (55.93%) reported the driver was at fault, 26.27% said they were, and 16.10% were not sure or did not recall.

Perceptions of bicycle safety. All participants were asked: “Whether you have a bicycle or not, which of these situations would discourage you from riding a bicycle?” and top responses were: lack of bicycle lanes/paths (82.50%), unsafe road conditions (80.98%), speed/volume of traffic (70.67%), and no place to park a bicycle (25.54%) (see Table 2).

Those who reported bicycling in the past year were asked: “During your bicycle rides in the last 12 months, did you feel your personal safety was threatened for any of the following reasons”. Top reasons included distracted motorists (62.81%), behavior of motorists (61.11%), volume of traffic where I would ride (41.05%) and uneven bike paths, walkways or surfaces (26.85%).

Most participants who had ridden bicycles in the past year (49%) reported wearing helmets for all rides (see Table 2). Twenty-four percent (24.5%) reported never wearing a helmet when cycling and for this group the main reason cited was “I don't have one” (49.33%). Females were less likely to wear helmets ($M = 2.93$), than males ($M = 2.15, p < .0001$). For each decade increase in age, scores for bicyclists not wearing helmets increased by 4.7% ($p < .05$, Slope = +.04690). For those who reported not wearing a helmet when riding, the main reasons cited were: “I don't have one” (50.23%), “I don't think it is necessary for short trips and all of my trips are short” (23.74%), “it is too uncomfortable” (22.83%), “it is too hot to wear one” (15.07%) and “they don't provide much protection” (11.42%).



Those who bicycled were asked “How do you make yourself more visible when riding a bike after dark?”. The highest rated responses were: not riding after dark (50.93%), lights on my bicycle (45.83%), reflectors on my bicycle (42.44%), and lighted or light-colored clothing (39.04%),

Most (90.14%) reported that drivers not sharing the road with cyclists was a serious problem with females ($M = 1.42$) being more likely than males ($M = 1.55$, $p < .05$) to agree. These scores were significant by age and increased by 4.7% for each decade increase (less likely to agree, $p < .05$). Males were more likely ($M = 1.89$) than females ($M = 2.10$, $p < .0001$) to agree that cycling provides a safe means of transportation for short distances, and, overall, 75.41% agreed or strongly agreed with this statement (see Table 3).

Only 11.65% of all participants agreed or strongly agreed they were “satisfied with how their city/town is designed to make cycling safe and convenient”. Although gender differences were not found here, age was significant with scores decreasing (more likely to agree) by 4.7% for each decade increase in age ($p < .0001$).

Although 91% of all participants believed “encouraging bicycling would lead to a higher quality of life”, there were no significant differences by age or gender. Most (81%) agreed “I would ride my bicycle more frequently if my city town had better bicycle infrastructure such as bike lanes or multi use paths”. Again, gender differences were not found and for each unit decade increase in age, scores increased by 2.81% (more likely to disagree).

When all participants were asked, “If you felt it was a safe alternative, would you ride a bicycle to a local

grocery store, pharmacy or restaurant?” responses and percentages were: Yes (75.71%), No (9.06%) and Maybe (14.33%).

Bicycle law enforcement perceptions. The top responses from all participants regarding education and traffic enforcement were: Increased education about the rights of bicyclists, increased enforcement of traffic laws targeting cyclists, and increased enforcement of traffic laws targeting drivers were all agreed to be a need by 85.03%, 58.06%, and 73.69% of the participants (see Table 4).



There were no significant differences by gender for beliefs about more driver education needed about rights of bicyclists, more enforcement of traffic laws targeting bicyclists, or more enforcement of traffic laws targeting drivers. Significant differences were found for increased driver education about the rights of cyclists by age with scores increasing (less likely to agree) by 2.57% for each decade in age.

Bicycle infrastructure perceptions. When presented with a list of eight preferences for bicycling friendly changes they would like within the community, the main preference was for bicycle lanes with buffers (91.3% rated as very important/important), followed by marked bicycle lanes through intersections and traffic circles (85.02%), and colored asphalt for

designated bicycle lanes (72.4%) (see Table 5).

Females viewed the following bicycle friendly design features to be significantly more important than males: colored asphalt for designated bicycle lanes (Female: $M = 1.81$; Male: $M = 1.96$, $p < .05$), two way bicycle lanes with barriers (Female: $M = 2.27$; Male: $M = 2.56$, $p < .001$), shared use sidewalks (Female: $M = 2.16$; Male: $M = 2.49$, $p < .0001$), street signs (Female: $M = 1.92$; Male: $M = 2.11$, $p < .001$), traffic signals for bicyclists (Female: $M = 2.28$; Male: $M = 2.69$, $p < .0001$), crosswalk design enhanced for bicyclists (Female: $M = 1.96$; Male: $M = 2.29$, $p < .0001$), and marked lanes through intersections (Female: $M = 1.62$; Male: $M = 1.79$, $p < .01$). For the following design features the scores increased (less important) for each decade increase in age: colored asphalt for designated bicycle lanes ($p < .01$, Slope = +.0378), bicycle lanes with barriers ($p < .001$, Slope = +.0427), shared use sidewalks ($p < .05$, Slope = +.0280), street signs ($p < .01$, Slope = +.0316), traffic signals for bicyclists ($p < .01$, Slope = +.0381), and marked intersections and traffic circles ($p < .001$, Slope = +.0357).

“The main preference was for bicycle lanes with buffers”

Perceptions of bicycling infrastructure. This Southern study found the main reasons bicyclists do not ride on bike lanes or paths were: “they often are not available in my area” (90%) and “they don’t go where I need them to go” (28%). Similarly, nationally, the top reason for not using bike lanes or paths is due to lack of convenience, at 51% and 58% respectively (NHTSA, 2011). Only 11.65% of the current participants agreed or strongly agreed they were “satisfied with how their city/town is designed to make cycling safe and convenient”. This is much lower than the 48% found in the national study. It can be speculated that because this group rode more miles than those in the national sample, they had more frustrations due to lack of bicycling infrastructure.

Perceptions of bicycling safety. For safety issues, visibility after dark was a survey item in both studies. When asked how to make themselves more visible after dark the top response for this study was not riding after dark (50.93%), followed by lights on my bicycle (45.83%), reflectors on my bicycle (42.44%), and lighted or light-colored clothing (39.04%). This finding was only slightly different from the top responses for the national study, which was wearing special clothing/lights (50%), followed by lights on bicycle (36%), and having reflectors on bicycle (32%) (NHTSA, 2011). The current study allowed for multiple responses, which could explain some of the differences here.

Similar to the national study where 88% of bicyclists felt threatened by motorists (NHTSA, 2011), personal safety being threatened by distracted motorists and behavior of motorists was reported in this Southern study by 62.8% and 61.1% of bicyclists, respectively. Helmet use for all rides was much higher for the current study (49%) as compared to the national study (35%). The top reason for not wearing a helmet was the same nationally as in the South: “I don’t have one”. Nineteen-percent (19.17%) of the bicycling participants in the recent study said they sometimes ride facing traffic, which is lower than reported nationally (24%). These are all positive findings for this study when compared to national findings.

Finally, most disturbing is the fact that the bicyclists in this study reported accidents with motor vehicles at a much higher rate (14.75% of bicyclists) compared to the 4% reported in the national study.

Gender. Although the highest rating for importance of bicycling infrastructure was “bicycle paths with buffers”, there were no gender differences found here. Both males and females found this type of infrastructure to be most important. However, women in the current study were much more likely than men to deem bicycling infrastructure items as “more important”, such as: colored asphalt for

designated bicycle lanes, two way bicycle lanes with barriers, shared use sidewalks, street signs, traffic signals for bicyclists, crosswalk design enhanced for bicyclists and marked lanes through intersections.

For women’s perceptions of bicycling safety compared to men, they were more likely to agree that drivers not sharing the road was a serious problem and were less likely to agree that cycling was safe for short distances. This view is consistent with an Australian study that found traffic and aggression from other road users are prominent barriers for women who bicycle or would like to bicycle more often (Heart Foundation, 2013). Clearly there are fears found among women regarding the safety of cycling in the South, too. What is unclear is the finding that women were less likely to use bicycle helmets than helmet use by men in this study. If there are greater safety concerns among women it seems this would prompt helmet use. The differences here could be that those riding on leisure-style bicycles or who are traveling short distances are less likely to wear a helmet (Ebell & Desai, 2012).

Sharon Thompson is a public health professor at Coastal Carolina University. For additional information pertaining to this article please email Thompson@coastal.edu or call 843-349-2635



Age. As age increased, participants were less likely to wear helmets. This is in contrast to the finding by Ebell and Desai (2012) suggesting that helmet use increased with age. Furthermore, as age increased, participants in the current study were less likely to believe driver education was needed about the rights of bicyclists, less likely to be satisfied with how their city or town is designed to make bicycle riding safe and effective, and were less likely to agree they would ride their bicycles more often if their city or town had better bicycle infrastructure. As far as infrastructure design goes, they felt these items were less important as age increased: colored asphalt for designated bicycle lanes, bicycle lanes with barriers, shared use sidewalks, street signs, traffic signals for bicyclists, and marked intersections and traffic circles.

In conclusion, bicycle riding is quite common among those living in the South and mileage is higher compared to a national study. Positive findings included higher rates of helmet use and fewer riders facing traffic while on the bicycle. Common concerns include concerns about safety and enforcement of laws for drivers and cyclists. Negative findings were the higher accident rates and lower rates of satisfaction with how local cities or towns are designed for making cycling safer and convenient. Finally, distinct gender differences are found related to bicycle friendly changes desired within communities and these should be considered when bicycle friendly changes are made and promoted within communities.

The findings from this study are important to consider to when encouraging physical activity because bicycling is an exercise that adults and children can enjoy together. Increasing opportunities for a safe and fun family physical activity can be a stress outlet as well as a social opportunity. Parents and educators serve as strong role models for children; therefore, bicycle safety education among adults is imperative to encourage helmet use and the habit of riding with traffic. Likewise, school health education curriculum that provides a comprehensive bicycle safety curriculum will help children feel more confident riding bicycles and will encourage healthy lifestyles. When good bicycling habits are learned at a young age, they can last a lifetime. As a health professional, being an advocate for bicycling infrastructure and bicycle safety education can help children and adults explore exercise options that will build safer and healthier communities.

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Source: Bureau of Labor Statistics. (2016). Occupational outlook handbook. <http://www.bls.gov/ooh/>

From the GAHPERD Archives: 1929-1979

The content provided below is a summary of an article published in 1979, reprinted in this 2018 issue of the *GAHPERD Journal* (pp. XYX). We hope you enjoy reading this summary, but more importantly, the article itself.

Historical Highlights of G.A.H.P.E.R. (or) “In and Out of the Dustpan”

Several individuals have served in various capacities throughout the history of the state association in health, physical education, recreation and dance. Leaders, stemming from college/university professors, the GA DOE, and numerous K-12 professionals have contributed in significant ways. The difficult depression years left their mark on numerous organizations, but thankfully, Georgia AHPER(D) rebounded to more than 700 members by 1979.

Professional preparation programs in health and physical education were beginning to emerge in the late 1920s and early 1930s, including the content areas of nutrition, personal hygiene, and community health. During the same time, however, athletic programs were not recognized (like they are today), and certainly not commercialized. There was much work to do. Requirements for physical activity and health education in public schools began to emerge, but program and staffing “cutbacks” were common.

Fitness programs after WWII were a heavy focus across the state (and country), while recreational games, dance, athletics, and other highlights were also included. Soon, education “through the physical” was the emphasis on college campuses, quickly filtering down to the K-12 schools.

Georgia AHPER(D) experienced substantial growth in the early 1950s, resulting in increased efforts for health, physical education, and safety in elementary schools, plus meaningful advancements in undergraduate professional preparation programs. Strength through state organization membership was the focus. But even during those years, similar concerns pertaining to PE requirements were evident, much like conversations in the 21st century.

Professional workshops began in the late 1950s, focusing mainly on physical activity and exercise. As a result of many related efforts, the state association started giving honor awards, publishing a newsletter, and conducting research opportunities. The first state convention was held at Jekyll Island. Officers, a new constitution, by-laws, and committee meetings showed that GAHPER(D) officially arrived! Additional projects, the state journal, and new state legislation were immediate outcomes. Consider: While planning for the future, be proud of the past.

Conclusion for 2018: The opportunities *and* concerns identified in 1979 are interestingly similar to what we experience today. As we look toward the future, the trends and issues related to health, physical education and recreation still have implications for Georgia AHPERD and the health and wellness of students in Georgia. Some of these concerns include assessment, teacher accountability, student competencies, athletics, equal opportunities, curriculum decisions, and technology. Reflecting on the past while planning for the future can help all of us recognize our potential. Support through membership in the state association, advocacy efforts at various levels, relevance in instructional decisions and practices focused on student learning, plus time and energy by all stakeholders are needed for health, physical education, recreation, and dance programs to thrive. As the 2018 GAHPERD Convention approaches, will you “Be the ONE” to support quality health and physical education?

by Brent Heidorn

Health and Physical Education, University of West Georgia



Historical Highlights of G.A.H.P.E.R.D.

OR

"In and Out of the Dustpan"

Clifford Gray Lewis

The parade of time has brought the Georgia Association for Health, Physical Education and Recreation to its fifty year. Throughout the span of these fruitful years, the state association has been richly endowed by the dedicated service of its officers and members - all devoted to the task of improving the quality of programs in health, physical education, recreation, safety and dance in the curricula of our schools, colleges and communities in the State of Georgia.

Introduction

"They say" that 1929 is the magic year for me - me - who? me - GAHPER! me - 50 years old!! Unbelievable!!! And the parade of time has brought me to this golden anniversary year.

Many previous old records have been lost - never filed - possibly never recorded, but it is obvious that vision, dedication, and leadership were evident in the early beginnings by such individuals as Mary Ella Lunday Soule (University of Georgia, Athens), Mrs. Stewart Wooten (G.S.C.W., Milledgeville), Thomas McDonough (Emory University, Decatur), and James M. Gooden (State Department of Education, Atlanta). In reviewing the materials in the archives it is apparent that this association was founded on the principles of professional service and the contributions of those people who gave generously through the years of their time, talents, and abilities. Leaders and members were few in numbers in the Depression years of the 1930's, but have steadily

grown from that handful or "ole' faithfuls" to this present membership of 704 in G.A.H.P.E.R.

The Early Years (1929-1949)

The year 1929 is of great significance in the existence of the present G.A.H.P.E.R. 1929 marked the formation of a Committee on health and physical education in the state education association. No staff members were assigned specific responsibilities for health and physical education, but several colleges in the state were developing programs in professional preparation. (UGS, G.S.C.W., Andrew College, and Normal Schools). The health decade was upon us as schools and colleges placed emphasis on a systematic study of nutrition, personal hygiene, child and adult illness and community health. As was stated by Govenor L. G. Hardman in 1928, "Reflect for a moment on the large number of our people that are denied the attainment of the success in life they might have won if they had possessed healty bodies".

The Physical Education and School Hygiene Circular of 1927 reported that the state directors of physical education had gone on record as being opposed to national and state interscholastic basketball tournaments for girls. These state directors favored inter-class and inter-group competition of a wide variety. As for men's athletic programs in the early 1930's, Coulter reported "As for sports, few things could be legally done (on college campuses) except study and nothing had made

its appearance to be commercialized" (Coulter, 1951:100). Thus with the early interest in hygiene, basketball, nutrition, gymnastics, military drill, and special exercises our State Committee went to work.

In 1932, Mrs. Mary Ella Lunday Soule presided at the first meeting of the committee which was held in Atlanta, Georgia. This, of course, followed the 1931 White House Conference on Child Health and Protection. In 1933 the Georgia Assembly included a law which appeared in the State of Georgia Code requiring 30 minutes of physical activity and health instruction for children of the "common schools" of the state. The common school as defined by Horace Mann many years previously were to include grades one through eight. The after effects of the stock market crash of 1929 were not fully felt in the South until the early 1930's. As the Depression deepened the teachers received lower salaries - many of whom were paid in "script". Programs that may have been started were diminated, and cutbacks were made in existing programs, staffing, and facilities. While "Spec" Towns, a UGA athlete, received the gold metal in high hurdles in the 1936 Olympics, others were holding "Play Days" or intramurals at home. Facilities generally consisted of an athletic field, running track, jumping pits, and basketball goals.

Changes in the 1940's resulted from the formation of a Board of Regents in 1933 which was later reorganized in 1942. College education that had cost \$476.00 per year (including gymnastics and swimming fee) in the year this organization was formed (1929) had gone up - down - and was spiraling up again. The War years gave importance to physical fitness, the U.S.O., American Red Cross, and the "G.I. Bill". Lucky Strike Green had gone to war, but "Johnny" was still calling the signals for Phillip Morris. Quarterbacks Still and Rauch played college football in Georgia. The University of Georgia versus Georgia Tech football game on November 29, 1947 in Atlanta cost \$2.00 and the Piedmont Hotel was advertising room rates at \$3.00 up.

Recreational games, natural dance, football, basketball, baseball, folk games, posture, and health were highlights of the programs. Mr. Jimmy (James M.) Gooden in 1948 made a speech entitled, "The Physical Educator Asks About Health," and in 1950 a paper was distributed in the state that Mr. Gooden wrote entitled "Is Something Wrong with Athletics in Georgia Schools."

By this time the association was a Section in the Georgia Education Association. The historical foundations and developments which shaped health, physical education and recreation in Georgia are significant. Economics, social, and political forces had an impact on public education in Georgia. Physical education was no longer to be considered

a fill-in education. The pragmatic philosophy of Jesse Feiring Williams who stated at the dedication ceremonies of the Women's Building at the University of Georgia on January 20, 1930, "It is education through the physical rather than of the physical" gave a modern outlook and legitimate place to health and physical education in the educational programs from nursery school through college.

The Growing Years (1950-1964)

Leadership was strong during this period of the association's growth. G.A.H.P.E.R. is indebted to such past presidents as Ernest B. Smith (UGA), Zeb Vance (Mercer), Marjuria Stevens Liptak (Fulton County Schools), James Gooden (State Department), Rebecca Dennard (Fulton County Schools), Robert T. Bowen (UGA), Garland Dickey (Berry College), and Gene DeTullio (UGA). In reviewing statements that the Presidents made it was stated, "Elementary classroom teachers must teach health, physical education, and safety or it will remain undone in the majority of our lower grades. Let us encourage their attendance at our meetings". "County superintendents are beginning to lend excellent support to the district meetings". "Undergraduate professional preparation will be discussed at the state session meeting as a result of the materials distributed from the Jackson's Mill Conference". "Our strength will come through increased membership". "Many schools are without either play rooms or gymnasiums". "We must get the coaches involved". "We are still a struggling infant".

Thus in 1955, GAHPER sponsored a program that was conducted by Elsa Schneider of AAHPER. The focus was on the elementary age child and physical fitness. The theme went like this:

"Georgia Crackers want to grow
Learn to help him at PE show
See the program simplified
Let him know you're on his side".

That same year (1955) the state department initialized a survey with three summary questions. (1) Were varsity athletes required to take "P.E." in high school? The response indicated that 49% took "P.E." all year; 28% took "P.E." in the off-seasons, and 23% did not take "P.E.". (2) Was physical education required in high school? The response indicated that over 50% required one year; 27% required two or three years, and 16% did not require "P.E." at all. (3) Was health education required in high school? The response indicated that 39% required health for one year, 30% required it as a part of "P.E.", and 32% did not teach health at all.

First workshop. The first workshop of GAHPER was held May 16-18, 1958 at Rock Eagle. Becky Dennard and Gene DeTullio were primarily responsible for the program. The work-end cost to each participant was \$14.00 for the full week-end. That same year (1958) a Governor's

Conference on Recreation and Leisure was held in Athens on January 20-23 at which time Marvin Griffin spoke to the assembled group. In 1959 and/then workshop was held at Rock Eagle on May 1 at which time Herman Talmadge spoke on "Why This Clinic". It was noted from the program that "we" all got in Cottage #32 for the HPER section meeting, and G.E.A. paid for meals but not for travel expenses. In 1960 the fall workshop was again held at Rock Eagle on December 2-3 at which time Mariam Fields Hipscher of Marietta High School discussed "Girls Basketball" and a panel from the University of Georgia discussed the "New Sixth Year Program".

The 1958 state convention was again held in Atlanta along with the G.E.A. state convention at the Conference on February 27, Dr. Arthur Steinhaus spoke on an "organized wiggling formula for staying fit". At the same time The Atlanta Journal wrote concerning our association that "physical exercise - whether it's swimming, bicycle riding, or butterfly chasing - can help ward off some of life's aches and ailments." (Dr. Irma Fletcher, pediatrician, Fulton County Health Department). G.A.H.P. E.R. records also indicate that in 1958, "The State Board of Education passed a measure providing for the issuance of separate teaching certificates for elementary (grades 1-7), for middle grades or junior high school, and for grades 9-12". And we think we have "come a long

way, baby"! That was twenty years ago!! What happened? The wheels of education's time do grind slowly.

In 1960 the membership increased from 85 to 165 and finally to 276 . . . a record high for the association. Our leadership had projected a potential membership in the state of Georgia of 716. The first honor awards were presented to Tom McDonough and Mary Ella Soule in 1960-61, and the appropriate theme for the year was "Out Past is the Foundation for Your future". Among the other first was the first issue of the Newsletter. The G.A.H.P.E.R. Newsletter was published in 1959 from Headland High School, then later from Valdosta High School. President Dennard stated in a letter to the membership dues were .50 which included not only membership in G.A.H.P.E.R. but three issues of the Newsletter.

The early 1960's with James H. Cammon as coordinator of HPER in the Georgia State Department of Education brought two more surveys and other projects: 1961 movement exploration was featured; 1962, N.C.A.T.E. came into existence; 1962's survey on requirements resulted in few differences from the 1955 results and in 1963 a statewide survey on the Status of Physical Education in Georgia's Secondary Schools sponsored by G.A.H.P.E.R. with two basic questions asked: (1) Is He or She Paid a Supplement for Performing Duties of Department Head? 39 answered

"yes", while 143 answered "no". (2) Is the Grading Systems for Physical Education similar to those for other subjects? 139 answered "yes", while 32 answered "no". By 1963 the state membership had reached 414 (by districts: 88, 14, 17, 15, 116, 45, 29, 23, 67) and on March 20, 1964 Mr. Gene DeTuillo presided at the last state convention that was held in connection with G.E.A. The meeting was held in the Fulton County Health Building, and many members said "Good-bye to the old, and Hello to the New Annual Workshop".

The Workshop Years (1965-1979)

Happiness is remembering our first state convention at Jeykell Island with Jean Jacobs as President and Dr. Jay B. Nash as the principal speaker. Instead of electing the officers to serve for a two-year period the change was made after President Jacob's term to move to one year elections. A new constitution, new by-laws, new sections, new committees, additional time for meetings - all meant that at last G.A.H.P.E.R. arrived - or were fast getting there. The workshop became a permanent organization rather than an inferred work group as it had been in the past. The rooms that first year cost \$10.00 for a double and the banquet cost \$3.00 (that was for the meal and party!) Carl Sanders, Muriel Grossfield, Student leaders of Georgia will hold fond memories of a new beginning in G.A.H.P.E.R.

Remember when our Presidents such as Wayman Creel, Lillie Suder, Clyde Partin, Mary Blackmon, Ed Whitsett, Gladys Peck, David Harris, Mary Alice Clower, Doyice Cotten and Anne Hadarits choose such work-

shop themes as "A Time To Grow", "Moving Forward Together", "The Real Thing", "Happiness Is", "Leadership For Action", "Ceiling Unlimited", "Growth Through Professional Unity", "The Joy of Effort", "Action-Now and for the Future", "Challenging the Spirit", "Keys to Untried Doors", and "Changing An Image".

The Association was now giving Honor Awards annually, publishing a state Journal, sponsoring special projects, and initiating new state legislation. We cooperated in the Govenor's Honor's Program (1966), sponsored Learning Through Movement (1968), cooperated with the Division of Instruction-Curriculum Development of the State Department of Education for "Suggestions for the Teaching of the Required Unit of Health in High Schools" (1970), initialed "new concepts in P.E. - Hope for Non-Athletes" (1973), and "Guidelines for a Comprehensive Program in Elementary Physical Education - A Position Paper" (1975).

Each year the G.A.H.P.E.R. is growing stronger. By 1967 Jack S. Short was consultant of HPER in the State Department of Education and in 1970 he became coordinator. Continuous effective leadership at the State level has added depth to the on-going activities at the Georgia Association for HPER. In the 1974-75 year the membership reached 503 active members and 154 student members - bringing the total to 657. There is an approved position of Executive Secretary-Treasurer that was first held by Rebecca Dennard and is presently held by Lillie Sasler. Under the present leadership of President Gerry Shelton (Floyd Junior College) and President-Elect Lea Barrett (Headland High School) the future looks bright.

As the association looks to the future, problems within the larger society and trends and issues related to health, physical education and recreation will have implications for G.A.H.P.E.R. Among these trends which may have consequences for this association are: assessment, teacher accountability, student competencies, faculty tenure, financing athletics, equality of educational opportunities for both sexes, curriculum revisions, and utilization of technology. Our historical significance has been a sound foundation upon which to base the future of G.A.H.P.E.R. The challenges are many, and the potentials are great.

So as the association closes a fifty year period we also have an Archives Committee! And at this time - in this place - I do feel as if I have been "in and out of the dustpan". Readers can gain background knowledge of our state association - G.A.H.P.E.R. - that will serve as a stepping stone to the future. I, as one member, am proud of our past - if you think I am bragging just check the Archives of G.A.H.P.E.R., but be careful of the dustpan!

Dr. Clifford G. Lewis is Professor of Health and Physical Education at the University of Georgia, Athens. She is chairperson of the G.A.H.P.E.R. Archives which are presently located in the East Wing of the Physical Education Building at the University of Georgia.

References

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Lewis, Clifford G. Fifty Years of Professional Preparation in Physical Education for Women, 1924-1974. College of Education, University of Georgia. Athens, Georgia 1975.

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To all of our GAHPERD Members,

The GAHPERD Executive Board highly values our members and invests consistent efforts to meet your expectations. Unfortunately, due to changes in the working relationship between the American Heart Association and SHAPE America, we have been forced to adjust our operating budget. The Board has voted to discontinue GAHPERD publications. For many of you, this will go unnoticed as the periodicals are currently available online. We stopped mailing out the printings several years ago as a cost saving measure. All of the previous online journals will remain on our website for your reference as needed. We have discussed the possibility of producing ONE “year in review” publication for all to see in the coming years. We will keep you posted on the progress.

September 2018 will mark the final issues of GAME and the *GAHPERD Journal*. We will continue to keep our members updated and informed by providing relevant articles, advocacy issues, and announcements through the GAHPERD website and social media and email communications.

We appreciate your membership and invite you to stay engaged through gahperd.org and following GAHPERD on Facebook, Twitter @gahperd, and Instagram.

Sincerely,

Babs Greene
GAHPERD President

It has been an honor and privilege to serve as the Publications Editor for Georgia AHPERD. I have worked diligently since 2013 to produce a quality, fully online journal for the membership and various state, national, and international contributors. During the span of nearly six years, the *GAHPERD Journal* and GAME have published 40 peer reviewed articles; a host of tips for physical education, health, dance, and the general division; significant program highlights; multiple theory-driven practitioner works; and dozens of announcements, advertisements, and promotional materials. I hope we have met some of your professional development needs with the content available in the publications, all of which will remain on the website. I especially thank the many authors who contributed to the *Journal*, and also Executive Director Kim Thompson for the opportunity to serve Georgia AHPERD in this way. **While a consistent publication of the journal and newsletter might not be in the immediate future...some form of continued, periodic publications is likely. Our desire is to always support professionals with relevant research and practitioner ideas for personal growth.**

Sincerely,

Brent Heidorn
Publications Editor



Liability Insurance Added to Member Benefits!

Just in case you need another reason to join GAHPERD, we've now added liability insurance coverage to your member benefits! This comes at no extra cost to you. That's right! All members of GAHPERD as of 11/30/16 now have a \$1,000,000 general liability insurance policy for work-related activities! This includes teaching and coaching activities!

Only members who were current as of 11/30/16 have this member bonus. Anyone joining as a new member or is re-joining after a lapse in membership after 11/30/16 will not be covered until 11/30/17, if the policy is renewed.

Have specific questions? Contact Executive Director Kim Thompson at kthompson.gahperd@att.net.

Coverage:	General Liability
Insurance Company:	HCC Specialty (A+ A.M. Best)
Policy Period:	11/30/16 to 11/30/17

What are you covered for:

Claims made by negligent acts accidentally committed resulting in bodily injury, personal and advertising injury or property damage to others.

Policy Limits:

General Aggregate	\$1,000,000 (per member)
Products/Completed Operations	\$1,000,000
Personal & Advertising Injury	\$1,000,000
Each Occurrence	\$1,000,000
Damage To Premises Rented To You	\$300,000
Medical Expense	Excluded
Sexual Abuse/Occurrence	\$50,000
Sexual Abuse Aggregate	\$100,000



Go to www.shapeamerica.org for more information or to view the 2016 Shape of the Nation report

GAHPERD Future Dates

September 18, 2018	Professional Development Workshop, University of West Georgia
October 14-16, 2018	Annual GAHPERD Convention, Athens, GA
October 16-20, 2018	2018 PETE & HETE Conference, Salt Lake City, UT
January 24-26, 2019	Share the Wealth PE Conference, Jekyll Island, GA
April 9-13, 2019	SHAPE America National Convention, Tampa, FL
April 21-25, 2020	SHAPE America National Convention, Salt Lake City, UT
April 13-17, 2021	SHAPE America National Convention, Baltimore, MD

Membership

Are you interested in health, physical education, recreation or dance? Do you have passion and commitment for physical activity and wellness? Do you believe we can do more to help others and better prepare students for a lifetime of health and physical activity? Do you want to join the advocacy efforts of other dedicated professionals to pave the way toward a healthier generation of individuals? Do you believe in the power of numbers?

Join GAHPERD!

For more information, visit www.gahperd.org, contact Kim Thompson, Executive Director of the Georgia Association for Health, Physical Education, Recreation and Dance (kthompson.gahperd@att.net).

Mission Statement

GAHPERD, Inc. is a non-profit organization for professionals and students in related fields of health, physical education, recreation and dance. GAHPERD, Inc. is dedicated to improving the quality of life for all Georgians by supporting and promoting effective educational practices, quality curriculum, instruction and assessment in the areas of health, physical education, recreation, dance and related fields.