

# the GAHPERD JOURNAL

Georgia Association for Health, Physical  
Education, Recreation and Dance  
Volume 41 Number 2 Fall 2008



## Convention 2008



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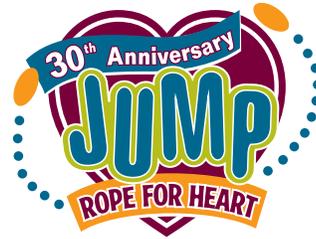
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# GAHPERD

Georgia Association for Health, Physical Education  
Recreation and Dance  
520 Greenridge Circle  
Stone Mountain, GA 30083

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Organization  
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Marietta, GA  
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### ***GAHPERD Vision Statement***

The Georgia Association for Health, Physical Education, Recreation and Dance envisions a society in which an active, healthy lifestyle is valued and practiced by all Georgians. GAHPERD takes a leadership role in promoting the professions it represents by broadening public perceptions and values, through dynamic services, creative products, innovative programs and on-going research. As a leader in the state, GAHPERD seeks to unite with professional and community organizations to achieve the vision of a healthy Georgia.

### ***GAHPERD Mission Statement***

GAHPERD is a nonprofit organization for professionals and students in related fields of health, physical education, recreation and dance. GAHPERD 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.

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## The GAHPERD Journal

The GAHPERD Journal is published three times per year (Winter, Spring/Summer, and Fall) by the Georgia Association for Health, Physical Education, Recreation and Dance, a non-profit organization. Membership in the Association entitles one to receive all journals and newsletters for that year. Subscriptions of \$30 per year are available to libraries and institutions. Single issues are \$12 each. Requests for missed issues will be honored for eight weeks following the publication date. The GAHPERD Journal is listed in the Physical Education Index.

Views and opinions expressed herein are those of the authors and not necessarily those of GAHPERD. GAHPERD assumes no responsibility for and will not be held liable for any claims made in advertisements. Guidelines and prices for advertising are available from the Editor.

GAHPERD prohibits discrimination on the basis of race, color, religion, creed, sex, marital status, sexual orientation, national origin, disability, or veteran status in the treatment of participants in access to, or content of its program and activities.

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Mike Tenoschok  
Mt. Paran Christian School

# PRESIDENT'S CORNER

**Kim Thompson**  
*GAHPERD President*

Georgia embraces all who arrive within its borders and treats them to the best of Southern hospitality. In no place is this more evident than in the beautiful city of Savannah. It seems to speak to the heart of what Georgians know and understand about our state's scenic beauty. With the beautiful Savannah River, wonderful old southern mansions and luscious green landscapes everywhere you turn, it's hard not to want to linger just a little longer once you arrive in town. I feel Savannah is one of the most beautiful places, full of fine people and wonderful restaurants that exist in our country. I hope that you will make time to join us for our upcoming state convention.

Not only will you feel refreshed by the sights and sounds of the city, you will also feel rejuvenated and inspired to go back to your students with new and fun ideas for your classes. Believe me; I know how difficult it is to get away from school. I know how difficult it is to leave your families and responsibilities behind. Money is tight and gasoline is priced at record highs. No one is willing to pay for your substitute or give you release time to attend your professional meetings. I know all of that. I have the same issues in my county that all of you do. I know that your time is precious and you want to spend it wisely!

We have been working extremely hard to bring you what you want and need at our convention. We've brought in teachers who are in small gyms with big classes, full of ideas and activities for you to take back to your kids. We've got leaders from across the country, across the state and across the street.

Daren Averitt is one such presenter from California. I first heard him at the 2007 AAHPERD Convention. He has so many action packed ideas just waiting to share with you.

Shirley Holt Hale, former AAHPERD President and current elementary physical education teacher from our neighboring state of Tennessee will also have many ideas and challenges to bring to all of us.

Former SDAHPERD President, Cam Kerst Davis is also coming to Savannah.

We have NASPE Teachers of the Year! The list of wonderful teachers from across Georgia who are giving of their time and expertise to help us all "Pull our Weight in 2008" is way too long to list! We've got the best and brightest on the program. Please come, learn and share with us! We need you to be an active and integral part of our state organization.

GAHPERD pushed for a State Coordinator for Health and Physical Education. We fought as a group openly and behind the scenes for the position to be filled. Please be a part of pushing for more minutes, mandates and improvements in our profession. Meet Dr. Richard Reiselt, past GAHPERD President and let him know how you feel about what needs to be done in Georgia. He will be in Savannah, too! Everybody has got to pull in the same direction for positive change to occur.

Join GAHPERD, join us in Savannah and let's begin stringer than ever this year! Change will occur on November 4th in Washington. Be a part of our strength as we initiate our own change in Savannah on Election Day. We won't be nearly as strong without YOU!

Kim Thompson  
GAHPERD  
President



**Check the GAHPERD website**  
**[www.gahperd.org](http://www.gahperd.org)**  
**for**  
**Convention**  
**Information and forms.**

# Georgia Association for Health, Physical Education, Recreation, & Dance

## *Calendar of Events*

### IMPORTANT DATES

<i>November 2-4, 2008</i>	<b>GAHPERD Convention, Savannah, GA</b>
<i>November 15, 2008</i>	Deadline Winter GAHPERD Journal
<i>March 31-April 4, 2009</i>	AAHPERD/SDAAHPERD Convention/Tampa, FL
<i>February 10-14, 2010</i>	SDAAHPERD Convention, Myrtle Beach, SC
<i>March 16-20, 2010</i>	AAHPERD Convention, Indianapolis, IN
<i>February 16-20, 2011</i>	SDAAHPERD Convention, Greensboro, NC
<i>March 15-19, 2011</i>	AAHPERD Convention, San Diego, CA
<i>March 13-17, 2012</i>	AAHPERD Convension, Boston, MA

***ATTENTION GAHPERD MEMBERS!  
APPLY FOR YOUR ABSENTEE BALLOTS***

***THE GAHPERD CONVENTION WILL BE IN SAVANNAH  
on National Election Day***

#### **How to Request an Absentee Ballot**

Beginning May 10, 2008, registered voters may request an absentee ballot for the General election, November 4, 2008. The request must be submitted to your County's Registrar. Complete instructions for requesting an absentee ballot can be found at:

[http://sos.georgia.gov/elections/voting\\_information.htm#absentee\\_voting](http://sos.georgia.gov/elections/voting_information.htm#absentee_voting)

Read the information carefully to secure the address of your County Registrar and to download an application form. Plan to vote early or absentee in order to attend all programs at the 2008 GAHPERD Convention in Savannah.

# GAHPERD Convention Programs At A Glance

## Instant Activities

Folk Dances from Around the World

ICARE: Environmental Education

Life Skills to Avoid Teacher Burnout

Closing a Lesson

Prevention of Childhood Obesity

Health Ed Best Practices

Weightlifting for People with Disabilities

Sport Stacking Basics

Speed Interview

Worksite Exercise Programs

Enhancing Health Literacy

Strength Training for Pre-Adolescents

Ballet Barre

Using an LCD Projector and Digital Camera

Exercise Phys: Top 5

Personal Fitness Portfolio Ideas

Balance Trainer Ball

Dancers Guide to Nutrition

Athletes with Physical Disabilities

Olympic Weightlifting in HS

PE Program Evaluation Tools

Online Health & Wellness

Golf Short Game Strategies

Wellness Education

Managing Athletic Parents

The Healthy Schools Program

Responsibility of Having Babies Education

Building Fitness through Sports Skills

Tactical Approach to Net Games

Lines dances

Moving Across the Curriculum

Dance in the Private School

Proton Beam Therapy

Sport Education Model

Yoga for Dancers

Fitnessgram/Activitygram

Elementary Cooperative Model

Childhood Bipolar Disorder

Prevention of Influenza

DOE Performance Standards

Understanding Healthy People 2010

Brazilian Movement Culture

PE Curriculum Development

Interpersonal Communication Skills

Skillastics Standards

1st Tee National School Program

Lyrical Jazz

PE Best Practices

Tactical Model

NASPE STARS

Super Stars Competition

Reducing Adolescent Stress

Cooperative Game Equipment

Coordinated School Health

Geocaching

Latin Fitness Dance

Promoting Physical Activity

Science & PE Collide

Georgia Action for Healthy Kids

HPV education

PE Fit in Action

Fishing Instruction in PE

Inclusion in PE

Planning Your Field Day

Dancing for Diversity

Elementary Best Practices

Health Best Practices

# Valois to Keynote Health Division Program

Dr. Robert F. (Skip) Valois, Professor of Health Promotion, Education, and Behavior in the Arnold School of Public Health at the University of South Carolina, will serve as the featured speaker for the Health Division at this year's GAHPERD Convention. His session will focus on Coordinated School Health, and will expressly deal with effectively integrating physical education, health education, and nutrition, creating healthy schools in the process. Dr. Valois is a noted scholar in this important area, and has been recognized for his creative research, excellence in teaching, and distinguished service to many professional societies and community groups. He is a Research Fellow of the American School Health Association, the American Academy of Health Behavior (of which he is a founding member), the American Association for Health Education, and the Research Consortium (AAHPERD). A 1999 recipient of ASHA's Research Scholar Award, Dr. Valois has also been acknowledged as an AAHE Scholar (2002). A brief address will be given, followed by a generous question-and-answer



period, designed to provide attendees with applied, hands-on strategies to take back to their schools.

The Conference Program will also feature Health Education Professionals of the Year Brenda Segall (K-thru-12) and Kandice Johnson (College/University). Dr. Segall, of Woodstock, teaches health and physical education at Cherokee High School, where she has been on faculty since 1996; she sponsors the Red Cross and Explorer Clubs, as well as *Baby Think It Over*, the program which allows students to take a baby doll home to learn what it takes to responsibly care for an infant in the role of a parent.

Dr. Johnson, who served as Vice-President for the Health Division last year, is Assistant Professor in the Department of Health, Physical Education, and Sport Science at Kennesaw State University. Her seminar – *Why Do They Act That Way?* – will help participants develop an understanding of the teen brain and how it is possibly “hard-wired” for risk-taking behaviors. The latest research on teen brain development will be presented, along with skills specifically designed to help health educators create activities that combine the three domains of learning in order to prevent risk-taking behavior.

## GAHPERD Publication Information

### General Information

When submitting information for publication in the GAHPERD Journal or GAME Newsletter:

- Send information to Mike Tenoschok  
**mtenoschok@mtparanschool.com**
- Submit electronically as an attachment to e-mail
- Information should be word-processed (Microsoft Word, size 12 Times font preferred)
- Any photographs submitted should be an actual photograph, not a photo cut from another publication. Electronic transmissions are encouraged.

### Due Dates for Materials and Publication Dates:

<u>Due Date</u>	<u>Publ. Date</u>	<u>Publ.</u>	<u>Season</u>
Jan. 1	Feb. 15	GAME	Winter
Feb. 1	March 15	Journal	Spring
April 1	May 15 (Conv. info)	GAME	Spring
June 1	July/August	GAME	Summer
Aug. 1	<b>Sept. 15 (Pre-Con) *</b>	<b>Journal</b>	Fall
Sept. 1	October 15	GAME	Fall
Nov. 15	<b>Dec. 15 (Post-Con) *</b>	<b>Journal</b>	Winter

**2008 GAHPERD CONVENTION PRE-REGISTRATION FORM**

**November 2-4, 2008**

**THIS IS SUNDAY-TUESDAY**

**The Hilton Savannah DeSoto**

**15 Liberty Street, Savannah, GA 31401**

Registration fees are reduced for members who pre-register for the 2008 GAHPERD Convention. If you work or teach in Georgia, you must be a member to attend the convention. Please complete this pre-registration form and send it to the address below. **Your envelope containing your completed form and check must be postmarked on or before October 1, 2008. Housing information and this form will be available on the GAHPERD website soon: [www.gahperd.org](http://www.gahperd.org).** You may renew membership online now or when you arrive at convention. Checks must be made payable to GAHPERD for the total amount indicated on this form, and submitted along with this form to: **Dr. Jacqueline T. Harbison, GAHPERD Executive Director, 520 Greenridge Circle, Stone Mountain GA 30083**

Convention Registration	Pre-registration By October 1	After October 1	Membership Fees	Amount Enclosed \$
Professionals	\$90*	\$115.00*	Professional/Graduate Student	Pre-registration _____
Undergraduate Students	\$45*	\$60.00*	1 year \$25	Spouse/Guest _____
Full-time Graduate Students	\$45*	\$60.00*	2 years \$45	Extra Banquet Ticket _____
Retired Professionals	\$35*	\$45.00*	3 years \$65	Fun Run _____
Spouse/Guest	\$35*	\$45.00	Undergrad Student \$8	Tennis _____
Extra Banquet Ticket	\$30	\$30.00	Retired \$12	GAHPERD Membership _____
Fun Run (includes t-shirt)	\$15	\$25.00		<b>Total</b> \$ _____
Tennis Tournament	\$15	\$25.00		
	<b>* Includes Sunday</b>	<b>evening banquet ticket</b>		

**Please enter all information requested. Please print all information.**

Name (as you would like it to appear on badge): \_\_\_\_\_

School System/College/University/Other: \_\_\_\_\_

Work/School Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Address: \_\_\_\_\_  
Street City State Zip

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

If you are entering the Fun Run, list your T-shirt size: \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL

**Must be postmarked on or before October 1, 2008.**

# Convention Lodging

Convention attendees will be able to go on line to reserve a room.

## Hilton Savannah DeSoto

15 East Liberty Street, Savannah, Georgia, United States 31401-3979

Tel: 1-912-232-9000 • Fax: 1-912-232-6018

The GAHPERD personalized group web page has been published to the web. **The GAHPERD web page address is:**  
<http://www.hilton.com/en/hi/groups/personalized/SAVDHHF-GAH-20081101/index.jhtml>

Group Name: GAHPERD 2008 Annual Conference  
Group Code: G! AH  
Check-in: 01-NOV-2008  
Check-out: 05-NOV-2008  
Hotel Name: Hilton Savannah DeSoto  
Hotel Address: 15 East Liberty Street, Savannah, Georgia 31401  
Phone Number: 912-443-2007

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## Exhibitor's Hours and Information

**Grab your Passport and get yourself entered into the  
Grande Finale prize drawings!!**

### *Sunday*

*11:00am – 2:00pm*

Set up.

*2:00pm – 3:00pm*

Exhibits Gala.

### *Monday*

*9:00am – 5:00pm*

Exhibits Open.

*5:30pm – 6:00pm*

Exhibitors Sale.

***Remember you must wear your name badge while in the exhibit area.  
We want to know who we are visiting with!***

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# INVITED ARTICLE

## Olympic Trials and Tribulations

(Or how I raced 13,000 meters in 13 hours)

By Michael Strickland

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Growing up in South Georgia as the son of a Methodist minister, I often heard my parents speak of one day making a pilgrimage to the Holy Land. They never have taken that trip, but in 2008, 28 years after becoming a runner, I made it to Mecca.

No, I didn't convert to Islam. I made it to Mecca for runners, Eugene, Oregon. The University of Oregon, Hayward Field, Bill Bowerman, Pre- people and places that are so evocative in our sport. Not only did I get to watch three days of the Trials, I actually ran in them! Okay, so it was a Masters 3k exhibition race, but I had to qualify for it just as any Olympic hopeful would. USATF has a Masters Invitational program that gives athletes the opportunity to run at some of the biggest track meets in the country. Meets like U.S. Indoor Nationals, Drake Relays and Mt. SAC are all great, but the Olympic Trials (and in Eugene to boot) is another story all together! Once in a lifetime is often an overused phrase, but this felt that way for sure.

I spent all of Tuesday, July 1st, getting from my home of Atlanta to Eugene (with stops in Charlotte and Phoenix en route) and I could feel the excitement in the air as soon as I stepped off the plane. Right away I saw signs about the Trials and Track Town USA as well as volunteers and a shuttle. I also noticed how cool and clear it was, especially compared to Atlanta. On the drive in I noticed billboards, signage and the sides of buses all proclaiming that you were in a town that cared passionately about running. Where else in America will you find a city with signs abundantly and clearly marking both a trail and a monument to a dead runner who never even won an Olympic medal? When I finally made it to my dorm right next to Hayward Field I was bushed. I talked some with my roommate, journalist Ken Stone, and then fell asleep.

Wednesday was an off day at the Trials and I used it to finish getting my credentials in order. My athlete badge was like the ultimate back stage pass. It basically got me into any part of the competition and practice venues. I decided to run to Pre's Rock and Hendricks Park then back to the track for a few strides. I then used the athlete's medical area just behind the track to get a chiropractic adjustment. Dr. Josh Glass, a fellow member of my local running club, the Chattahoochee Road Runners, worked on me. Talk about a small world! Later while shopping, I saw high school star runner Jordan Hasay out shopping with her family. I knew she had not originally been on the women's 1500 start list,

but suspected she was not in town to spectate. Later I found out she had been added to the field after some 800 runners scratched. If you were there or watched those races on TV you'll know that both Jordan and fellow high school ace Christina Babcock advanced to the second round and Hasay set a HS record there to advance to the final. Now that is what I call maximizing your opportunity!

My race was Thursday evening at 7:05. In an attempt to pass time and calm my nerves I attended a session of what was billed as the first ever Running Film Festival held on the campus of the University of Oregon. It was a mix of old classics and newer films and shorts. The highlight of my session was a rough cut of 2000 Trials 1500 champ Gabe Jennings' film, the Olympic Militia. There was a Q and A after and he spoke at length about life and running. His first round race was that evening and I rooted for him all the way to the final.

Finally the time had come. As I walked up to the athlete's entrance, the shuttle from the Hilton pulled up. This was where most of the star athletes stayed. Thus it was that I walked in beside Jeremy Wariner. As I cut across the grass of the warm up track infield I saw Jackie Joyner-Kersey greeting another athlete. Later I saw 1500 runners Alan Webb and Bernard Lagat, along with a host of other athletes. I wish I could say that the company and surroundings inspired me to a peak performance, but alas it did not. I finished 15th in the 16 man field and had nothing. In hindsight I realized I had trained too hard and left myself flat and fatigued for the 3k. My time was 9:33 after qualifying in 9:00. Up front, 45-49 ace trackster and mile age group world record holder (4:16!) Tony Young won in a time of 8:47. Afterward as I was changing into shoes to cool down, World Champion Bernard Lagat (who was finishing stretching in the same area before his race) asked how my race had been. It reminded me that no matter the level of competition, runners tend to be a friendly and caring group. He'll probably never know how much I appreciated his kind words.

So, you may wonder, where did the extra 10,000 meters of racing come from? That would be the next morning at 8 a.m. at the 35th annual Butte to Butte 10k, a Eugene Fourth of July tradition. As someone who was born in Atlanta and who has lived there for 18 years it is easy to forget that there are other races on the Fourth besides Peachtree. Of course a simple search of the web will show that there are many

aces around our great nation on this holiday. While none are bigger than my hometown race I found this race to be plenty challenging and unique in its own right.

I awoke early to meet a friend from Atlanta and catch a ride to the start. My warm up was slow and painful and it included a brief preview of the mile long climb that started the race. When the gun fired at eight a record crowd of nearly 6000 runners and walkers took off. After a painful first mile of around 6:30 I tried to control myself as we basically curved back around and down the same incline a few blocks over from the start. Miles three through six were mostly flat, but I had a nasty stitch by mile four and wheezed in with a time of 35:21, 46th overall and 4th in my age group. Thus ended my tribulations, but the Trials experience was not quite done. That evening I watched the meet again and especially enjoyed the second round of the 1500 and the 10,000 final. The noise the crowd made, when Oregon runner Galen Rupp took the lead with 800 to go, was amazing. In the end Abdi Abdirahman was too strong. Later that evening I was at a local pub and noticed that in a room that was mostly filled with males one table was surrounded by women. I peeked through to see none other than Abdi himself having a beer in celebration of his win!

The next day, Saturday, was my last in Eugene. I started the day with a run on Pre's Trail. The woodchips were

awesome to run on and nearly every runner seen looked (and probably was) fast. Even though Pre was known as a fierce competitor, above all else, that day running reminded me of another side of the man as exemplified by this quote, "You have to wonder at times what you're doing out there. Over the years, I've given myself a thousand reasons to keep running, but it always comes back to where it started. It comes down to self-satisfaction and a sense of achievement."

So there you have it, my Olympic trials and tribulations. I left Eugene that Saturday night wondering what I had achieved and was I satisfied with what I had done? What was I doing out there? I can't answer those questions for you, but for me the answers could be best summed up by Pre's coach, Bill Bowerman, who said, "If you have a body, you are an athlete." Enough said. Now get out there and be the athlete that only you can be. I'll do the same and hope to see you down the road and at the races.

*Michael Strickland is a lifelong GA resident. He earned a bachelors degree from Berry College, in Rome GA, and Kennesaw State University with a masters degree in educational leadership. He is a USATF Level One Certified Coach. He is currently a health/PE teacher at Ridgeview Charter School in Fulton County and is working with a wellness company as well. For more information or correspondence, contact him at [mk\\_strickland@bellsouth.net](mailto:mk_strickland@bellsouth.net) or 770-218-3952.*

## Have you moved?

*Have you changed schools? Has your e-mail address changed? Help us stay in touch!*

*Please fill out the form below with the information that has changed.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone (home) (work)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Fax Number

*Return this form to:*

Dr. Jacque Harbison

520 Greenridge Circle, Stone Mountain, GA 30083

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# REFEREED ARTICLE

## Geocaching: Treasure Hunting for Fitness

By Susan Whitlock & John David Johnson

*Kennesaw State University*

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First of all, what is “geocaching”? According to dictionary.com (Geo & Cache, 2003), “geo” is the prefix to geography, and “cache” is a hiding place used especially for storing provisions. Participants use a GPS (Global Positioning Satellite) unit to find the coordinates where a cache is hidden. In a nutshell, geocaching is high tech treasure hunting.

Geocaching.com maintains a database of caches and also allows participants to log their caches so they can have a record of which caches they have found. This website is the hub for geocaching. There are caches worldwide, and more than likely there will be a hidden treasure within a short distance from where you stand.

What are these caches? Caches can be virtual or physical and can range from a film canister to an old army ammunition canister. Most caches are physical. You have to find the cache, take a trinket, and replace the trinket with a new one. Most of the trinkets consist of very inexpensive items such as key chains and patches. The size of the cache often depends on many things but most important is the location. If the location of a cache is bustling with people all of the time, you would place small, discrete caches or you might choose to make the cache virtual. A “virtual” cache means that a picture must be taken of the location or a question pertaining to the location of the cache must be answered and sent to the owner of the cache in order for you to log the cache. Some virtual caches are simply a location that you find and can then enjoy the beautiful scenery. Frequently it is the trail leading to the cache or the place the cache is located that is more intrinsically valuable than actually finding the treasure.

How can you combine fitness with geocaching? There is more than one “cacher” out there who is a reformed “couch potato.” Many new cachers find that when they are away at conferences, traveling, or on vacation and have some extra time they will go treasure hunting. This writer knows at least one individual who lost 10 pounds after beginning to participate in geocaching. No, this is not going to be the next big fitness craze, but to find most caches you have to walk and some multi-caches are actually miles long. Fitness is many times an unforeseen side-effect of the fun adventure.

Geocaching is “high tech”, which appeals to today’s youth, and if the school has the budget, it can easily be incorporated into the classroom as a learning adventure game or competitive activity. Basic GPS units, which cost less than \$100 each at [www.walmart.com](http://www.walmart.com) or [www.offroute.com](http://www.offroute.com) (the Garmin Gecko & eTrex are the most affordable) are needed and can be shared by several people in a group. The teacher will hide caches prior

to the start of class and record the coordinates. Along with the coordinates are clues to help the students find the cache. The students will divide into small groups and each group will get a list of the coordinates and a map. Then the students are off to do the treasure hunting. The first group to return might be allowed to hide the caches for the next game. Several variations may be used as student knowledge and familiarity with the technology increases, and the possibilities are limitless. Many college physical education departments offer pioneering or orienteering courses that could utilize many of these techniques. Geocaching could also be used in a high school experiential learning unit in a health, physical education, science, or geography class.

In a perfect world, we could buy each student his or her own GPS unit, but since that world does not exist for most, a more economical style of geocaching is “Orienteering”. Orienteering is a cross-country race in which competitors use a map and compass to find their way through unfamiliar territory (Orienteering, 2003). Orienteering is a sport, in and of itself, and more information about orienteering can be found at [www.us.orienteering.org](http://www.us.orienteering.org). The basic premise behind orienteering is to use a detailed map and compass to find a specific point on the map (a “control”). There will be several controls on the map, and one must find all of the controls in order to complete the course.

Either the high-tech or low-tech versions can be used with the following sample class structures:

### *Outcomes:*

- Teamwork/problem solving
- Socialization with peers
- Improve cardiovascular fitness
- Experiential Learning/learning through activity and exercise
- Basic map reading

### *Equipment:*

- Detailed map of the area where the hunt will take place
- Compass/GPS
- Caches (controls) with treasure inside
- Log Sheet for the teams to log their finds and times

### *Class to be used in:*

- Physical Education
- Computers and Technology
- Outdoor Adventure
- Science
- Geography
- Any other class if you use your imagination

**The Games:**

*The Basic Cache Hunt:*

To play this game, set up caches all over the map and have the students find each one. Each group can be given the same coordinates in a different order to help keep the number of caches to a minimum. The first team to discover them all and finish in the fastest time gets to hide the caches for the next hunt.

*The Progressive Hunt:*

These are very special hunts in which the map given to the students only has the starting cache on it. Once the first cache is found, the information inside will give the students directions to the next cache. The students are not finished until they have found the final cache. This final cache will give them a codeword to tell the teacher so that he/she knows they completed the task. The first team to discover them all and finish in the fastest time gets to hide the caches for the next hunt.

*The Wellness Hunt:*

Prior to the hunt give each group some handouts on various wellness issues. In each cache have a question that addresses the topics of the handouts. The students must find the caches then answer the questions in order to complete the course. The same can be done for any subject matter.

*Wilderness Education:*

Prior to the hunt give each group some handouts on various wilderness issues such as Leave No Trace (www.lnt.org). Teaching people about our outdoor resource is very important for the safety of the environment and the safety of the participant. In each cache place a written question that addresses the topics of the handouts. The students must find the caches then answer the questions in order to complete the course. The same can be done for any subject matter.

**Example of geocaching in a school/park setting:**

At the website, geocaching.com, you can check to see if there are any permanent caches in the area. If there are not any, you can place several caches of your own and record the coordinates. Select teams (each team will need a GPS, or map and compass) and have each team meet at a common starting point and disperse from there using the GPS or map & compass and the clues to find the caches. Examples of the clues might be: #1 - Talking Trash. 32°29'50' N, 86°23'45'W (This cache would be located near a trash can.) #2 - Watching the game. 32°31'40' N, 86°26'50'W ( This cache might be located near a baseball field.) #3- It's play time. 32°29'50'N, 86°22'55'W

(This cache might be located near a swing set or jungle gym.) You can keep time for each group if you need to declare a winner. If you have an advanced group, you might then have each team hide a cache for the next hunt. If your group is large, you might need more caches and additional compasses or GPS devices. A fairly open area in which you can see all groups is ideal for beginner orienteering/geocaching. You can increase or decrease the difficulty by using a larger/smaller area and more/less obvious clues.

**CONCLUSION**

Geocaching is a fun interactive way to enjoy the outdoors and receive the benefits of exercise. In an educational setting, it is interdisciplinary, and you get a fun game that gets students moving and actively learning. During the game the students will not only reap the rewards of being physically active they will also develop the capability to set up their own game which will keep them from sitting in front of the television or computer.

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**Cache Log Sheet**

**Class & Time**

**Date**

<b>Name of Team of Single Cacher</b>	<b>Cache # &amp; Time</b>	<b>Item Taken/Left</b>	<b>Answer</b>

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# REFEREED ARTICLE

## Finding Common Ground: Developing Effective Sexuality Education in Georgia

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### INTRODUCTION

Although sexual intercourse and birth rates among teenagers have declined, the teen pregnancy rate in Georgia remains one of the highest in the nation (1). Therefore, Georgia's schools must expand their efforts to address these issues. Adolescents continue to need information and skills to help them make responsible decisions about sexuality (2). As the first of a four part series on youth sexuality education in Georgia, this article discusses the necessity for school-based sexuality education programs and describes steps schools can take to develop effective programs. Future papers will focus on successful implementation of sexuality education and evaluating the effectiveness of sexuality programs. The final paper will describe one metro-Atlanta school district's development of a sexuality program, along with the first year implementation data on its impact on teen's sexual knowledge, attitudes and behaviors. These papers are intended to assist teachers, administrators and other decision-makers expand their current sexuality education efforts. Although sexuality education tends to be one of the more controversial areas of health education, this paper employs an evidence-based approach to guide the development of a sexuality education program that meets Georgia's curricular standards in a clear and unbiased manner.

#### **Background – If rates are declining why do we still need sexuality education?**

Although the proportion of high school students who have ever had sexual intercourse declined 16% between 1991 and 2001, in the last several years the proportion of young people who have ever had sexual intercourse in the United States has essentially remained stable at 48% in the last several years (3). According to the latest Youth Risk Behavior Survey (YRBS), sexual activity increases with grade level with one-third of 9th grade students reporting that they have ever had sex compared to 44% of 10th grade students, 56% of 11th grade students and nearly two-thirds (65%) of 12th grade students (4). Put another way, based on the current data, by 12th grade 2 out of 3 high school students in the US report ever having sex. In addition, 7% of sexually active youth report that they first had sex before the age of 13 and 15% report having had 4 or more sexual partners. Often these sexual behaviors are not without consequences. Each year approximately 19 million new sexually transmitted infections (STI) occur in the United States, with almost half of them occurring among youth 15 to 24 years of age (5). Despite a recent decline in teen pregnancy from 1990 to 2004, rates are still high with approximately 4 in 10 adolescent girls in the United States becoming pregnant at least once before the age of 20 (6).

More than a quarter of the nine million people living in Georgia are under the age of 18, with just over a million Georgia residents between the ages of 15 to 24 (7). Although the Guttmacher Institute estimates that there are currently 152,000 sexually active youth in Georgia, (8) determining rates of teen sexual behaviors is difficult. Georgia no longer collects data on adolescent sexual behavior through statewide implementation of the YRBS. In 1991, the last year in which Georgia did so, 66.3% of high school students reported ever having sexual intercourse, which was much higher than 53% of high school students reported that year nationwide (9). Two metro-Atlanta counties, DeKalb and Gwinnett, continue to collect YRBS data on adolescent sexual behaviors. In 2005, 52.8% of DeKalb County high school students reported they had ever had sexual intercourse which was higher than national rate of 46.8% (10). The following year, 37% of high school students in Gwinnett County indicated that they had engaged in sexual intercourse and 51.2% had participated in consensual sexual contact (11).

Although teen birth rates have declined in recent years, teen pregnancy is still a major public health issue in the Georgia. In the past ten years, the birth rate among girls in Georgia 15 to 19 years old declined 25 percent – from 70.6 births per 1,000 girls in 1994 to 53.3 in 2004 (12). Despite the decline, 17,990 babies were born to teen mothers in Georgia in 2004 (13). More than 25% of all pregnancies among teens ages 15-19 are repeat pregnancies (14). Today, more teen mothers are unmarried than in past generations. In 2004, 80% of teens that gave birth were not married, compared to 75 percent in 1994 and 51% during the 1980s. Single-parent families, especially young families, are at a greater risk of emotional and financial instability. Medicaid covered the costs of prenatal care and delivery for 84% of teens giving birth in Georgia in 2002. State funds also pay for special services for high-risk mothers and babies, including the costs of premature births, child abuse, day care, health care, foster care, education for children with mental and physical disabilities, and training for mothers who receive public assistance. According to Georgia Division of Public Health, children born to teen mothers are twice as likely to be victims of abuse or neglect as children born to mothers over 20 years of age.

In addition to the problem of teen pregnancy, sexually transmitted infections are a serious and growing concern as Georgia's rates are among the highest in the nation. In 2005, Georgia reported 33,000 cases of Chlamydia and ranked 14th in the nation (15). In the same year, Georgia had nearly 16,000 cases of gonorrhea and 645 cases of primary and secondary syphilis, ranking number six and number one, respectively, in

the nation. Teens and young adults represent 25% of the sexually active population; however, 15- to 24-year-olds account for nearly half of all sexually transmitted disease diagnoses each year, many of which are lifelong viral infections with no cure (16). With over 24,000 Georgians living with HIV or AIDS, Georgia currently has the 7th highest HIV and AIDS rates in the country. In 2004, 15% of the new HIV cases were among youth ages 13-24. According to Georgia Division of Public Health, HIV infection rates among teenagers have risen in recent years (17). Because Human Papillomavirus (HPV), the most common viral sexually transmitted infection in the US, is not a reportable disease, determining HPV prevalence rates for Georgia is difficult. However, recent reports indicate that 40% of sexually active girls in the United States between 14-19 years of age were infected with HPV (18). This age group was second only to young women 20-24 years of age which had HPV infection rates of 50%, many of whom may have acquired this viral infection during their teen years. In addition to the physical and psychological consequences of STDs, these diseases also exact a tremendous economic toll. Direct medical costs associated with STIs in the United States are estimated at up to \$14.7 billion annually in 2006 dollars (19).

Clearly these statistics indicate the need for increased efforts to provide effective sexuality education programs to Georgia's youth. School-based sexuality education programs should remain a high priority in Georgia for several reasons. First, when implemented effectively and consistently, age-appropriate sexuality education programs provide the opportunity for young people to receive accurate information and explore their values about sexuality in a supportive and non-threatening environment. Secondly, effective sexuality education programs provide adolescents with opportunities to practice life skills, such as decision making and refusal skills, which can help prevent them from being coerced into sexual activity before they are ready. Third, effective sexuality education programs teach young people about STIs, including HIV, a growing concern among Georgia's youth. Finally, sexuality education programs encourage young people to become wise, sexually healthy adults (20).

In addition, most parents surveyed want sexuality education taught in schools (21). Many parents feel uncomfortable talking with their children about sexuality, (22-23) while others feel that they do not have enough knowledge about sexual risks to educate their children adequately (24). Therefore, it is important for schools to provide effective sexuality education programs to complement the sexuality education young people receive in their homes.

### **Steps for Developing an Effective Sexuality Education Program**

While much has been written on sexuality education in the last few decades, there are few resources available to teachers, administrators, or other decision-makers on the necessary steps to develop effective sexuality education. Several national organizations have developed guidelines on what elements should be included in a sexuality education program (e.g., SEICUS, Advocates for Youth). Other research studies have examined essential characteristics of effective sexuality education initiatives (25). Textbooks have been written on implementing sexuality

education (26). Yet, little discussion of where or how to begin is included. The overwhelming amount of sexuality education information can be confusing and sometimes contradictory. In addition, little emphasis is placed on meeting specific state curriculum standards. This paper attempts to coalesce these recommendations and findings into a step by step guide that is consistent with Georgia's sexuality education curriculum requirements.

Sexuality education is generally defined as, "the process of acquiring information and forming attitudes and beliefs about sex, sexual identity, relationships and intimacy." (27) Although there are drastically different approaches to sexuality education, all of them have a common goal of helping youth make responsible sexual decisions. Rather than viewing approaches to sexuality education as mutually exclusive, it perhaps is most helpful to view them as existing on a continuum with abstinence-until-marriage sexuality education on one end, comprehensive sexuality education on the other, and abstinence-based sexuality education somewhere between the two depending on the focus of the curriculum. For purposes of clarification the three terms are defined below:

- **Abstinence-Until- Marriage Education – Sexuality education that presents abstinence as the only option for protection against unplanned pregnancy, HIV and STIs. This approach encourages teens to postpone sexual intercourse until they are married.**
- **Abstinence-Based Education – Sexuality education that presents abstinence as the best option for protection against unplanned pregnancy, HIV and STIs. This approach encourages teens to postpone sexual intercourse. Generally, abstinence-based sexuality education also includes information on contraception and safer sex practices.**
- **Comprehensive Sexuality Education- Sexuality education that covers a wide range of topics related to sexuality, including abstinence, contraception and safer sex practices. This approach concentrates on a healthy expression of sexuality instead of focusing only on negative consequences, such as STI transmission or unintended pregnancy.**

Factors such as program effectiveness research, state curriculum standards, and community norms may determine which of these three general approaches to sexuality education schools should implement. Few studies that assessed the effectiveness of abstinence-until-marriage programs have had sufficient rigor and those which did revealed mixed findings (28-30). The latest meta-analysis of abstinence-until-marriage education, found that such programs implemented in upper elementary and middle schools are ineffective in reducing the rate of teen sexual activity (31). There is some evidence that abstinence-based programs may lead to statistically significant delays in sexual initiation (32-35). Currently, the largest body of evidence exists on the effectiveness of comprehensive sexuality education, including studies that have found that these programs delay the onset of intercourse, reduce the frequency of intercourse, reduce the number of sexual partners and increase condom and contraceptive use (36).

Despite the lack of clear and convincing evidence on the effectiveness of abstinence education, Georgia's State Board of Education code #160-4-2.12 requires Georgia public schools to "develop and implement an accurate, comprehensive health education program that includes information and concepts on sex education/AIDS." (37) Sex education and AIDS education is defined in this same Georgia statute as "a planned program that shall include instruction relating to the handling of peer pressure, promotion of high self-esteem, local community values, and abstinence for sexual activity as an effective method of preventing acquired immune deficiency syndrome and the only sure methods of preventing pregnancy and sexually transmitted diseases. This instruction shall emphasize abstinence from sexual activity until marriage and fidelity in marriage as important personal goals." However, Georgia Quality Core Curriculum (QCC) standards call for the inclusion of abstinence in health education courses, but do not prohibit the inclusion of contraception and safer sex as topics for discussion (38). While it is open to interpretation whether Georgia's Board of Education was mandating abstinence-until-marriage education or allowing for more abstinence-based approaches, no where does the code call for adherence to the federal A-H definition of abstinence (39). As a result, schools are left with the option of selecting an abstinence-based or abstinence-until-marriage approach to sexuality education based on the needs assessment, recommendations from sexuality education advisory board, and ultimately the decision by the school board. To assist Georgia's schools in the development of effective sexuality education programs that meet the state sex education requirements, the following practical steps are provided.

### **Step #1 – Develop an Sexuality Education Advisory Committee.**

Georgia's State Board of Education code #160-4-2.12 requires that, "Each local board of education shall establish a committee to review periodically Sex/AIDS education instructional materials and make recommendations concerning age/grade level use. Recommendations made by the committee shall be approved by the local school board of education before implementation. ..." (40) These local advisory committees can be composed of parents, religious leaders, medical and public health professionals, youth advocates, as well as teachers, administrators and students. Each committee should include individuals that reflect the diverse backgrounds and viewpoints represented in the community or school district. Advisory committees build support for the program, providing protection against potential controversies. Members of the advisory committee may not agree on every issue, but once they reach a decision the committee members are more likely to stand behind it, even when challenged (41). The advisory committee should be responsible for the development and overseeing of curricula, books and other materials proposed for inclusion in sexuality programs.

A curriculum development team can be formed to develop the curriculum and present it to the larger advisory committee for review and approval. No single individual has all the skills to design and develop sexuality curriculum materials. A curriculum development team may include those with expertise in educational design, sexuality experts, youth development specialists, graphic designers, and members of the target audience who are the "users"

of the curriculum (e.g., students, teachers, peer leaders, etc.). As the ultimate end users of the sexuality education curriculum, youth should be fully involved as members of the curriculum development team. Through active participation, youth team members can help make the curriculum more relevant to students by offering their perceptions, ideas and creativity. Once all the members of the sexuality education advisory committee are aware of their roles and responsibilities, teams are ready to move on to the next step of program development.

### **Step #2 – Identifying the Need for Sexuality Education in Your Community.**

Curriculum development is often described as a process of determining "who" will be taught "what" and "how." The needs assessment step in the curriculum development process provides the information to determine outcome-related educational objectives based on a factual foundation and learners needs. A needs assessment also provides baseline data to determine if the curriculum has been successful in meeting its intended outcomes. Increasingly, using needs assessment to determine a sexuality education programs focus is an expected, and, in the case of programs seeking grant monies, required step in program development. Gathering information to determine a sexuality education program's focus is a critical step in developing a meaningful program with measurable results. A problem is the gap between the "desired behavior" (what should be known and/or done) and actual performance (behavior.) The needs assessment process identifies the nature and scope of this gap. Therefore, only by identifying adolescents' current sexual knowledge, attitudes, skill level, and behaviors through needs assessment, can schools create programs that will be useful for students and have significant and lasting impacts.

Schools can conduct both formal and informal needs assessments. Needs assessment procedures may include surveys and interviews conducted with students, parents, teachers, school counselors and other key opinion leaders. A broad-based needs assessment method, KAP (i.e., Knowledge, Attitudes and Practices) gathers both qualitative and quantitative information about the key stakeholders and the issues affecting them. Focus groups and interviews can provide a wealth of information on the target population's sexual knowledge, behaviors, values, attitudes, beliefs, pressures and social expectations (43-46). Information gathered by a KAP survey is useful to formulate intended outcomes, select content, and design methods to meet the needs of the target audience. While a thorough discussion of the KAP needs assessment procedure is beyond the scope of this paper, Table 1 provides examples of questions that could be used for focus groups. In addition, program planners can access community data on teen pregnancy and STI rates from the local health department. Local data can often be more meaningful and impactful than national statistics. One important thing to remember when planning the needs assessment is that members of the curriculum development team should be directly involved in the needs assessment process so that the sexuality curriculum content and methods are relevant to the needs of the target audience.

**Table #1: Sample KAP Focus Group Questions**

1. What do you feel are the major sexuality issues or problems confronting students?
2. What are the causes of these problems?
3. How do they relate to the school sexuality education program?
4. What gaps (the difference between desired performance and actual practice) do think exist among students related to sexuality knowledge, attitudes, and practices?
5. What are some possible solutions?
6. How can school based sexuality programs better address these issues?
7. Are there other major areas of concern or problems?

**Step #3 – Establish Intended Sexuality Outcomes and Educational Objectives**

In this step, the identified needs are converted into measurable outcomes for the learners. This step is critical because it provides guidance for the content (what is to be taught) and the target behavior. It also sets the stage to evaluate or measure if the learner has attained the intended outcome (i.e., the impact of the curriculum).

Outcomes should clearly state, in measurable terms, what the learner will be able to do as a result of participation in the sexuality education program. Table 2 includes sample questions program developers may consider when writing the intended outcomes. An intended outcome statement should include measurable terms, such as the condition under which the learner will exhibit desired behavior (i.e., the situation, limits, supplies, materials, tools and equipment under which the behavior will be performed), the performance that states what observable behavior the learner will be able to do in order to demonstrate the intended outcome has been attained, and the standards which describe how much or how precisely the quality of work is required to achieve an acceptable level of performance. Intended outcome statements should be structured to use the entire range of simple to complex categories of observable behavior, including the cognitive, affective, and psychomotor domains, to bring about the desired changes in the learner’s behaviors. To be consistent with Georgia curriculum standards, the program’s intended outcomes should include a focus on abstinence among the target audience.

**Table #2: Sample Questions for Developing Intended Outcomes**

1. How will students be different as a result of their participation in the curriculum?
2. What will they know or be able to do?
3. What practices (changes) should each student attain to address the different components of the issue?
4. How will you know if the curriculum made a difference on the issue with these students?
5. What indicators will provide this information?
6. What specific kinds of knowledge, intellectual abilities/ thinking (cognitive) skills are desired?
7. What specific kinds of feelings and attitudes (affective) are desired?
8. What specific kinds of physical action and skills (psychomotor) are desired?

9. On what critical thinking and decision-making skills will this curriculum focus?

**Step #4 – Select Sexuality Education Curriculum Content**

After developing the intended outcomes, program developers will select the sexuality education content. Unfortunately, many sexuality education programs begin at this step. Such programs often fail because the curriculum selected may not address the needs of the audience or help the learners achieve the desired outcomes.

Sexuality education content can be outlined into the two broad categories of scope and sequence. Scope is defined as what the curriculum includes (i.e., the breadth or expanse of the topics, learning experiences, and/or activities used to help the learner attain the intended outcome), while sequence refers to the “when” of the curriculum topics, lessons, experiences and activities. If the curriculum content is derived from the intended outcomes and developed from the needs assessment, much of the content will already be obvious. In addition, the Georgia QCC Standards can provide guidance on what should be included in the curriculum and when it is best to do so (47).

There are many curriculum development models Georgia teachers may have encountered during their professional careers. Currently, with the focus on the use of Performance Standards in Georgia, many health teachers have been trained in the use of backwards design. While this paper does not attempt to teach this curriculum development method, backwards design is consistent with the philosophy of beginning with the end in mind. Using the intended outcomes developed in Step #3, program developers should: 1) Identify the necessary knowledge students will need to accomplish the intended outcome(s); 2) Identify the performance or skill requirements for each outcome; 3) Identify important attitudinal elements for the outcome; and 4) Organize the knowledge, attitude, skills, aspirations and behaviors into a logical sequence. At the end of this process, program developers will have a “working outline” of the curriculum content.

Program developers could also adopt one of the canned sexuality education programs developed by an outside group or agency. There are several important factors to consider when choosing a sex education curriculum. First, program developers should ask themselves how close the fit is between the canned curriculum and the program’s intended outcomes. If the outcomes are not consistent, the program is unlikely to have a positive impact on the intended audience. Second, the canned curriculum should have undergone thorough evaluation with published results of its impact on students’ knowledge, attitudes and sexual behaviors (48-50). Because these programs utilize a range of theoretical approaches, it is important that the canned curriculum selected align with Georgia’s curriculum standards.

Based on research conducted on the characteristics of effective sexuality and HIV education programs and teen pregnancy prevention programs, Kirby (51) describes ten characteristics of an effective sexuality education curriculum. His research has found that effective programs must: 1) have a narrow focus on very specific behavioral goals such as delaying sexual initiation or using safer sex practices; 2) are based on theoretical approaches (e.g., the theory of reasoned action, cognitive behavior theory, and

the theory of planned behavior) that allow program developers to identify the beliefs, attitudes, norms, confidence and skills of the target audience and specifically address them in the curriculum; 3) provide clear messages about sex and protection against STIs or pregnancy; 4) provide basic, rather than detailed, information about all methods of contraception or STIs; 5) must address peer pressure, including misperceptions of teen sexual behavior and peer norms; 6) provide repeated opportunities for students to work on their communication skills, such as negotiation and refusal skills that can be taught effectively using role play; 7) actively engage student through games, simulations, small group discussions, videos, role play and written exercise to help students personalize the information; 8) is age appropriate and takes into consideration the sexual experience levels and culture of program participants; 9) last 14 or more hours in order to make a lasting impact; and 10) carefully select teachers who believe in the program and train them on program implementation.

Program developers should note that each of these particular characteristics is necessary. Programs that omitted one or more of these characteristics were typically ineffective. Whether evaluating existing curricula or developing a new program, these ten characteristics give insight into elements of an effective sexuality education program in any setting. These characteristics also transcend the current debate on the best approach to sexuality education. For example, these characteristics can exist in an abstinence-based approach or a more comprehensive sexuality education program.

### SUMMARY

School-based sexuality education programs are necessary to help Georgia's young people make informed decisions about sexuality issues. Effective programs encourage good health practices, reduce unintended teen pregnancy and STIs, increase quality of lives, and potentially save lives. To ensure that sexuality education programs are effective, teachers, administrators, students, health care professionals, parents, religious leaders and community members must work together. They need to be actively involved in assessing the sexuality education needs of students in public schools. Program outcomes should be developed based on the needs identified and curriculum standards established by the state. Only then should program developers begin the selection of content for inclusion in the curriculum. Programs should be based on emerging research on effective practices and be of sufficient scope and sequence to meet students learning needs.

After the curricular content is selected, program developers are ready to design the instructional activities to help students achieve their intended outcomes. Much research exists on the elements of effective instruction in sexuality education. The next article in this series will introduce Step #5, Designing Appropriate Experiential Learning Experiences. It will describe an experiential learning model, its components, and its application to sexuality education. In addition, it will present characteristics of effective sexuality educators and how teachers can create a learning environment conducive to discussion of sensitive topics. The article will also address Steps #6 through #9 which represent program implementation.

The first four steps outlined in this paper are not the only way to conceptualize levels of program development, yet together they constitute a purposeful, ordered technique for building a sexuality program that is likely to achieve its intended outcomes, meet state curriculum standards, and be well received by its stakeholders. Each step is an advance on the previous one, so whenever possible, they should be taken in order. Program developers, who do not build on sequential steps and essential program development components, have the potential to lose sight of the big picture. Therefore, they are likely to end up with a sexuality education curriculum with probable shortcomings and often ineffective results.

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# REFEREED ARTICLE

## Service Learning to Enhance Teacher Candidates' Comprehension of Health Education in the Elementary School Health Program

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### ABSTRACT

Service learning is a teaching strategy that links community service experiences to classroom instruction (W.K.Kellogg Foundation, 2006). Teacher education candidates at Georgia Southwestern State University developed a service learning project in which they implemented Healthy Lifestyle Choices (HLC), a behavioral curriculum, in an elementary school in order to address risk behaviors threatening youth today. Process evaluation of the program indicated that reciprocal learning, an essential element of service learning was occurring in candidates and program participants. Reflection indicated interpersonal growth in candidates as well as bonding between candidates and program participants. Teacher candidates and elementary school teachers reported that service learning was an appropriate method for delivering health education to elementary students. Implementing HLC in the public schools in southwest Georgia potentially can reduce the risk behaviors associated with youth mortality and morbidity.

### Introduction to Service Learning

Service learning is a teaching strategy that links community service experiences to classroom instruction (W.K.Kellogg Foundation, 2006). Educators are drawn to service learning because of its potential to enhance students' academic experiences while serving the needs of the community. The National Youth Leadership Council (as cited in California State University Chico, 2006) defines service learning as a teaching method that connects meaningful community service with academic learning, personal growth, and civic responsibility. Service learning is based upon two broad principles: a) the student and the community should be equal beneficiaries of any service activity; and b) participation in service learning should improve academic performance, develop social and civic awareness, and provide gains in personal development (California State University Chico, 2006).

"Service learning is distinguished from broader school-based service as an educational practice that involves the active participation of students in activities that address community needs, is integrated into the academic curriculum, has structured time for reflection, and provides opportunities for the direct application of the knowledge and skills acquired" (Corporation for National and Community Service, 2006, p. 9). The principle of reciprocal learning among service providers and community participants distinguishes service learning from other experiential education methods.

### Essential Elements of Service Learning

Although there are several versions of essential elements for service learning, testing of these elements has shown that among the essential elements of service learning, three elements are fundamental to positive impacts of service learning: a) student reflection on the service learning activities, b) the involvement of students in the planning and implementation of projects, and c) regular service activities that last at least one semester (Corporation for National and Community Service, 2006). The Youth Helping America Series Survey (Corporation for National and Community Service) found that youth who reported participation in service learning with all three quality elements are more than twice as likely to report that their experience had a very positive impact on them (78%) than for those youth who only participate in school-based service (36%). Youth who participated in service learning courses that included reflection, planning, and service that lasts at least one semester were almost three times as likely to believe they can make a difference in their community than youth who participated in school-based service without any of the quality elements of service learning.

The reflection component gives students an opportunity to understand what they have accomplished and learned (Education Commission of the States, 1999). Reflection allows students time to examine themselves and how they fit into the context of service. Service learning can bring together people of diverse populations and incomes around a common purpose that makes a difference in school cultures and communities (Education Commission of the States). One public school principal states that "the power of service learning lies in its ability to initiate the most important learning activity of all, the realization of self" (Education Commission of the States, p. 3). Service learning can potentially impact personal development of school youth as well as lessen their participation in risk behaviors (W.K. Kellogg Foundation, 2006). Coordinated school health programs are an ideal stage for service learning connecting institutions of higher education with K-12 public schools.

### Risk Behaviors in Youth

Public schools are an essential link in community health in that they provide coordinated school health programs which benefit not only students but the community as well (McKenzie, Pinger, & Kotecki, 2005). A coordinated school health program is designed to help young people grow into healthy and productive adults by focusing on the physical, emotional, social, and educational development of children in kindergarten through

12th grade (National Centers for Health Education, 2006). Georgia Southwestern State University (GSW) Health and Human Performance teacher education candidates enrolled in Family Health HPER 3800 developed a service learning project to address risk behaviors identified in youth. These behaviors include tobacco use; dietary patterns that contribute to disease; insufficient physical activity; sexual behaviors that result in HIV infection, other sexually transmitted infections, and unintended pregnancy; alcohol and drug use; as well as behaviors that result in unintentional injuries (Centers for Disease Control and Prevention, [CDC] 2006). Healthy Lifestyle Choices (HLC), a behavioral health curriculum for grades PreK-6 addresses these six behaviors. The service learning project involved GSW candidates implementing HLC in a local elementary school. Healthy Lifestyle Choices is aligned with the National Health Education Standards (American Alliance for Health, Physical Education, Recreation and Dance, 2006), and is proven to increase health knowledge and change behaviors in students (Pacific Institute for Research and Evaluation, 2006).

The researcher believes that children in the public school system in which the elementary school is located are at risk for developing some of the above mentioned behaviors. Research indicates a relationship between socioeconomic status and health: in general, health disparities are often attributed to low socioeconomic status (McKenzie et al., 2005). In the town in which the school is located, 27% of individuals live below the federal poverty level (United States Census, 2007). In households with children between the ages of 5 and 17 years, headed by a female with no husband present, the poverty rate increases to 63%. Health knowledge potentially can affect these statistics in the targeted population of elementary school students in a southwest Georgia rural school.

### **PROJECT GOALS**

The primary goals of the service learning project were:

- To have HPER candidates demonstrate appropriate and effective collaboration, communication, and interpersonal skills with pupils, teachers, parents, administrators and others in the community
- To have HPER candidates demonstrate skills and concepts of health and to demonstrate the ability to incorporate those concepts into an integrated curriculum to facilitate holistic learning as they implement the Healthy Lifestyles Choices curriculum
- To have HPER candidates understand the relationship between becoming skilled reflective learners and decision makers and the GSW School of Education Conceptual Framework holistic learning approach
- To actively involve HPER candidates in the Coordinated School Health Program
- To promote the National Health Education Standards in Sumter County Schools
- To have candidates demonstrate the effective use of instructional technology to foster learning and high levels of pupil achievement.

HPER candidates and faculty followed the four steps of service learning; preparation, action, reflection and demonstration/celebration, in designing the project.

### **PREPARATION**

*Faculty Activities.* The researcher collaborated with the elementary school principal and physical education teachers in planning the service learning project. The researcher presented the principal with an example of how the Healthy Lifestyle Choices Health Curriculum aligned with the Quality Core Curriculum Standards for Health in several elementary grades (see Appendix A). The principal at the elementary school expressed keen interest in the Healthy Lifestyle Choices Behavioral Health Curriculum, as it addressed conflict resolution, an identified health need in the school. There was some concern among the physical education teachers concerning implementing the program during physical education class, as this was the only activity some students engaged in. It was decided by the group that the class would be offered as an after school special program. The program would be conducted twice a week for six weeks.

*Student Orientation.* Several class periods in HPER 3800 Family Health were devoted to service learning. GSW candidates became familiar with service learning and its goals. Candidates completed lessons to help them understand the GSW Performance Standards for Beginning Teachers, The American Alliance for Health Education National Health Education Standards (NHES), and the National Association for Sport and Physical Education National Standards for Physical Education. The Georgia Quality Core Curriculum (QCC) Standards were also introduced. Healthy Lifestyle Choices has an online training course for those who will be implementing the course. Candidates were given the link (<http://www.hlconline.org/favicon.ico>) to the online training and completed the training on their own.

Candidates reviewed the curriculum in class and were able to choose the unit that they wished to teach. Several class periods were devoted to preparing the lessons. The HLC curriculum was already aligned with the National Health Education Standards. The candidates had to align their unit with the appropriate NHES and the appropriate QQC standard. The standard tables were then included in their journal.

### **ACTION AND REFLECTION**

The Healthy Lifestyle Choices class began at the elementary school on Feb. 5, 2007 and ran until March 22, 2007. A permission slip was sent home to all of the parents preceding the class. The units incorporated into the program included Life Skills, Conflict Resolution, Nutrition, and Fitness. Life Skills and Conflict Resolution included information on developing a positive self image, strategies for decision making and working as a team, as well as information on support systems. These decision making and personal skills gained through HLC affect all six of the risk behaviors identified by CDC.

*Demographics of program participants.* The class was limited to 15 students. The group consisted of 7 boys and 8 girls from the third, fourth, and fifth grade. Ethnic composition of

the group included one Caucasian, one Latin American, and 13 African Americans. The socioeconomic status of the group is below the national average. In 2000, the median household income in the Georgia city in which the elementary school is located was \$26,808.00 compared to \$41,994.00 in the United States (United States Census, 2007). Due to the socioeconomic status within the county, all children enrolled in public school receive free breakfast and lunch. Since the program was offered as an after school elective, participants in the program had to provide their own transportation home. Aside from the transportation factor, the group of 15 students was representative of the elementary school population in the Georgia county in which the study was conducted.

The researcher accompanied the GSW candidates to all classes. Each candidate was provided with a written plan of remediation when appropriate addressing weaknesses in their presentation or teaching style. These plans were then discussed with the researcher to improve upon their future performance. Each candidate kept a written journal reflecting upon their experiences in the school. These were handed in and graded at the conclusion of the course. An appropriate rubric was developed by the researcher for grading the journals (see Appendix B).

### PROJECT EVALUATION

The outcomes of the project were evaluated by the GSW candidates, the elementary physical education teachers involved with the project, and by the researcher. The elementary teachers completed a questionnaire designed by the researcher to evaluate the process of service learning in meeting the stated objectives. Originally a focus group setting had been planned for this portion of the evaluation, however due to time constraints; the evaluation was conducted by email and telephone conversations. At the conclusion of the program the GSW candidates completed a questionnaire to evaluate how the program met stated objectives. The questionnaire consisted of both closed and open-ended questions. Finally, the GSW candidates kept a journal throughout the program addressing all aspects of the program from standards alignment to reflections on daily lessons.

*Elementary school teachers' evaluation.* The elementary teachers reported that most of the GSW candidates involved in the program demonstrated appropriate and effective collaboration, communication and interpersonal skills with pupils, teachers, and parents of pupils enrolled in the Healthy Lifestyle Choices Program. The elementary teachers often posed suggestions during lessons to assist GSW candidates in delivering information and managing the classroom. The suggestions were well received by the candidates as constructive in nature. The teachers indicated that the HLC program met some of the school's objectives for a coordinated school health program, and that the components of the National Health Education Standards were well incorporated into the program. The teachers agreed unanimously that the GSW candidates demonstrated skills and knowledge of health concepts. These findings are similar to those found in an evaluation of the Learn and Serve America Higher Education Program (LSAHE). Staff from community organizations participating in LSAHE programs perceived

the service hours as useful in meeting community needs and believed that the student volunteers helped them reach their organization's goals (Gray, 1999). In the Healthy Lifestyle Choices Program the elementary teachers also indicated some weaknesses in the program.

The GSW candidates did not always demonstrate decision making skills, as they were not prepared to modify their lessons on the spot. They had to rely on the researcher or the teachers when the situation called for change. The teachers suggested that the candidates have lessons planned far enough in advance to meet with teachers to discuss the lessons before they are actually taught to the children. Another area of weakness involved use of technology in delivering the lessons. HLC offers computer games and other online accessible materials. None of the GSW candidates chose to use the computer games, even though the school had made arrangements for them to use the computer lab. A possible solution to this is for the researcher to require use of at least one interactive computer game.

There was some discrepancy between the teachers' and the GSW candidates' evaluation of the after school setting as an effective method of delivering the Healthy Lifestyles Choices program. The teachers indicated that the after school setting was not an appropriate method of addressing the Healthy People 2010 objectives relating to the health of children. They felt that more students needed to be involved in the program. When asked to indicate how strongly they agreed or disagreed with the statement "the after school setting was effective for delivering the content (of the HLC program)", 46% of the GSW candidates indicated that they strongly agreed with the statement and 26% indicated that they somewhat agreed. Future initiatives should focus on strategies to involve more elementary students in the program.

*GSW candidate survey.* The survey completed by the GSW candidates contained four questions made up of subscales pertaining to each of the four stages of service learning; preparation, action, reflection, and demonstration/celebration. Fifty three percent strongly agreed that they gained enough information to establish a need to address the risk behaviors identified by CDC (CDC, 2006) in the elementary school population, and 46% somewhat agreed they could establish a need to address the risk behaviors. The candidates also understood the connection between the Georgia Core Curriculum Standards and the objectives of the HLC program. Sixty percent of candidates indicated that the alignment of the state standards required by Georgia with the lessons in HLC was clear and explained and 26% strongly agreed that the alignment was clear and explained. These findings are consistent with research on the impact of service learning on academic learning. A research report from the W.K. Kellogg Foundation's Learning in Deed Initiative (W. K. Kellogg Foundation, 2006) indicated that service learning helps students acquire academic skills and knowledge. They reported that service learning participation was associated with higher scores on the state test of basic skills (Anderson, Kinsley, Negroni, & Proce, 1991) and higher grades (Shumer, 1994; Shaffer, 1993; Dean & Murdock, 1992; O'Bannon, 1999). The results of the preparation section of the

questionnaire indicated that the GSW candidates understood the state standards, and were ready to implement them in the HLC after school program.

*Pupil engagement.* HLC appeared to be an effective curriculum for pupil engagement. Sixty six percent of the candidates indicated that the activities and games provided in HLC kept the participants engaged in the learning experience and 73% strongly agreed that the units in HLC appeared to be of interest to the majority of participants involved. These findings are consistent with the description of coordinated school health education as being “designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors” (McCord, Klein, Foy, & Fothergill, 1993). One possible contributing factor to pupil engagement may have been the ratio of instructors to children. There were usually at least two GSW candidates present as well as the researcher and at least one elementary PE teacher. The average class size was about 15 students. Eighty percent of candidates strongly agreed that the ratio of instructors to children proved beneficial in providing individualized attention to participants.

*Assessment of student learning.* The HLC curriculum contains several different types of assessments to measure impact of the units on student learning. The GSW candidates were required to include one formal assessment (i.e. quiz), and one performance assessment in their service learning journal. The performance assessments included scenarios in which the students acted out their responses in theoretical situations. The responses reflected behavioral models for being assertive and making decisions, as well as identifying supportive companions. In addition to the quizzes, the formal assessments might include questions posed to the group in the Think About It! section at the end of each lesson. The GSW candidates discussed the assessments in their journals; however no group data were collected as part of this project. One hundred percent of GSW candidates indicated on the survey that reciprocal learning was taking place in the program, and 60% of candidates indicated that the distinction between learner and teacher disappeared during the celebration as students demonstrated learned behaviors through skits and formal assessments. Future research will focus on more formal assessment of student learning in the HLC program.

*GSW School of Education conceptual framework connection.* The candidates embodied Skilled, Reflective Decision Makers (Georgia Southwestern State University School of Education, 2006) as 66% of the candidates indicated that through reflection they were able to better their communication techniques based on feedback from participants. Forty percent of candidates somewhat agreed and 33% strongly agreed that keeping the journal was beneficial in evaluating each day’s experience. Sixty percent indicated that reflection was somewhat helpful in identifying individual needs among participants, and 60% somewhat agreed that reflection was helpful in evaluating participants’ progress. These findings are consistent with Dewey’s belief (as cited in Kolb, 1984) that “the reflection

accounted for the difference between simply knowing something and understanding that something.”

*Celebration.* At the conclusion of the project, a celebration was held and parents of the children were invited to attend as well as other members of the GSW community. Refreshments were provided, and the classroom resembled a party atmosphere for the children. The children responded to questions posed by the GSW candidates regarding recent lessons. The children also composed little skits depicting health behaviors and performed them for the audience. The Celebration addressed an additional component of the coordinated school health program, family and community involvement. Involving the family and the community in activities that link to the classroom can positively impact academic achievement, reduce school suspension rates, and improve school related behaviors (Allen, Philliber, Herrling, & Kupermine, 1997; Nettles, 1991).

Reciprocal learning was evident in that 40% of candidates strongly agreed and 20% somewhat agreed that the distinction between teacher (GSW candidate) and learner (participants) became less distinct as the celebration unfolded. GSW candidates unanimously agreed that reciprocal learning was evident in the program. Reciprocal learning is one of the principles upon which service learning is based (California State University Chico, 2006). It appeared from the GSW candidates journal entries that they were learning at least as much from the students as the students were learning from them. In their journal entries several GSW candidates indicated that the relationships they shared with the students in their program were in some cases unexpected. GSW candidates were not prepared for the strong emotional ties that they experienced with the program participants. When school was interrupted by the tornado and the class was postponed for a week, one GSW candidate wrote in his journal that he could not believe after just one session with the kids that he could miss them so much. Many journal entries referred to how much the GSW candidates felt they were learning from their students. GSW candidates learned about the students’ aspirations, their fears, and daily challenges that they faced. These findings are consistent with Billig’s findings (as cited in W.K. Kellogg Foundation, 2006) that service learning has a positive effect on students’ interpersonal development and the ability to relate to culturally diverse groups. The GSW candidates also indicated that the students seemed to enjoy having them as role models.

Approximately 50% of participants and community members expressed interest in continuing the program at a later date. The parents who attended the celebration were pleased with their child’s participation in the program. The parents attending the celebration thanked the GSW candidates and the researcher for taking time to prepare the program for their children. Elementary physical education teachers indicated that most parents of participants thought HLC choices was a wonderful program and said that their children came home talking about what they had done each day. Approximately 75% of GSW candidates indicated that it was evident during the

celebration that a community need had been met through the use of HLC curriculum.

The GSW candidates indicated that they would unanimously support the HLC curriculum in after school programs in Southwest Georgia as an effective tool in addressing risk behaviors in youth. The GSW candidates felt that they could make a difference in the lives of youth, a common finding in research on service learning and youth (Cairn, 1999; O'Bannon, 1999). The findings of the survey are encouraging in that GSW Health and Human Performance candidates will be experienced in the use of effective behavioral health education curricula (Pacific Institute for Research and Evaluation, 2006). Research indicates that students who participate in health education classes that utilize effective curricula decrease risky behaviors relative to the program (Botvin, Griffin, Diaz, & Ifill-Williams, 2001; Dent et al., 1995). Eighty six percent of candidates strongly agreed that service learning is an effective teaching method in getting information on risk behaviors to youth in rural settings. The HLC service learning project increased candidates comprehension of the coordinated school health program, as 86% indicated an improvement in their comprehension of coordinated school health at the conclusion of the project.

### **Strengths and Weaknesses of Service Learning and HLC**

GSW candidates were asked to list any strengths or weaknesses they perceived in service learning as a teaching method to deliver health education curriculum. The theme that was most prevalent as a strength of the program involved student centered learning and hands on activities that were included in the HLC curriculum. Students' being able to relate well to college students as leaders was also mentioned by several candidates as a perceived strength of the program.

A recurring theme as a weakness was lack of adequate time to deliver the curriculum. Many candidates indicated that they felt they could be more effective with the HLC curriculum if they had more time for each class. Some candidates lost days of instruction due to the tornado that hit Americus in April. Other perceived weaknesses included weaknesses in the candidates themselves such as lack of adequate planning, failing to have a backup plan, and lack of professionalism. Future programs will focus on eliminating or decreasing the prevalence of some of the above mentioned weaknesses.

When asked what they perceived as the greatest health-related need of youth in the school population that they worked with on this project, the majority of GSW candidates indicated violence prevention. The elementary school principal perceived conflict resolution as being the most appropriate unit from the HLC curriculum for her school population. These findings reinforce the need for health education classes that utilize effective curricula like HLC. These programs will decrease risky behaviors relative to the program (Botvin et al, 2001; Dent et al, 1996). Students who develop a positive affiliation of social bonding with school are also less likely to be involved with misconduct at school (Reynolds, Temple, Robertson, & Mann, 2001). Service learning provides an adequate framework for addressing youth violence (Education Commission of the States, 1999). Implementing HLC in the public schools in

southwest Georgia potentially can reduce the risk behaviors associated with youth mortality and morbidity.

### **SUMMARY**

Healthy Lifestyle Choices Behavioral Health Curriculum was used in a service learning project for HPER 3800 Family Health. The GSW teacher education candidates implemented the curriculum in an elementary school in order to address risk behaviors threatening youth today. Reflection was an important aspect of the program as GSW candidates kept a reflective journal cataloging the day's activities. Process evaluation of the program indicated that reciprocal learning was occurring, and the community seemed well pleased with the program. Interpersonal growth in the GSW candidates was a rather unexpected finding among themselves. The Candidates bonded with the students as they interacted with them in games and other activities. The candidates and the elementary teachers felt that service learning was an appropriate method to deliver health education to the children. Finding an appropriate time in which more students could be reached was a potential problem with the design used in this study. Future research will focus on reaching a larger number of students in order to impact their health behaviors. No data was collected on students, as that was not the focus of this project. Findings indicate that GSW health and human performance candidates agree that service learning is an appropriate way for them to learn about health education, state and national standards, and professionalism. The experience of actually interacting with diverse learners rather than reading about their characteristics was an unequaled educational experience. Future research will focus on improving the logistics of the program, as well as collecting data on health behaviors in program participants.

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## Appendix A

### Alignment of the National Health Education Standards with The Quality Core Curriculum Standards for Grades 3, 4, & 5

National Health Education Standard	QCC Standards Grade 3 Health	QCC Standards Grade 4 Health	QCC Standards Grade 5 Health
<p>1. Students will comprehend concepts related to health promotion and disease prevention</p>	<p>2. Assesses the physical, mental, and social consequences of using alcohol, tobacco products, and other drugs</p> <p>4. Discusses circulatory and respiratory diseases/illnesses (Tuberculosis, heart disease, stroke, etc.) and discusses methods of prevention.</p> <p>7. Identifies the parts of the circulatory and respiratory systems and summarizes how they work.</p> <p>10. Explains why accepting responsibility and making positive choices (e.g., do legal things, don't steal, don't cheat) help develop a healthy self concept.</p> <p>15. Explains relationships among food, energy, and health.</p> <p>21. Identifies threats to personal safety (e.g., Child abuse, sexual and physical abuse, neglect and emotional abuse)</p> <p>22. Identifies local support system concerning personal safety (e.g., family, teacher, religious advisor, friend, and counselor).</p>	<p>1. Examines the effects of tobacco products on the respiratory and circulatory systems</p> <p>2. Explains the harmful effects of drugs such as inhalants, alcohol, and hallucinogens and marijuana.</p> <p>3. Explains the importance of safe and appropriate use of prescription and over the counter drugs, including vitamins</p> <p>5. Recognizes digestive diseases/illnesses and discusses methods of prevention</p> <p>7. Relates how personal health practices dealing with nutrition, disease prevention, alcohol, tobacco products, and other drug use affect functions of the digestive system.</p> <p>8. Identifies positive and negative peer pressure.</p> <p>12. Describes and debates consequences of healthy and harmful friendship choices.</p> <p>13. Identifies age-appropriate dietary guidelines</p> <p>16. Recognizes the role of proper food storage and preparation in the prevention of illness</p> <p>17. Relates the influence of rest, food choices, exercise, sleep, and recreation on a person's well being</p> <p>19. Predicts the consequences of individual behavior related to accidents and injuries</p> <p>21. Identifies threats to personal safety.</p>	<p>1. Summarizes the dangers of taking medicines or drugs.</p> <p>2. Discusses terms: side effects, overdose, dependence, tolerance, addiction, drug misuse, drug abuse, legal, and illegal drugs.</p> <p>7. Recognizes diseases/illnesses (e.g., diabetes, growth hormone abnormalities, and hepatitis) that affect the endocrine/immune system and discuss methods of prevention.</p> <p>8. Describes the difference between communicable and noncommunicable diseases.</p> <p>9. Identifies some of the ways to prevent the spread of communicable diseases (e.g., inoculation, and quarantine).</p> <p>10. Recognizes the basis concept of how our immune system works.</p> <p>11. Understands that the most important change of puberty is that young people become capable of childbearing.</p> <p>12. Recognizes the importance of the role that both mothers and fathers play in the nurturing, guidance, care and support of a child.</p> <p>13. Recognizes that having a child involves a commitment on the part of both mother and father to nurture, guide, care for and support the child.</p> <p>14. Identifies the parts and major functions of the endocrine system.</p>

Appendix A (continued)

			<p>16. Describe changes that occur during puberty (physical, emotional, social).</p> <p>17. Defines stress and identifies its causes and physiological and psychological effects.</p> <p>18. Demonstrates and /or proposes ways to manage stress and adapt to change.</p> <p>20. Determines the functions and sources of each of the six nutrients (carbohydrates, proteins, fats, vitamins, minerals, and water).</p> <p>22. Explains dietary disorders and health problems associated with nutrient deficiencies and excesses.</p> <p>24. Describes risk factors for heart disease and proposes strategies for their prevention and techniques for controlling them.</p> <p>27. Identifies threats to personal safety (e.g., child abuse, sexual and physical abuse, neglect and emotional abuse).</p>
<p>2. Students will analyze the influences of family, peers, culture, media, technology and other factors on health behaviors</p>	<p>5. Examines ways family members can work together to accomplish a task and resolve conflict.</p> <p>14. Associates influence of cultural background on food choices.</p>	<p>8. Identifies positive and negative peer pressure.</p> <p>9. Explains how to assertively deal with negative peer pressure</p> <p>10. Practices appropriate negotiation skills to resolve conflict</p> <p>11. Names and practices skills that communicate care, consideration, and respect of self and others, including those with disabilities</p> <p>12. Describes and debates the consequences of healthy and harmful friendship choices</p> <p>22. Identifies local support system concerning personal safety</p>	<p>3. Identifies ways various forms of media, such as movies, glorify drug use.</p> <p>5. Discusses and practices how to resist peer pressure.</p> <p>12. Recognizes the importance of the role that both mothers and fathers play in the nurturing, guidance, care and support of a child.</p> <p>13. Recognizes that having a child involves a commitment on the part of both mother and father to nurture, guide, care for and support the child.</p> <p>28. Identifies local support system concerning personal safety (e.g., family, teacher, religious advisor, friend, and counselor).</p>

**Appendix A (continued)**

<p>3. Students will demonstrate the ability to access valid information and products and services to enhance health</p>		<p>4. Critiques advertisements and commercials that encourage the use of medicines, alcohol, and tobacco products.</p> <p>13. Identifies age-appropriate dietary guidelines</p> <p>14. Evaluates personal diet based on recommended dietary guidelines and the food guide pyramid.</p> <p>16. Recognizes the role of proper food storage and preparation in the prevention of illness.</p>	<p>4. Locates sources of help for individuals who have problems with alcohol, tobacco products, and other drugs.</p> <p>19. Interprets USDA nutritional facts on food labels.</p> <p>21. Distinguishes between fact, fiction, and opinion about nutrition and discusses how marketing affects our perceptions of the facts.</p>
<p>4. Students will demonstrate the ability to use interpersonal communication skills to enhance health</p>	<p>3. Applies decision making steps to avoid threatening situations.</p> <p>5. Examines ways family members can work together to accomplish a task and resolve conflict.</p> <p>6. Recognizes the importance of discussing health issues with one's family.</p> <p>9. Demonstrates how listening skills can be used to build and maintain healthy relationships.</p> <p>11. Recognizes causes of stress and applies effective problem-solving skills (e.g., deep breathing, exercising, talking to someone, and organization)</p> <p>12. Discusses the importance of refusing assertively (e.g., drugs, strangers)</p> <p>13. Demonstrates non-verbal communication</p> <p>22. Identifies local support system concerning personal safety (e.g., family, teacher, religious advisor, friend, and counselor).</p>	<p>9. Explains how to assertively deal with negative peer pressure</p> <p>10. Practices appropriate negotiation skills to resolve conflict</p> <p>11. Names and practices skills that communicate care, consideration, and respect of self and others, including those with disabilities</p> <p>22. Identifies local support system concerning personal safety</p>	<p>5. Discusses and practices how to resist peer pressure</p> <p>6. Practice peer leadership skills by creating healthy alternatives to drug use.</p> <p>28. Identifies local support system concerning personal safety (e.g., family, teacher, religious advisor, friend, and counselor).</p>

**Appendix A (continued)**

<p>5. Students will demonstrate the ability to use decision making skills to enhance health</p>	<p>1. Proposes healthy and enjoyable alternatives to using alcohol, tobacco products, and other drugs</p> <p>3. Applies decision making steps to avoid threatening situations.</p> <p>8. Relates personal health choices (involving nutrition, alcohol, tobacco products, and other drugs, and disease prevention) to the functions of the circulatory and respiratory systems.</p>	<p>8. Identifies positive and negative peer pressure.</p> <p>9. Explains how to assertively deal with negative peer pressure</p>	<p>6. Practice peer leadership skills by creating healthy alternatives to drug use.</p>
<p>6. Students will demonstrate the ability to use goal setting skills to enhance health</p>		<p>18. Sets a personal health goal based on an individual health risk assessment, and makes progress towards its achievement.</p> <p>14. Evaluates personal diet based on recommended dietary guidelines and the food guide pyramid.</p>	<p>18. Demonstrates and/or proposes ways to manage stress and adapt to change.</p> <p>23. Creates a one day food plan based on the food guide pyramid and the USDA guidelines.</p>

**Appendix A** (continued)

<p>7. Students will demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks</p>	<p>9. Demonstrates how listening skills can be used to build and maintain healthy relationships.</p> <p>13. Demonstrates non-verbal communication</p> <p>17. Demonstrates procedures for good personal grooming (emphasizing prevention, intervention, and treatment of head lice).</p> <p>18. Demonstrates knowledge of bicycle safety laws.</p> <p>19. Applies appropriate accident prevention strategies when around electricity, firearms, fireworks, and water.</p> <p>20. Applies appropriate first aid procedures for treating and reporting common injuries (e.g., wounds, choking, and poisoning).</p> <p>21. Identifies threats to personal safety (e.g., Child abuse, sexual and physical abuse, neglect and emotional abuse)</p> <p>22. Identifies local support system concerning personal safety (e.g., family, teacher, religious advisor, friend, and counselor).</p>	<p>2. Explains the harmful effects of drugs such as inhalants, alcohol, and hallucinogens and marijuana.</p> <p>3. Explains the importance of safe and appropriate use of prescription and over the counter drugs, including vitamins.</p>	<p>5. Discusses and practices how to resist peer pressure</p> <p>6. Practice peer leadership skills by creating healthy alternatives to drug use.</p> <p>23. Creates a one day food plan based on the food guide pyramid and the USDA guidelines.</p> <p>24. Describes risk factors for heart disease and proposes strategies for their prevention and techniques for controlling them.</p> <p>25. Develops strategies and skills for maintaining an adequate level of personal hygiene, emphasizing changes during puberty.</p> <p>26. Applies appropriate first aid procedures to common injuries occurring in the home, school and community (e.g., proper responses to breathing and choking problems, bleeding, shock, poisoning, and minor burns, and universal precautions to be taken when dealing with other people's blood).</p> <p>28. Identifies local support system concerning personal safety (e.g., family, teacher, religious advisor, friend, and counselor).</p>
<p>8. Students will demonstrate the ability to advocate for personal, family and community health</p>			

**Appendix B**  
Rubric Service Learning Journal

<b>Item</b>	<b>Criteria</b>	<b>Points</b>
Identifies a need in the community	Candidate identifies the correct stage of service learning involved and states a clear need in the population (elementary or high school level) that can be met through use of the health curriculum. Include a bibliography in APA style.	1
Daily Class activities including reflection on the lesson	Candidate discusses the daily activities. Discussion includes your feelings on the day's lesson, as well as what did or did not go right. Include a copy of the lesson along with any enrichment used in delivering the lesson.	2
Alignment of each unit with the National Health Education Standard and the correct QCC standard and/or NASP standard	In table format indicate alignment of the unit with the appropriate standards.	1
Coordinated School Health Program Connection	Discuss how the project is relevant to the concept of the coordinated school health program	1
GSW School of Education Conceptual Framework	Discuss how the project is relevant to the GSW School of Education Conceptual Framework	1
Instructor self evaluation One performance assessment and one formal assessment used in the project.	One self evaluation for each unit. Performance assessment Formal assessment	1
Video and reflective writing	Student includes a video of performance along with his written reflection based on the video	
Journal Total		7
Self Evaluation of total project		3
Project total		10