The Department of Health, Physical Education, and Sport Science at Kennesaw State University offers a Master’s degree in Applied Exercise and Health Science. This graduate level professional program prepares students to engage in a variety of leadership positions in the increasingly challenging health and fitness fields. Graduates will demonstrate an in-depth understanding of complex problems associated with fitness and health promotion as well as possess the knowledge and skills to develop, implement, supervise, and evaluate effective exercise and health promotion programs.

**Deadline for program admission: April 1, June 1, December 1**

**To apply go to:** [www.kennesaw.edu/graduate/admissions](http://www.kennesaw.edu/graduate/admissions)

For more information, please go to:
[http://www.kennesaw.edu/hps/graduate/](http://www.kennesaw.edu/hps/graduate/)

or contact:

Dr. Ping H. Johnson, Coordinator  
Kennesaw State University  
Department of Health, Physical Education, and Sport Science  
1000 Chastain Road, MB# 0202  
Kennesaw, GA 30144-5591  
(770) 423-6216  
pjohnso2@kennesaw.edu

Students love the energy and action of Jump Rope For Heart and Hoops For Heart. But schools love these fun events for the lessons they teach. Like the benefits of physical activity, the satisfaction from community service, and the importance of fighting heart disease and stroke.

Learn more about how your kids can support cardiovascular research and save lives. Call 1-800-AHA-USA1 or visit americanheart.org.

Did you know?

- Obesity and physical inactivity are major risk factors for cardiovascular disease.
- More than 9 million children and adolescents ages 6-19 are overweight or obese and 23 percent get no exercise.
- Obesity among our nation’s youth has tripled in the last two decades.
- Overweight adolescents have a 70 percent chance of becoming overweight adults.
- On average, American children and adolescents spend nearly 4 hours watching television every day.
- Children and adolescents should get at least 60 minutes of physical activity every day.

Jump Rope For Heart and Hoops For Heart benefit the American Heart Association and are co-sponsored by the American Alliance for Health, Physical Education, Recreation and Dance.

©2005, American Heart Association. Also known as the Heart Fund.
**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.

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The GAHPERD Journal is printed by:
Canterbury Press
Marietta, Georgia

Editor

Mike Tenoschok
Mt. Paran Christian School
What a year we are having! It is hard for me to believe that another school year is almost over. As I reflect on my year I find myself smiling at the many things my students have accomplished, and wondering how much further they would have gone if we all could have been our best everyday. While there is no way for everyone to be on the “A game” everyday, it is a great goal to strive for. Just think what could have been if your favorite college basketball team had played their best games in the NCAA tournament. I think those of you who pull for UNC are smiling a little bigger than the rest of us. Lets all strive to make everyday and “A game” day.

I have no idea how many of you where able to attend the AAHPERD Convention in Tampa, but it was a great experience. I urge each of you to join the American Alliance of Health, Physical Education, Recreation and Dance, because this is our voice on the national level. Our national association is ever vigilant in advocating for the active of all people and has a finger on the pulse of our nation’s law makers. I learned that 1 in 5 of the federal stimulus money if directed to preventive health care. AAHPERD is making sure that our national leaders know that we are the grassroots of preventive health care and that if this money is allocated properly we will impact the future of our nation’s health.

For matters closer to home, GAHPERD has been active since we hosted the largest health, physical education, recreation and dance conference in the state for the 2008-09 school year. We are currently redoing our website. We are hoping that it will be totally operational by the end of May, but if it is not please be patient. In March we had a great Leadership Development Conference for our Executive Board Members. Dr. Donna Dunaway, the Southern District of AAHPERD Executive Director and Dr. Donna Hester brought us a great program that educated us about life past the state level and challenged each of us to strive to be better leaders.

So what is next? We are well into planning for the 2009 GAHPERD Convention to the held in November at the Atlanta Marriott Northwest. We are always looking for new ideas, so why don’t you come and present to us. We look forward to hearing from people just like you because you know what works in the classroom. If you have not already sent in a Convention Proposal form then I urge you to do so. The form is on the website and in most of our publications. This years theme is “Intentional Growth, Professionalism, and Service” and we need you to help us grow. If you have not asked someone to join GAHPERD, we need you to. I know that many of you are thinking that in these economic times people will not want to pay the membership fee. The economy is the very reason we need each practitioner in the state to join. We need show those who make the decisions as to who gets the limited funds that we are very serious about the impact we have on the future of our students and the states physical wellness. Think of it this way, for less than $3 a month we get more voices in our choir that has the budget makers ears.

If I can ever be of any assistance please feel free to email me at dmarett@hart.k12.ga.us.

Cecil Marett
GAHPERD President
Georgia Association for Health, Physical Education, Recreation, & Dance

Calendar of Events

IMPORTANT DATES

May 28-30, 2009  GAHPERD Summer Institute, Mt. Paran Christian School, Kennesaw, GA
October 31-Nov. 3, 2009  GAHPERD Convention, Atlanta Marriot NW (Cobb)
February 10-14, 2010  SDAAHPERD Convention, Myrtle Beach, SC
March 16-20, 2010  AAHPERD Convention, Indianapolis, IN
November 6-9, 2010  GAHPERD Convention, Desoto Hilton Savannah
February 16-20, 2011  SDAAHPERD Convention, Greensboro, NC
March 15-19, 2011  AAHPERD Convention, San Diego, CA
October 22-25, 2011  GAHPERD Convention, Atlanta Marriot NW (Cobb)
March 13-17, 2012  AAHPERD Convention, Boston, MA
November 10-13, 2012  GAHPERD Convention, Desoto Hilton Savannah

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:

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One Voice...One Mission
AAHPERD 2009 National Convention Tampa, FL
by: Stephanye Peek

Wow! I am energized by attending my first AAHPERD Convention in Tampa from March 31 to April 4. I was a little overwhelmed when I received my book of over 700 programs at registration. Thankfully the book was very organized and was marked for easy view with day by day programs starting with Tuesday - Saturday. I was proud to wear my badge as it included many colorful ribbons that included a Jump Rope for Heart Coordinator ribbon, Delegate to Southern District AAHPERD, Alliance Assembly Delegate ribbon, and an Award Recipient ribbon.

It was truly an honor to meet up with some familiar faces such as Kim Thompson, Cecil Merritt, Cerie Godfrey, Shannon Williams, Michael Wilson, Jacque Harbison, Patty Johnson, and Jeanne Huck. While I attended the convention I met Monica Mize (AAHPERD President ’09); John Bennett (AAHPERD Past President’08); Bea Oar (Centennial AAHPERD President ‘85 in Atlanta); Milton Wilder (Southern District AAHPERD President ’09); Dana Brooks (AAHPERD President ’10 - He will be our keynote speaker at our GA AHPERD Convention in Atlanta, Oct. 31 - Nov.3, 2009); and Suzy Corace (Florida AHPERD President ’09) and more. The exhibit hall was grand with lots of the latest HPERD equipment and the newest publications.

This year’s theme for the convention was “Many Voices... One Mission”, speaks to the need for the many voices of our members and to achieve our mission which is “to promote and support leadership, research, education, and best practices in the professions that support creative, healthy, and active lifestyles”.

I am energized to be the best president-elect of Georgia AHPERD, so join me and let’s stay active and fit for life for an organization that supports you! Please Check out a few of the pictures I was able to capture during my short stay in Tampa. Mark your calendars for the following upcoming events:

Oct. 31 - Nov. 3, 2009 - Georgia AHPERD Convention - Atlanta Georgia
Feb. 10 - 14, 2010 - Southern District AHPERD Convention - Myrtle Beach, SC - “Into the Wind” with our own Executive Director, Jacque Harbison, presiding as President.
March 16-20, 2010 - AAHPERD Convention - Indianapolis, Indiana - 125 years Anniversary - “Strength through Partnership”

Congratulations to the following who received Awards:
2009 National Jump Rope for Hear Coordinator - Jeanne Huck - Chalker Elementary, Cobb County Schools
2009 National Adapted Physical Education Teacher of the Year - David Martinez - Cherokee County Schools
2009 Taylor Dodson Award - Shannon Williams - Health and Physical Education Coordinator of DeKalb County Schools
Instructions and Deadlines - 2009 GAHPERD Awards

Eligibility: Initial eligibility for all applicants is current membership in GAHPERD. However, some awards require a minimum number of years of continuous membership in GAHPERD and/or AAHPERD. Descriptions of eligibility requirements can be found in the individual award applications. If you need more information about membership in GAHPERD please check the GAHPERD website.

How to Apply: All award applications are available from this website or may be requested by completing the Nomination Form and forwarding/faxing the form to the name and address provided.

Qualifications for Awards: Take time to read carefully the criteria and qualifications of the award of interest as it is easy to overlook details! Each award has unique criteria, and some include specific instructions describing what constitutes an acceptable response. Examples of specifications might be limitations on the number of pages, a minimum/maximum number of letters of reference, writing to a specific number of criteria, providing a videotape of a lesson, inclusion of a vita, etc. Your application must be a complete one at the time of submission to be considered for the award.

Special note: A videotape is REQUIRED along with the written application for either of the National Dance Awards (NDA). The videotape described in the National Association for Sport and Physical Education (NASPE) awards is not required unless the GAHPERD award winner is also chosen as the Southern District winner. In this case, the district winner will be notified in plenty of time to produce the videotape in advance of the AAHPERD National Convention.

GAHPERD has assisted winners of the state teacher/professional of the year awards by providing a small stipend to help defray expenses at the next level of review. In return, GAHPERD requests that winners present a session at the GAHPERD convention one year later. However, if you choose not to receive the stipend, you are not obligated to present a program.

Deadlines for Requesting and Submitting Applications
Applicants should allow ample time to develop and assemble quality materials to support their eligibility and qualifications as specified by the award for which they apply. By the same token, all dates for receipt of requests and applications are firm because of the need to coordinate a complex process within a limited time period. Please be mindful of:

Due Date For Nominating Individual: July 13, 2009
(to guarantee sufficient time for correspondence and return of completed application)
Due Date For Submission of Completed Application: August 7, 2009

Where to Send Completed Application: Only hard copy applications and original letters of recommendations (if applicable to the award) will be accepted. Please do not send any materials as e-mail attachments or faxes. Check carefully before mailing to be sure that all required materials are included and that the application has a professional appearance.

GAHPERD awards are a combination of AAHPERD, Southern District, and GAHPERD-only awards. To avoid confusion, disregard a reference to any name and address listed in the award application. Instead, mail the completed application by the deadline to:

Beverly Mitchell
Kennesaw State University, MB #0129, Bldg. #1 Room 3002, 1000 Chastain Rd., Kennesaw, GA 30144
AWARDS NOMINATIONS
GEORGIA ASSOCIATION FOR HEALTH, PHYSICAL EDUCATION, RECREATION, AND DANCE 2009

Please take a few minutes and consider nominating individuals whom you feel are qualified for any one of the many GAHPERD awards. If you will provide a name and address, we will send a personal letter inviting the individual to apply. Use this form to nominate one or more individuals. Use the first block to provide YOUR name and address. Applications and instructions are available at http://www.gahperd.org/home/default.aspx

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GAHPERD AWARDS

**GAHPERD**

- Advocate of the Year
- Award of Excellence in PE
- Honor Award
- Robert W. Moore Professional Recognition
- Clyde Partin Distinguished Service Award

**DANCE**

- College/University Dance Educator
- K-12 Dance Educator

**HEALTH**

- College/University Health Professional
- K-12 Health Professional of the Year

**GENERAL**

- Athletic Director of the Year
- College/University PE Teacher of the Year
- Intramural Director of the Year
- Pathfinder
- Outstanding Student Majors’ Club
- Recreation Specialist of the Year
- Undergraduate Student Scholarship
- Young Scholar Award

**PHYSICAL EDUCATION**

- Elementary PE Teacher of the Year
- Middle School PE Teacher of the Year
- Secondary PE Teacher of the Year
- Adapted PE Teacher of the Year (P-12)

Please Use Back Of Form For Additional Names.

MAIL TO: Beverly F. Mitchell, Kennesaw State University, MB #0129, 1000 Chastain Rd., Kennesaw, GA 30144
E-MAIL: bmitchel@kennesaw.edu
FAX: 770-423-6527

DEADLINE FOR RECEIPT OF NOMINATIONS: JULY 14, 2008
DEADLINE FOR RECEIPT OF APPLICATIONS: AUGUST 8, 2008
FACTS
Learning for Life
Health Education in Schools

OVERVIEW
Health education is integral to the primary mission of schools. It provides young people with the knowledge and skills they need to become successful learners and healthy and productive adults. Increasing the number of schools that provide health education on key health problems facing young people is a critical health objective for improving our nation’s health. Most states and districts have adopted a policy stating that schools will teach at least 1 of the following 13 topics:

- Alcohol or other drug-use prevention
- Asthma awareness
- Emotional and mental health
- Foodborne illness prevention
- HIV prevention
- Injury prevention and safety
- Nutrition and dietary behavior
- Other STD prevention
- Physical activity and fitness
- Pregnancy prevention
- Suicide prevention
- Tobacco-use prevention
- Violence prevention

However, only 6.4% of elementary schools, 20.6% of middle schools, and 35.8% of high schools required instruction on all 13 topics.

The American Cancer Society, the American Diabetes Association, and the American Heart Association believe that school health education programs can reduce health risk behaviors such as tobacco use, poor nutrition, lack of physical activity, drug and alcohol use, as well as actions that increase stress and risk of injury and violence. Because these behaviors are amenable to change, quality school health education taught by trained and certified health educators provides the best opportunity to promote positive health behavior among children and adolescents.

UNHEALTHY BEHAVIORS: SERIOUS HEALTH CONSEQUENCES
Recent statistics show that 1 in 5 high school students are current smokers; approximately 80 percent of students do not eat the recommended 5 servings of vegetables and fruits per day; more than 830,000 adolescents become pregnant each year; and approximately 15 million school days are missed due to uncontrolled asthma each year. Overweight and obesity is a crisis among children. The number of overweight children aged 6-11 has tripled over the past three decades. Approximately 17 percent of today’s youth are overweight.

Research studies provide evidence that promoting and establishing healthy behaviors for younger people is more effective, and often easier, than efforts to change unhealthy behaviors already established in adults. According to the U.S. Centers for Disease Control and Prevention’s (CDC) Healthy Youth initiative and the Carnegie Council on Adolescent Development, schools can play a vital role in establishing healthy behavior patterns among young people that carry over into adulthood.

HEALTH EDUCATION IN SCHOOLS
The goal of health education is to help students adopt and maintain healthy behaviors. Therefore, health education should contribute directly to a student’s ability to successfully practice behaviors that protect and promote health and avoid or reduce health risks.

Not only do schools provide critical outlets to reach millions of children and adolescents to promote lifelong healthy behaviors, they also provide a place for students to engage in these behaviors, such as eating healthy and participating in physical activity.
WHAT IS QUALITY SCHOOL HEALTH EDUCATION?
A comprehensive, quality school health education program uses the National Health Education Standards to guide curriculum development. The Standards focus on increasing functional health knowledge and identifying key skills that are applicable to all aspects of healthy living. These skills include identifying the influence of family, peers, culture, media, and technology on health behavior; knowing how to access and use valid health information; and using communication, decision-making, goal-setting, and advocacy skills to engage in health-enhancing behaviors.

In the World Health Organization’s Information Series on School Health, a decade of evaluation research indicates three important findings regarding quality school health education programs:

- Health education that concentrates on developing health-related skills and imparting health-related knowledge and attitudes is more likely to help youth practice health enhancing behaviors.
- Skill development is more likely to result in the desired healthy behavior when practicing the skill is tied to the content of a specific health behavior or health decision.
- The most effective method of skill development is learning by doing – involving students in active, participatory experiences, rather than passive ones.

ADEQUATE INSTRUCTIONAL TIME
The effectiveness and quality of health education programs have been linked to adequate instructional time devoted to health education in the classroom. The Joint Committee on National Health Education Standards recommends that students in Pre-K to grade 2 receive a minimum of 40 hours and students in grades 3 to 12 receive a minimum of 80 hours of instruction in health education per academic year.

ACTION PLAN FOR HEALTH EDUCATION
Strategies that support quality health education include:
- Develop and implement a planned Pre-K-12 Health Education curriculum that adheres to national and state standards for health education.
- Employ highly qualified and effective health educators to teach health education.
- Ensure recommended health education instruction time at the elementary and secondary levels.
- Provide adequate time for skill-based instruction and learning every year kindergarten through high school.
- Assess student achievement in health education and report results.
- Advocate for a national plan and budget to support school health education.

References
The National Association for Sport and Physical Education (NASPE) recommends that children spend at least 60 minutes per day in physical activity. Along with physical education classes, students need physical activity opportunities throughout the school day to meet these recommended minimum requirements.

During the school day, children and youth need a “break” from sedentary activities in the classroom. Physical activity breaks meet this need and can increase individuals’ daily physical activity levels.

Physical activity breaks or energizers can be incorporated into the school day during early morning announcements, in hallways while students are waiting in line, and during each academic class as a way of integrating learning objectives with physical movement. Engaging the body and mind in physical activity during transition times will provide students with a much-needed break from sedentary time, and assist them in focusing on the next learning activity.

The resources below will provide meaningful physical activities that students can engage in during small amounts of time. These activities can be used by classroom teachers, physical educators, and anyone wishing to engage youth in a brief bout of physical activity.

**Brain Breaks/Energizers/Physical Activities for Use During School**

- Active Academics - activities integrate physical activity into lessons, by grade and subject.
- Behaviour Matters Brain Breaks - brain break activities.
- Brain Breaks- elementary level, organized by academic subject matter.
- Dr. Jean Brain Breaks - list of activities for younger children (pre-school and K).
- Energizers: Classroom Based Activities
- Fit Kids Activities - physical activities that integrate academics.
- Help Inspire Strong Bodies - physical activity brochure for teachers from CDC.
- Just-A-Minute (JAM) School Program- fitness break activities, including monthly newsletter.
- Lead Them Toward Success - physical activity brochure for principals from CDC.
- Mississippi’s Health in Action Program
- Mississippi’s You’ve Gotta Move Program
- Moving More Challenge - fitness challenge program available to schools to encourage physical activity before/during/after school.
- North Carolina Energizers - download “booklets” of energizer activities for elementary and middle school classrooms.
- Take Ten - ties learning objectives to physical movement.
- U.F.A. Brain Breaks- brain break activities.

(continued on page 11)
IS IT PHYSICAL EDUCATION OR PHYSICAL ACTIVITY?

With heightened attention on childhood obesity prevention efforts, there seems to be some confusion between the terms “physical education” and “physical activity.” Often the words are used interchangeably but they differ in important ways. Understanding the difference between the two is critical to understanding why both contribute to the development of healthy, active children. The National Association for Sport and Physical Education (NASPE) believes every child in the United States deserves both a quality physical education and physical activity program.

School physical education programs offer the best opportunity to provide physical activity to all children and to teach them the skills and knowledge needed to establish and sustain an active lifestyle. Physical education teachers assess student knowledge, motor and social skills, and provide instruction in a safe, supportive environment. NASPE recommends that schools provide 150 minutes of instructional physical education for elementary school children, and 225 minutes for middle and high school students per week for the entire school year. Based on sequence of learning, physical education should not be compared to or confused with other physical activity experiences such as recess, intramurals, or recreational endeavors.

A quality physical education program provides learning opportunities, appropriate instruction, meaningful and challenging content for all children, and should include:

**Opportunity to Learn:**
- Instructional periods totaling 150 minutes per week (elementary) and 225 minutes per week (middle and high school)
- Qualified physical education teachers providing a developmentally appropriate program
- Teacher/student ratio in physical education no greater than 1:25 (elementary) and (1:30 middle/high) for optimal instruction (similar to other classroom settings)
- Adequate equipment and facilities for all students to be active at the same time

**Appropriate Instruction:**
- Use of instructional strategies that provide meaningful inclusion of all students regardless of skill or fitness level, gender, race or ethnic group
- Maximum participation and ample practice opportunities for class activities
- Well-designed lessons that facilitate student learning
- Out of school assignments that support learning and practice of learned skills
- Appropriate discipline and class management (physical activity should never be used as punishment)
- Use of regular assessment to monitor and reinforce student learning

**Meaningful Content:**
- Instruction in a variety of motor skills that are designed to enhance the physical, mental, and social/emotional development of every child
- Fitness education and assessment to help children understand, improve and/or maintain their physical well-being
- Development of cognitive concepts about motor skill and fitness
- Opportunities to improve emerging social and cooperative skills through physical activity and gain a multi-cultural perspective
- Promotion of recommended amounts of physical activity now and throughout life

Physical activity is bodily movement of any type and may include recreational, fitness and sport activities such as jumping rope, playing soccer, lifting weights, as well as daily activities such as walking to the store, taking the stairs or raking the leaves. Similar health benefits to those received during a physical education class are possible during physical activity bouts when the participant is active at an intensity that increases heart rate and produces heavier than normal breathing. NASPE recommends school-age children accumulate at least 60 minutes and up to several hours of physical activity per day while avoiding prolonged periods of inactivity.

Opportunities to accumulate physical activity during the school day include time spent in physical education class, classroom-based movement, recess, walking or biking to school, and recreational sport and play that occurs before,
during, and after school. Parents and grandparents are urged to get active with their children. The benefits of regular physical activity include:

- Reduces the risk for overweight, diabetes and other chronic diseases
- Assists in improved academic performance
- Helps children feel better about themselves
- Reduces the risk for depression and the effects of stress
- Helps children prepare to be productive, healthy members of society and
- Improves overall quality of life.

NASPE encourages parents and community members to visit the local schools to view daily developmentally appropriate physical education classes and supplementary physical activity opportunities such as recess, physical activity breaks and after school programs.

To learn more about the importance of physical education and physical activity, visit the NASPE website at www.naspeinfo.org.

Citation: Ballard, K, Caldwell D, Dunn C, Hardison A, Newkirk, J, Sanderson M, Thaxton Vodicka S, Thomas C

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**Integrating Physical Activity into the Complete School Day (continued from page 9)**

**Activities for Use Before and After School**

Afterschool.gov  
After School Physical Activity Website  
BAM: Body and Mind  
Fit for Life After School Program – activity leader handouts and nutrition mini-lessons.  
Kidnetic  
Kids In Action  
President’s Challenge for Kids  
Promoting Physical Activity and Healthy Nutrition in After School Settings: Strategies for Program Leaders and Policy Makers  
ReCharge Energize After School – after school activities from Action for Healthy Kids  
VERB: Play Activities for Tweens

**Staff Wellness Ideas**

Meeting Well Physical Activity Breaks  
Physical Activity at Meetings  
Strategic Alliance ENACT  
UCLA Lift Off! Program  
University of Hawaii  
School Employee Wellness: A Guide for Protecting the Assets of Our Nation’s Schools

**Active Transport**

CDC Walk to School Program  
Creating a Walk to School Program  
International Walk to School Program  
Safe Routes to School
Session leaders will include NASPE Teachers of the Year and other Master Teachers. The workshop will include programs such as developing wellness councils, NASPE standards in physical education, fitness oriented rhythms and games, inclusion activities, outdoor recreation activities, classroom management and the new Georgia standards and training information. Attendees may receive 1 or 2 SDU/PLU’s in either health or physical education. One must attend 2 full days to receive 1 SDU/PLU, and all 3 days to receive 2 SDU/PLU’s. Lunch is included with the Institute fee. The deadline for early registration is May 15, 2009.

Pre-registration deadline: May 15, 2009 (after this date attendees must register on-site and pay on-site fees). School Systems: Please send a completed form for each attendee with a school system check. Two (2) staff development units (PLU’s) will be available to attendees. All attendees should check with their school system staff development coordinator for prior approval and needed documentation. Mail completed forms to: Dr. Jacqueline T. Harbison, 731 Oak Mountain Road, NW, Kennesaw, GA 30152, by May 15.

www.gahperd.org
WIN $2,000 for a School-Based Running Program

ING Run For Something Better (ING RFSB), in partnership with the National Association for Sport and Physical Education (NASPE), has launched a new awards program to help schools increase moderate to vigorous physical activity in students and help fight childhood obesity nationwide through the creation of school-based running programs.

The new awards program will provide **fifty $2,000 grants** to schools that desire to establish a school-based running program or expand an existing one. The grant awards are available in all states to public elementary and middle schools for running programs that target fifth- through eighth-grade students.

Through activity plans created by NASPE and based on the National Standards for Physical Education (NASPE, 2004), the awards program will offer children a healthy start and foster their desire to be physically active before obesity ever begins. The ING RFSB school-based running program is designed to be flexible. The $2,000 grant must support and/or sustain a school-based running program offered to the best of the school’s ability to all students in eligible grades. The program can be conducted in physical education class, during recess, before school, after school, or any combination of these. It can be facilitated by a physical education teacher, coach, classroom teacher, or school administrator.

If you are ready to make an impact on the lives of your students through healthy lifestyle changes, improving self esteem and reducing the rate of childhood obesity, then step up to the starting line!

Application, program materials and additional information at [www.naspeinfo.org/run](http://www.naspeinfo.org/run).

Deadline for applications June 1, 2009.
Why should I join GAHPERD?

Why should I become a member of GAHPERD? What reasons would constitute my hard earned twenty five dollars going towards GAHPERD dues each year? Do I personally get anything from this membership? Does my membership really make a difference? I hope that after reading this article, you will truly comprehend the value of becoming a GAHPERD member. Whether you are an elementary school physical education teacher, a high school coach, a middle school health teacher, a professor at a state university, or a professional in the field of recreation and dance, you can truly benefit from the outstanding opportunities that result from your membership with GAHPERD.

The current political and economic climate in the State of Georgia is grim to say the least and we as professionals in the field of physical education, health, recreation and dance must “dig in our heels” and speak out our importance in the lives of Georgians. Since there is obvious power in numbers, it is important that we collectively speak with a unified voice and GAHPERD is that voice. This voice can help strengthen our cause and inevitably secure our positions as professionals our field.

A membership in GAHPERD gives practicing health and physical education educators and professionals in the fields of recreation and dance a distinct advantage by providing them with numerous opportunities for enhancing professional development, increasing advocacy efforts, and networking with peers. GAHPERD also gives its members the opportunity to receive professional recognition, obtain financial assistance, acquire pertinent literature, and collaborate with other health related organizations.

This article will focus on the array of benefits that a GAHPERD membership provides to professionals in our field. It is extremely important that any current members of GAHPERD are able to communicate the value of these benefits to others in our profession in order to strengthen our voice. Below you will find a specified list of benefits that result from your membership with the organization.

What does GAHPERD do to help me as a professional?

Professional Growth and Training Opportunities
★ Hosts annual State Convention and sponsors the GAHPERD Summer Institute providing a number of learning opportunities in all areas relating to health and physical education
★ Sponsors and endorses workshops, clinics, mini-conferences, and professional meetings
★ Makes available opportunities to present information at workshops and conventions
★ Provides opportunities to publish and present papers
★ Offers elected positions for those that would like to represent the Executive Board and make decisions on issues that affect health and physical education in our state

Advocacy, Professional Support and Promotion
★ Pushed to establish and maintain the State Coordination position for Health and Physical Education at the Georgia Board of Education
★ Advocated for the new Student Health and Physical Education Act being put into law in the Spring of 2009
★ Provides members with updated advocacy information
★ Pushes to have your opinion count in Atlanta and Washington, DC by providing continuous legislative efforts using a unified voice
★ Provides teachers and schools with promotional ideas and information for health and physical education
★ Supports quality daily physical education
★ Provides PLU/SDU credits through workshops and conventions
★ Promotes State and National Physical Education and Sport Month

Networking and Peer Communication
★ Brings together a network of professionals with common interests
★ Developed a new, updated GAHPERD Web Site (up and running in April, 2009), with the ability to distribute email and communicate with other GAHPERD members
★ Establishes a support network of your peers
★ Helps to develop friendships and long-lasting peer relationships

Professional Recognition
★ Presents Honor Awards to GAHPERD members who have demonstrated distinguished professional accomplishments.
★ Presents awards to outstanding professionals in the areas of Elementary Physical Education, Middle School Physical Education, Secondary Physical Education, Dance Education, Health Education and Recreation, and participates in the District and National Educators of the Year programs.
★ Presents Distinguished Service Awards to non-GAHPERD members who make significant contributions to any or all aspects of GAHPERD.
★ Supports student members and presents an award to the Outstanding Student Majors Club.

**Professional Literature**
★ Publishes and distributes the GAHPERD Journal. The GAHPERD Journal is published 3 times a year and includes news, editorials, teaching tips, GAHPERD information, peer-reviewed (refereed) articles, columns, invited articles and more.
★ Publishes and distributes the newsletter the GAHPERD newsletter, THE GAME, which is published 4 times a year.

**Financial Assistance**
★ Awards grants and scholarships to enhance your programs at your school
★ Provides financial assistance to selected professionals for research through a research grant program.
★ Provides financial assistance to selected college students, who are prospective future professionals, through a scholarship program.

**Collaboration and Coordination with other Organizations**
★ Collaborates and communicates with the State Coordinator of Health and Physical Education in conjunction with the Georgia Department of Education
★ Sponsors “Jump Rope for Heart” with the American Heart Association.
★ Coordinates activities between the National, Southern District and State Associations

It is clear that the benefits of becoming a member of GAHPERD are many, including opportunities for professional development and getting the chance to meet and share with others within our professional field. GAHPERD shares our national organization AAPHERD’s purpose in bringing together educators, administrators, researchers, students and others with career interests in its specialized fields. With the new Georgia Student Health and Physical Education Act being put into law in the spring of 2009, the stage is set for us to boost the membership rate for GAHPERD this year and truly enhance the programs that currently exist. If you are a current member, please become an advocate for GAHPERD and help guide others to become members this year and encourage them to come to the convention this fall in Marietta.

Why Should I join GAHPERD … because the benefits are valuable and your membership helps makes a difference for us all!

**Pete Charrette**
GAHPERD Public Relations Coordinator

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**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.*

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Name

Mailing Address

Phone (home) (work)

Email Address

Fax Number

*Return this form to:*
Dr. Jacque Harbison
731 Oak Mountain Road NW, Kennesaw, GA 30152; Phone: 770-794-8527
The importance of promoting physical activity for health and fitness has been well-documented in research and other literature (Hopper, Munoz, Gruber, & Nguyen, 2005; Kientzler, 1999; Pate, et al., 1995). Recent emphasis has focused on promoting physically active lifestyles among children and adolescents (Strong et al., 2005). As physical educators, we have the tremendous privilege of using sport and physical activity to enhance skill development, teach strategies for successful participation, provide enjoyable experiences for all students, and promote health and wellness. However, if the content students are learning at our facilities is not being used in settings outside of school, we are not being effective at helping students lead a physically active life (Pangrazi, Beighle, & Pangrazi, 2009; Rink, 2006; Tappe & Burgess, 2004). In order for students to fully develop an active lifestyle, they must recognize the importance of transferring newly learned skills to current and future opportunities.

While some skills learned in physical education are ideal for the school environment, and are very enjoyable for the students, they often do not easily transfer to out-of-school settings. However, the transferability of tennis instruction in physical education can be easily recognized. Five reasons tennis skills should be taught in physical education include: 1) tennis courts are available for use in almost any community; 2) the potential for character development, proper etiquette, and sportsmanship is common in the sport; 3) the skills commonly developed and used in tennis can also be used in other sports and activities; 4) children, teens, and adults of all ages can participate in tennis for many years; and 5) the popularity and growth of the sport in the United States has increased substantially in recent years (Brown, 2004). The information provided below describes how tennis instruction can be enhanced in a physical education setting, and provides teachers with ways to successfully implement tennis in their curriculum, and promote the sport to students of all ages.

The United States Tennis Association (USTA) recently introduced the QuickStart Tennis Program getting children aged 10 and under involved in tennis ([www.usta.com/schooltennis](http://www.usta.com/schooltennis)). QuickStart is designed to provide children with a developmentally appropriate tennis experience with smaller racquets, larger softer balls, smaller courts, and lower nets.

Elementary physical educators are in the perfect position to develop young children’s tennis skills with the help of QuickStart. To promote tennis throughout elementary schools it is necessary to train physical educators and provide them with the basic knowledge to be effective at teaching tennis. With the importance of training in mind, The University of West Georgia and The West Georgia Tennis Association invited the USTA to conduct a QuickStart training on the UWG campus. A two-hour training session followed by a one-hour children’s QuickStart lesson was provided by four USTA tennis professionals. The event was attended by 50 UWG pre-service physical education teachers, three UWG faculty members, 30 parents from the community, and 30 K-5 students. The pre-service teachers were shown how to effectively teach tennis to large groups of students. The activities included ball control skills, basic racquet skills, and game play opportunities. The activities were designed for maximum participation with all students having a ball and a racket. When teaching tennis to beginners it is important that the physical educator strongly considers content development and progression. The following are some basic activities to get started teaching QuickStart tennis.

### Hand-eye coordination

Students should be encouraged to work on basic hand-eye coordination. The following are two examples of appropriate hand-eye activities:

#### Activity 1: Partner Toss

Each student should be matched up with one partner. One ball should be given to each pair of students. Students begin by facing each other, standing approximately ten feet apart. The object is for one student to toss the ball in an underhanded motion to the immediate right (or dominant side) of the other student. The student receiving the ball should attempt to catch the ball with the right hand (or dominant hand), but use the basic forehand stance in the process. By catching the ball with one hand in the forehand stance, this prepares the students to get the feel for proper forehand mechanics with the dominant hand/arm. Students should continue tossing the ball back and forth to each other, focusing on receiving the ball with proper forehand mechanics. The drill can also be extended to allow students to toss the ball to the opposite side, focusing on receiving/catching the ball with two hands (simulating the two-handed backhand stroke). As students begin to progress, they can be asked to move farther away from each other, and increase the speed of the toss. This drill can easily allow all students to participate simultaneously in a safe and efficient manner.
Activity 2: Racquet Drop

Students are placed into groups of four and form a small circle. Each student has his/her own racquet. Students should place the racquet frame/head on the ground, with the “butt” of the racquet pointing toward the sky. Students place one finger on the butt of the racquet and stand in the “ready” position. On the teacher’s signal, all students release their finger from the racquet and quickly move in a clockwise direction, attempting to catch the racquet that was released from the student standing immediately to the left. The object is to catch the racquet with either hand before it falls to the ground. This activity can continue for several attempts, and can be extended by having students increase the diameter of the circle. As students begin to improve in their hand-eye coordination, and to add variety to the activity, larger groups can be formed. For motivational purposes, instead of eliminating students who do not catch the racquet, students can keep a running total of successful attempts.

Ball Control

Students should practice basic ball control activities. These activities should focus on helping children develop a feel for the ball on the strings of the racquet. The following are two examples of appropriate ball control activities:

Activity 1: Ball Tap

Each student should have a racquet and a ball and should be in personal space. The objective of the activity is to have students continue bouncing the ball up and down on the racquet without losing control. Students should focus on tapping the ball to eye level while standing in one spot. This activity can also be extended to flipping the side of the racquet each time you hit the ball, and tapping the ball on the ground. As students progress they can attempt to move in general space (i.e. walking) while performing the same activities.

Activity 2: Ball Roll

Each student should have a racquet and a ball. The objective of the activity is to have the student place the ball on the face of the racquet and keep it stationary for a period of time. Students should then attempt to roll the ball around the outside edge of the racquet face without dropping the ball. After several successful attempts students can walk around in general space while balancing the ball on the racquet. The racquet must be held very steadily and students must constantly watch the ball. Students who can walk while balancing the ball may try to jog, run, or side shuffle.

Agility

Students should be taught how to move correctly for the ball while working on agility, quickness, and reaction time. The following are examples:

Activity 1: Through the Legs

Students are in partners for this activity. Student 1 has a ball. Student 2 stands with his/her feet shoulder-width apart and in the ready position. Student 2 is arms length away and has his/her back to student 1. Student 1 rolls the ball through the legs of student 2 and gives the command, “rally.” Upon hearing the word rally, student 2 must run to get the ball as quickly as possible.

Activity 2: Side Shuffle

Students are in partners for this activity. Student 1 starts with the ball. Student 2 stands two feet in front of them with their eyes on the ball. On the command of “rally”, student 1 tosses the ball to his/her left. Student 2 must move quickly and catch the ball with their right hand before the ball can bounce twice. The ball is tossed back to student 1 and student 2 side steps back to their starting point. Student 1 then tosses the ball to his/her right side. Student 2 moves quickly and catches the ball after one bounce with their left hand. The activity continues for 30 seconds to one minute and then the students switch roles. It is important to emphasize that the students start in the ready position, move with their arm back (as if they were getting ready to strike the ball), and return to the starting point (home base) using the side shuffle, just as they would in a game of tennis. This activity should be performed without hesitation between tosses to encourage quickness.

Lead-up to Basic Strokes (Forehand and Backhand)

When first introducing basic strokes it is important to allow students time to become comfortable with correct technique. The following are examples that start out with lead-up activities and get progressively more challenging:

Activity 1: Lead-up Forehand and Backhand

Students stand in the ready position facing their partner approximately ten feet away. One partner begins the activity with a soft underhanded toss to the other partner. After letting the ball bounce one time, the partner contacts the ball with the center of the racquet, and attempts to send it softly back to the other person. Initially, the ball can be caught by the first person, and the drill can continue, switching roles after a certain number of attempts. As students progress, they can attempt to keep the ball in a continuous rally, being sure to allow one bounce before each hit. It is ideal that students focus on contacting the ball with proper forehand and backhand mechanics while maintaining an appropriate stance. Teachers should emphasize the ready position, getting the racquet back, moving the feet, and contacting the ball with the center of the racquet. As students progress, they can be asked to move farther away from each other and increase the speed of the toss.

Activity 2: Catch the Ball on Racquet

Similar to the partner organization in Activity 1: Partner Toss, this activity continues to develop skills and abilities with the forehand stroke. Students have the racquet in their dominant hand, and stand facing their partner, approximately ten feet away. The partner with the ball tosses it in an underhanded motion to the other partner, who attempts to catch the ball with the face of the racquet and the non-dominant hand, simulating a “trapping” motion. The “catch” should take place using a proper forehand stance with good mechanics (balanced, head down, weight transfer, etc.). Prior to each catch, students should begin standing square to their partner (ready position) and then move into the proper forehand
stance with the racquet back. Students continue taking turns tossing the ball to their partner and catching it with the racquet and their non-dominant hand. As students begin to progress, they can be asked to move farther away from each other and increase the speed of the toss.

**Advanced Skills**

**Activity 1: Fence Forehands and Backhands**

Students will soon want to begin striking the ball with a full swing and send the ball over the net with more power. To prepare students for more powerful forehands and backhands, they can each be placed approximately five to ten feet from the fence, all around the tennis courts, making sure each student is at least ten feet away from any student immediately to the left or right. Students begin this activity by standing with an appropriate forehand or backhand stance, and drop the ball with their non-racquet hand. Students attempt to strike the ball toward the fence with a full swing, using proper mechanics of the forehand/backhand. The goal is to hit the ball approximately four to six feet high into the fence. For safety and efficiency, the teacher can either provide each student with several balls for consecutive practice, or provide start/stop signals after each individual attempt.

**Activity 2: Serve and Volley**

Students can remain in the same format as the “Fence Forehands and Backhands” activity, but are now challenged to begin working on the overhead hitting motion. Standing approximately two feet from the fence, students toss the ball over their head and attempt to make contact with the ball, while “trapping” it against the fence. The object is to trap the ball with the center of the racquet, with a completely extended arm. Students should be instructed to stand in the appropriate serve and/or volley position, and can continue practicing overhead contacts with the goal of achieving several successful attempts.

**Activity 3: Open Space Forehand, Backhand, and Volley**

Standing approximately ten to twenty feet from their partner in open space, students can be challenged to continue developing forehand, backhand, and volleying skills. Students will attempt to strike the ball with a forehand, a backhand, and then a volley, hoping to send the ball back to the other partner safely and accurately. One partner tosses the ball to the right, the left, and then over the head of the other partner, allowing the student with the racquet to make a play on the ball after each toss. The student tossing the ball simply catches the ball and tosses it again. After three cycles (right, left, and overhead), students switch roles and the activity continues. As students progress, they can be asked to move farther away from each other and increase the speed of the toss.

**Game Play**

QuickStart tennis is designed to have young children in game play earlier than regular tennis. QuickStart also provides training, easy to follow curriculum, equipment assistance, staff support and special recognition for coaches. The developmental appropriateness of the equipment allows children under 10 to be successful in game play. The two-out-of-three scoring system is maintained to teach students the basics of tennis scoring. However, the matches are shorter due to attention spans and energy levels. Students 5-8 years old play best-of-three games, first to 7 points. Students 9-10 years old should play best of three sets with the first two sets to four games, and a game of 7 points in the third set if necessary. The USTA provides teachers in Georgia with opportunities to attend QuickStart training sessions. The USTA will also accept invitations to come out to elementary schools and teach QuickStart to the children. For more information, visit the USTA website (usta.com/schooltennis).

As we aim to promote physically active lifestyles among our students, we should consider the possibility of teaching tennis in elementary, middle, and high school physical education. With effective skill instruction, practice time, successful learning opportunities, and enjoyable experiences, students may develop strong interests in becoming more skilled in a sport they can play for years to come.

**REFERENCES**


FEATURED ARTICLE

A Versatile, Inclusive and Practical Lesson Plan Design
The Physical Education “VIP” Plan

By Pete Charrette
Cobb County Schools

Introduction and Rationale

Practicing physical education teachers are currently using a wide variety of designs and formats in which to develop their daily lesson plans. Some use planning tools such as generic lesson guides, teaching planners, and web created electronic plans that are clearly developed for other academic areas. Others have learned to create their own type of design which is better suited to the subject matter and variables that characterize a typical physical education lesson. When shared, these types of “self-created” lesson plan designs can be beneficial to other practicing physical education teachers, giving them ideas and tools for structuring their future lessons.

As an experienced physical education teacher, I too have utilized a number of lesson planning designs and formats. Over the years, many of these designs have fallen short of the mark as a practical guide for my daily lessons. Some of the plans lacked the detail I needed to adequately describe my lessons while others required too much time to be a sensible answer for my planning needs. My dissatisfaction in the available options for lesson planning facilitated a personal investigation for a better and more sensible method for class preparation. During this search, I sought out solutions from other physical educators and consulted with teachers in additional areas of education. The investigation yielded valuable information that I used to create a practical lesson plan format that I and a number of other physical education teachers in our state are currently utilizing.

Developing the Plan

Developing a comprehensive and practical lesson plan format to be used consistently in a physical education program is not an easy task. Our diverse subject matter, multiple age and skill levels, fluctuating weekly schedules, and numerous instructional situations make structuring a useable plan difficult. In recent years, we have also seen an influx of educational growth and training concepts in our schools such as “Backwards Design”, and “Curriculum Mapping”, which are geared towards the academic classroom. These educational models have now worked their way into the “specialist” teaching areas such as physical education, art and music. With these new concepts and the emergence of the Georgia Performance Standards, our administrator’s expectations have changed in the way they view our teaching practices and how we create and present our daily lesson plans. All of the above factors have influenced the creation of the Physical Education VIP Lesson Plan format which is highlighted on the following page.

Beneficial Qualities of the Physical Education VIP Plan

There will never be a perfect planning tool for teaching physical education. However, there are some factors that make using certain lesson plan designs more attractive than others. For a lesson plan format to be valuable for a practicing physical educator, it must have the ability to be versatile, inclusive and practical? The plan should be easy to use, detailed in nature, and it must have the flexibility to be applied in a number of situations. The questions and responses below explore how these qualities are validated using the Physical Education VIP plan and provide accounts of how the plan can be used for your physical education program.

How is the Physical Education VIP Plan Versatile?

The Physical Education VIP design can be used in a number of ways and for a variety of purposes. Since it is a Microsoft Word document, the titles, text box sizes, text color, headings, and subheadings can easily be modified to fit your style, needs and administrator’s expectations. The number of text boxes provides ample space and flexibility to incorporate a number of educational mandates.

The Physical Education VIP plan can be used for the following purposes:

1. As a unit guide. The template can be used to list a general outline of the standards, tasks and assessments that would take place within a single unit of study. This method works well for seeing a 2 or 3 week time period on a single page document. This “big picture” technique helps you clarify what you want your students to achieve by the unit and what tasks and activities will help them reach this goal.

2. As a “grouped” lesson guide. The template can be used to “clump” 2 or more lessons together within a single unit. This type of planning works well when you are unsure of exactly how much you can accomplish within a single class period. It also works well if you have outdoor and indoor activities planned and the weather does not cooperate. Many physical education teachers see their students a set number of times a week which makes “clumping or grouping” lessons in a weekly format a more realistic and optimal method. Provisions can be made to identify how far each class has progressed in their “instructional activities” in the main body of the lesson plan.

3. As an individual lesson plan. The template can be used
for an individual physical education lesson, incorporating a number of designated grade levels. Since many lessons can be taught to more than 1 grade level, the plan can provide the essential criteria for multiple levels and also identify changes and modifications per grade within the same plan.

4. **As a separate activity or game plan.** The template can be slightly altered to include headings such as “game set up and procedures” and “instructions for game play” to provide a single document plan that outlines any of your large group games requiring specific directions for play. This type of plan works well with large group games that may be played within a specified unit or may be “stand alone” games that are used to develop skills and increase the fitness levels of your students between units or at specified times of the school year.

5. **As a special event plan.** The template may also be modified to become a general guide for special events that are sponsored by the physical education department at your school such as Jump Rope for Heart, Field Day, Walk mania, Relay for Life, etc.

**How is the Physical Education VIP Plan Inclusive?**

The Physical Education VIP design is comprehensive and includes a number of text boxes with headings and subheadings that correspond to the physical education planning and structural procedures. The plan incorporates a wide variety of critical lesson plan components which includes the following:

- **Lesson/Unit Title**
- **Grade level(s)**
- **Overview and purpose**
- **Learning outcomes**
- **Materials/resources**
- **Essential questions**
- **Instructional activities**
- **Movement components**
- **Header and footer tags**

Although the essential components of a comprehensive plan may differ somewhat from county to county or state to state, the headings listed above correspond with most current fundamental requirements and can easily be adapted to fit any educational needs. Within each text and heading box, a physical education teacher can adequately describe the elements that make up the lesson or lessons. A teacher’s personal style for describing the lesson can include bullet form information, numbered sequential steps, coded information (as in listing standards addressed) and/or paragraph descriptors for instruction. Coded information can be used to address the NASPE, state or county standards and the full documents can be attached in a lesson plan book or portfolio.

**How is the Physical Education VIP Plan Practical?**

The Physical Education VIP lesson plan format has a functional design that places a great deal of pertinent information on a one page document. The ability to see, in detail, the entire lesson, grouped lessons or unit plan makes physical education instruction easier. The informational text boxes within the plan can simply be adjusted to fit the needs of any physical education teacher. There are a number of practical advantages to using the Physical Education VIP Plan that include:

1. The ability to **share information** with other colleagues, student teachers and administrators using a professional and comprehensive lesson design.

2. The ability to **create, save and print lessons as a single page document** or grouped together in electronic folders for combined units of study.

3. The ability to **reuse and easily adapt the individual plans** from year to year or semester to semester.

4. The ability to **compile a professional working portfolio** using the VIP plans combined with state and national standards, grading procedures, behavioral plans, student modifications and class roll sheets.

5. To ability to consistently and easily **document student assessment** in every lesson by utilizing the “Assessment Methods” checklist provided at the bottom of every VIP lesson plan.

**The Physical Education “VIP” Plan**

The plan on the next page illustrates a single, non-jumping (individual jump rope) lesson for 3rd, 4th and 5th grade students. The “coded” standards represent the newly developed **Georgia Performance Standards for Physical Education** which will be implemented by our state during the 2009 and 2010 school year.

**Conclusion**

As professional educators, it is important that we continually strive to improve the methods and practices we implement in our daily classes. Our proficiency in lesson planning has a direct correlation to our ability to provide positive and successful classes for our students. Clearly, there is no perfect format for developing and showcasing our lesson plans. Each of us has a unique teaching situation and our planning methods and needs vastly differ. It is important however, that we decide upon a professional and comprehensive lesson plan design such as the Physical Education VIP plan if we desire to enhance the credibility of our field and strengthen our individual physical education programs.

Pete Charrette was born and raised in Kingston, Ontario Canada and has a bachelor’s degree from the University of Ottawa and Queen’s University. He has a master’s degree in education from Georgia State University and a specialist in education degree from the State University of West Georgia. He recently obtained a National Certification in early and middle school physical education. Pete has been a physical education specialist for 20 years and currently teaches at Pickett’s Mill Elementary School in Cobb County, Georgia. He serves as a collaborative teacher with the Kennesaw State University Health and Physical Education Department and was recently appointed to the GAHPERD Executive Board as the Public Relations Coordinator. If you would like some electronic examples of the Physical Education “VIP” plan and a blank template, email him at pete.charrette@cobbk12.org.
Jumping (Individual Jump Ropes) – Non-Jumping Skills

### Essential Questions
- How can I sequence jumps?
- How can I sequence jumps?
- How can I manage my time?
- How can I sequence jumps?
- How can I sequence jumps?

### Personal Space
- Keep control of jump rope
- Look before you swing

### Personal Elements
- Teacher gives information on how to jump
- Emphasis on the progression of skill
- Teacher gives information on how to jump

### Assessment Methods
- Single skip swing and jump
- Double skip swing and jump
- Figure 8 and jump
- Figure 8
- Arm wrap
- Russian wrap
- Russian wrap
- Hair wrap
- Chinese wrap
- Hair wrap
- Hair wrap
- Single skip swing and jump
- Double skip swing and jump

### Games/Closeout
- The concept of sequencing
- The concept of sequencing
- Jumping rope
- Jumping rope
- Jumping rope
- Stop by stopping and putting together non-jumping elements

### Materials/Resources
- PE 3.4, 3.5, 4.4, 4.5, 4.6, 5.4
- Physical Education
- Physical Education
- Physical Education
- Physical Education

### Instructional Activities/Episodes
- To perform non-jumping skills in a step manner
- To understand and demonstrate basic non-jumping rope skills
- To perform non-jumping skills in a step manner
- To understand and demonstrate basic non-jumping rope skills

### Physical Education VIP Plan
- Week: 3

### Planning Information
- Grade Level: 3
- Unit Focus: 4, 5
You’ve heard about the connection between electronics and fitness. Ask any parent about how battery operated gadgets and gizmos are causing our kids to become fat, lazy and out of shape. Most adults will agree that today’s kids don’t go out and play like we did a generation of two ago. The fact is however, that it is a different time and a different day.

Why don’t kids go out and play like they did “back in the day?” The fact is that one size does not fit all when it comes to exercise, sports and activities. Not all kids are into what used be called the big three, “baseball, football and basketball.” Times have changed and physical educators have come to realize after years of research and in the trenches instruction that we must expose kids to a wide variety of physical experiences. Not everyone develops or physically matures at the same time or rate. Therefore we must attempt to find out what turns on an individual in relation to physical activity.

Enter the world of plug-ins, chargers, in-synchs and boot-ups. Let’s face it, team sports are not for everybody and some kids would rather be challenged in ways that are both technical and physical. As we speak there is a world of electronic exercise being implemented in our schools with activities that can be reinforced at home. In my own classroom (yes, the gym happens to be the largest classroom in my school) we are teaching units that incorporate technology and many mainstream electronic devices to stimulate are students to be active. Here are a few examples:

**Pedometers.** Pedometers are basically step counters. Basic models count steps and record caloric output. They can be used to motivate kids when the challenge is issued to reach a specific goal either daily or over the course of weeks or months. Two thousand steps are roughly equivalent to a mile which is also equivalent to 100 calories burned. Get the idea? Challenge your kids to walk across Georgia or the United States and watch the fat melt away with each state traveled.

**Heart Rate Monitors.** These devices consist of a watch and chest strap transmitter. You can actually see how hard your heart is working depending upon what your body is doing. Basic physiology requires a minimal level (target heart rate range) of exertion to attain a training effect (i.e. to see fitness improve). Typically it is a range in terms of heart rate, about 120-160 beats per minute for a 15 year old. The actual formula is 220- your age x 60% (lower limit) to 80% (upper limit) in case you were wondering about the math. Many of the watches can be programmed to beep when you drop out of the target range. Better models are equipped with software to download workouts into the computer to track progress. WOW computers and exercise, now we have the attention of the geeks!

**Dance Dance Revolution (DDR)™.** If your family has a game unit at home you have probably heard about this highly interactive game activity. Put the disc in the player, select the music, the level and then try to keep up with the steps as they scroll across the screen. Fun for all and no chance of catching “cooties” from anyone in class the way we did years ago when we had to hold hands while square dancing. Put on a HR Monitor or pedometer while doing some of these moves and you can see that you’re working as hard as the basketball team’s point guard.

**Geo caching with Handheld GPS systems.** For about $100 you can take orienteering (compass reading) to the next level and compete in one of the newest world-wide activities, geo caching (pronounced cashing). This activity is basically treasure hunting while using a handheld global positioning system. This is can be done leisurely like hiking or as a scaled down version of the Amazing Race™ as teams compete in an attempt to find treasures (plastic boxes filled with trinkets) placed in the woods. Teams use clues provided by the teacher as well as bearings of Longitude and Latitude on their handheld systems to locate the boxes. Individuals can determine if caches are located in their community by going to the website http://www.geocaching.com/ and typing in their zip code. Finds can then be shared on-line with other competitors.

Other Electronic Exercise devices that are available for use at home include:

**Wii Fit™.** This system has a variety of games, sports and fitness assessments (that are valuable teaching tools with practical applications) that can be performed at home by the family. Balance, Body Mass Index, coordination, aerobic fitness, strength and agility elements are tested and measured through a variety of entertaining scenarios. If you try to compete with your kids on these you better break out your Converse All Stars and a pair of sweat bands because you’re in for a workout.

**Ipod™ running chips.** The chip goes in the shoe, the Ipod straps to your arm and then you’re ready to move. The program will read your distance, pace, exercise time and more. When you get home sync your Ipod to your computer and your workout has been recorded complete with charts and graphics. It sure beats filling out the boxes in the Runner’s Journal that I used in the 70’s.

Add to these the stationary bikes and elliptical machines that have built-in video games (that come to life when you pedal at a certain speed) and you have a virtual cornucopia of electronic exercise devices that can help motivate a participant who will not accept the answer “Because it’s good for you”, when he/she asks why should I exercise.

Yes, electronics are affecting our kid’s fitness levels. I have to say goodbye now my HR monitor is beeping.
Resistance training has become one of the most commonly utilized forms of exercise in our country today; and has become very popular in Physical Education programs across our state. As the interest in weight training grows we need to continue to improve on instruction and assessment methods in our physical education classes. When our administration and parents ask, “What do you do? and how is it graded?” we need to have a ready, accurate answer. One simple method is the utilization of worksheets and handouts in the weight room.

A worksheet gives students directions that are in hand and easy to follow. They provide a resource for the teacher to reference, and become an artifact of accomplished work that allows both the teacher and the student to demonstrate that learning has taken place. The weight room may be the most accident prone classroom on campus, so safety worksheets help address the ever present problem of lawsuits. The best thing about worksheets and handouts are that they keep the students on task and get them started at the beginning of class.

There are several worksheet and assessment handouts that follow. Please feel free to copy and modify these to fit into your program. These sheets are just examples of what you can create. They are great for encouraging interdisciplinary learning like the “Lift Factor Analysis” worksheet utilizing math skills. You are only limited by your imagination and creativity when utilizing worksheets as an instructional medium in your class.

---

Raider Power Strength and Conditioning

The lift factor analysis worksheet is used to compare your performances on the “big three” lifts against a national norm. This comparison is only for use in developing your goals and Personal Fitness Plan.

<table>
<thead>
<tr>
<th>Name: ____________________________</th>
<th>Period: ______</th>
<th>Body Weight: _________</th>
</tr>
</thead>
</table>

**Lift Factor Analysis**

<table>
<thead>
<tr>
<th></th>
<th>MEN</th>
<th></th>
<th>Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bench</td>
<td>1.00-1.24</td>
<td></td>
<td>1.25-1.49</td>
<td>1.50 &amp; above</td>
</tr>
<tr>
<td>Squat</td>
<td>1.25-1.74</td>
<td></td>
<td>1.75-1.99</td>
<td>2.00 &amp; above</td>
</tr>
<tr>
<td>Clean</td>
<td>.75-.99</td>
<td></td>
<td>1.00-1.49</td>
<td>1.50 &amp; above</td>
</tr>
<tr>
<td>3 Lift</td>
<td>Below 3.5</td>
<td></td>
<td>3.50-5.00</td>
<td>5.00 &amp; above</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>WOMEN</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bench</td>
<td>Below .75</td>
<td></td>
<td>.75-1.00</td>
<td>1.00 &amp; above</td>
</tr>
<tr>
<td>Squat</td>
<td>Below 1.00</td>
<td></td>
<td>1.00-1.50</td>
<td>1.5 &amp; above</td>
</tr>
<tr>
<td>Clean</td>
<td>Below .75</td>
<td></td>
<td>.75-1.00</td>
<td>1.00 &amp; above</td>
</tr>
<tr>
<td>3 Lift</td>
<td>Below 2.50</td>
<td></td>
<td>2.50-3.5</td>
<td>3.5 &amp; above</td>
</tr>
</tbody>
</table>

**Calculating YOUR lift factors!**

Body weight Divided by Lift = Lift Factor

<table>
<thead>
<tr>
<th>My Body Weight</th>
<th>Bench</th>
<th>Squat</th>
<th>Clean</th>
<th>3 Lift Total</th>
</tr>
</thead>
</table>

My Lift Factors: Bench _____ Clean _____ Squat _____ 3 Lift Total _____

Power Index = 3 Lift Total Divided by Body Weight =

**My Goals:**

<table>
<thead>
<tr>
<th>Raw Performance: Bench</th>
<th>Squat</th>
<th>Clean</th>
<th>3 Lift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lift Factor: Bench</td>
<td>Squat</td>
<td>Clean</td>
<td>3 Lift</td>
</tr>
</tbody>
</table>

- 23 -
Weight Room Safety Summary Worksheet Grades 9-12

Name: ____________________________________________  Period: _____  Body Weight: ______

1. List 3 key articles of clothing that are essential for weight room safety:
   A. 
   B. 
   C. 

2. What are the most important aspects of being a good spotter?

3. Why are weight bar collars necessary on ALL lifts?

4. How do the following terms apply to weight room safety? Momentum and Velocity

5. Who is the most important person in weight room safety?

6. List any three things you have learned about weight room safety.

7. On a scale of 1 to 10, with 10 being the safest...How safe are you in our weight room?

**Use back of sheet to answer!

Weight Room Equipment Worksheet

Describe the use of each piece of weight room equipment in a complete sentence; and tell what muscle group or groups it is designed to effect.

1. Weight Belt
2. Cable Cross Machine
3. Lat Pull Machine
4. Squat Rack
5. Leg Press Machine
6. Chin Up Bar
7. Parallel Dip Bar
8. Curl Bar
9. Glute/Ham Machine
10. Incline Bench

Squat Safely Worksheet

1. Describe three items of proper attire for safe squatting:
   A. 
   B. 
   C. 

2. Key Technique Points:
   _______ Bar seated safely on trapezius
   _______ Proper wide stance starting position
   _______ Big chest, eyes up, bottom position
   _______ Controlled deceleration/acceleration of the bar
   _______ Safe return of the bar to the rack

3. Partner records your 4 attempts to record a perfect 5.0. Use a light weight!
   3.1 ______  3.2 ______  3.3 ______  3.4 ______  Total: ______

4. Diagram a front and side view of a safe squat bottom position using stick figures

5. Record your best 3 repetition squat max: _______
ABSTRACT
This study sought to determine whether motivational signs, placed at strategic locations throughout an academic building, would decrease elevator usage among females; potential differences by direction of travel, race/ethnicity, and weight classification were also assessed. Data for this paper were collected on the campus of a mid-sized comprehensive university in the southeastern United States. The main entrance of a classroom building served as the data collection site; observations of elevator use were made at baseline, during intervention (when sign prompts were introduced), and at follow-up. Point-of-decision prompts decreased elevator use among females by 12.1% between baseline and intervention; a net decrease in usage was also observed, regardless of direction of travel (Up: 12.6%; Down: 15.0%). Elevator use decreased to the greatest degree among white females (29.3%) and those who were not overweight (19.4%); among the most common reasons given by participants for using the elevator were being too tired or too lazy. Findings suggest that point-of-decision prompts can influence female college students’ decisions to use the elevator; in addition, sign prompts appear to be more effective when placed above elevator call buttons. Future study in this setting is warranted, and should include the measurement of elevator and stair usage patterns, as well as a longer data collection period.

INTRODUCTION
America’s struggle with weight has been an issue for quite some time. For example, in the NHANES-II survey – conducted between 1976-and-1980 – fifteen percent of U.S. adults 20 years of age and older were estimated to be obese (McDowell, Engel, Massey, and Maurer, 1981). During the period 1999-2000, the prevalence had increased – approximately three-in-ten U.S. adults (30.9%) were classified as obese (Flegal, Carroll, Ogden, and Johnson, 2002), and by 2003-2004, about one-in-three (32.9%) were obese (Ogden, Carroll, Curtin, et al., 2006).

Increasing physical activity in adults is prominently listed among our nation’s top health priorities in its Healthy People initiative (U.S. Department of Health and Human Services, 2000); engaging sedentary people in exercise, however, has been very difficult to achieve (Sallis, 1998). Recommendations from experts suggest that, for better health, physical activity should be performed regularly; the Surgeon General’s Report on Physical Activity and Health states that people of all ages should “…include a minimum of 30 minutes of physical activity of moderate intensity…” on most, if not all, days of the week (U.S. Department of Health and Human Services, 1996, p 6). The consensus regarding the promotion of physical activity of that genre is to encourage adults to select exercises that easily fit into their lifestyles, the types of exercises that can be readily incorporated into daily life (Pate, Pratt, Blair, et al., 1995). Such moderate-intensity aerobic activities – those that burn between 3.5-and-7.0 kcal/minute – include sporting activities (such as running, dancing, riding a stationary bike, playing basketball, jumping rope), and common chores (such as shoveling snow, mowing the lawn, raking leaves, washing and waxing the car, and stair use (Centers for Disease Control and Prevention, 2008a).

Stair climbing has been shown to improve fitness and strength, increase HDL concentrations in the body, and reduce the risk of osteoporosis (Boreham, Wallace, and Nevil, 2000; Coupland, Cliffe, Bassey, et al., 1999; Loy, Conley, Sacco, et al., 1994). Further, with the recommendation that some activity is better than none (Pate et al., 1995), even short bouts of stair climbing will increase energy expenditure, and may help with weight loss (Brownell, Stunkard, and Albaum, 1980).

To date, the vast majority of research evaluating the effectiveness of point-of-decision sign prompts that are designed to encourage stair use has been conducted as “natural environment” studies, where those who commute and shop are inconspicuously observed at train/bus stations, airports, shopping malls, etc., typically unaware that they are being studied. In each of the studies conducted at shopping centers and/or malls, there were modest but significant increases in stair use when simple signs were posted at shoppers’ points-of-choice, areas at which shoppers had the option of taking an escalator/elevator, or stairs; gender, race, and weight were prominent factors under study. In these studies, after introduction of sign prompts, males were consistently more likely to use stairs than females, and whites were more likely to take the stairs than non-whites (Brownell, Stunkard, and Albaum, 1980; Andersen et al., 1998; Kerr, Eves, and Carroll, 2000, 2001a, 2001b, 2001d; Webb and Eves, 2005; Eves and Masters, 2006); one study found that stair use increased to a

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greater degree in women (Kerr, Eves, and Carroll, 2001c), while another found normal weight commuters were more likely to use stairs than those who were overweight (Andersen et al., 1998).

Other “natural environment” sites have been used to study point-of-choice behavior. At train/ subway stations, male commuters were more likely than their female counterparts to use the stairs at baseline and once signs had been posted (Blamey et al., 1995; Mutrie and Blamey, 2000; Andersen et al., 2000; Kerr et al., 2001d; Faskunger et al., 2003); in this setting, male (Andersen et al., 1980), and non-obese (Brownell et al., 1980) commuters were more likely to use the stairs. At airports, the same pattern has been observed for males (Russell and Hutchinson, 2000), particularly among non-obese (Brownell et al., 1980) commuters were more likely to use the stairs. At airports, the same pattern has been observed for males (Russell and Hutchinson, 2000), particularly among those most at-risk: college women (ACHA, 2008).

Stair use at an office building (Kerr, Yore, Ham, and Dietz, 2004) and at a health care facility (Marshall et al., 2002) has also been studied; only two studies have been conducted on college campuses, involving libraries with eight stories (Boutelle et al., 2001) and three-stories (Russell, Dzewaltowski, and Ryan, 1999). Although these studies corroborated previous findings regarding point-of-choice prompts and gender, neither included other demographic factors; it is also not clear whether point-of-decision posters will be effective in other settings on a college campus, particularly among those most at-risk: college women (ACHA, 2008).

The purpose of this study was to determine whether motivational signs, placed at strategic locations throughout an academic building, would decrease elevator usage among females; potential differences by direction of travel, race/ethnicity, and weight classification were also assessed. The study also sought to examine if signs placed at locations other than those at “point-of-decision” might be more recognizable, and if participants felt there might be other motivational techniques that would prompt them to take the stairs over the elevator. Since physical activity is listed as a leading indicator in Healthy People 2010, this study addressed two main foci in that document: to increase the amount of moderate physical activity performed by adults (Objective 22-2); and to increase the number of opportunities for physical activity at the workplace by creating or enhancing access to places where people can be active (Objective 22-13) (USDHHS, 2000). This study was also conducted in-line with the overall goal of the Healthy Campuses initiative: to improve college students’ health (American College Health Association, 2002).

**METHODOLOGY**

**Setting.** Data for this paper were collected on the campus of a mid-sized comprehensive university located in the southeastern United States. One of the seven academic Colleges was selected, housed in a large multipurpose building that includes an office wing, a classroom wing, and a breezeway and upper-level walkways that connect the two. The four-story office wing houses all faculty and staff offices (on the second, third, and fourth floors), work space for graduate assistants, a center for student advisement (the Student Success Center), a conference room, and several smaller meeting rooms. The three-story classroom wing includes a large lecture hall, classrooms (including labs and a multimedia room), centers which contain instructional resources and technology, and a multipurpose room. Both wings are climate-controlled at a temperature between 70° – 72° Fahrenheit. At the time of the study, the College had 2,774 students enrolled in degree programs (undergraduate and graduate), and 70 full-time faculty. Among full-time majors, about eight-in-ten (79%) were female; nearly eight-in-ten of those (78%) were white.

Data were collected at the primary entrance to the three-story classroom facility; access to the building at this location occurs in two ways: 1) through a set of main doors, which face a parking lot, or 2) through the breezeway (see photos). For students and faculty whose classes are on the first floor, they proceed down a long, main hallway; those who need to gain access to the second-and third-floor classrooms are immediately faced with the choice of taking the elevator or the stairs, located in juxtaposition at the breezeway entrance.

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1There is a second entrance, located down the main hallway at the opposite end of the building. At this entrance, access to the upper floors is by stairway only; data were not collected at this entrance.
Study Design. The research design followed a classic ABA (reversal) format (Graziano and Raulin, 1989). The first two weeks served as the baseline period (A); no treatment was introduced during this time. In the second two-week period, the intervention phase (B), a total of 11 motivational signs encouraging stair use were printed on colored paper and strategically placed on the building’s three floors. In the final two weeks, all signage was removed, and a one-week follow-up data collection period occurred to observe behaviors for a second time (A).

Data Collection. Data collection occurred four days per week, on different days and times, using a team of two trained observers. The primary investigator collected data on Monday and Wednesday afternoons between 12:45-and-2:45, a “high traffic” time period in the building; the second member of the team made observations Tuesday and Thursday mornings between 10:20-and-12:20, also a period during which many students, faculty, and other visitors were likely to be in the building; we built this method into the design to increase the probability of observing the same students and faculty (as they changed classes).

To increase the likelihood that Ss behaved as naturally as possible, a covert, unobtrusive method of observation was selected (Patton, 1990). The data collection team inconspicuously situated themselves in the first-floor foyer, with a clear sight line to the elevator and stairwell (couches and chairs in the building’s lobby served the team well in their data recording efforts). Given that questions of ethics might emerge, all procedures were reviewed and approved by the university IRB prior to the study. Observers recorded the number of women entering/exiting the elevator, their direction of travel (up, down), race/ethnicity (white, black, other), and weight (overweight, not overweight). Women carrying a heavy load, items larger than a purse, briefcase, or backpack, accompanied by children, or physically handicapped were not counted.

To increase reliability, limit the probability of inter-observer error, and familiarize themselves with study methods, both observers spent two hours collecting pilot data a week before formal data collection began. During the first half-hour, pilot data were collected with no instruction; inter-observer agreement was high: elevator travel (86.9%), race/ethnicity (100%); and weight (70.1%). In the next five minutes, the PI provided instruction on classifying/coding subjects. To classify weight, the Body Image Assessment for Obesity (BIA-O) (Williamson, Womble, Zucker, et al., 2000), was introduced during this time. In the final five minutes, the PI provided instruction on classifying/coding subjects. To classify weight, the Body Image Assessment for Obesity (BIA-O) (Williamson, Womble, Zucker, et al., 2000), was selected for use; a dichotomous variable (overweight/not overweight) was created to classify Ss. Another 90 minutes of pilot data were collected; inter-observer agreement improved: elevator travel (96.1%); race/ethnicity (95.8%) and weight (91.6%).

Survey data were also collected. During the one-week follow-up, a paper-pencil questionnaire was administered to 61 women (Monday/Wednesday: n = 24 and Tuesday/Thursday: n = 37). Items included: frequency of building use; frequency of elevator use; reasons for elevator use; floor on which class is held; three items related to the sign prompts recalling awareness, location, and motivation to use stairs; and an open-ended item on the factors that might have motivated them to use the stairs instead of the elevator. Before participating, all women completed the approved informed consent.

Sign Locations. A total of 11 motivational signs encouraging stair use were strategically placed in the building. Four signs were placed in the foyer/first floor: in the women’s bathroom, above the drinking fountain; above the elevator call button; and on the building support column located between the stairs and elevator. On the second and third floors, signs were placed in similar locations; the second floor had no support column, so only three signs were placed there. For optimum results, all signs were placed at what was estimated to be a female’s eye-level.

Building Activity During Data Collection Periods. On Mondays, thirteen classes began and/or ended during data collection; seven (53.8%) took place on the second or third floors. During data collection on each Tuesday, thirty-two classes began and/or concluded during observation times; seventeen (53.1%) were held on the second or third floor. On Wednesdays, six-of-fourteen classes (42.9%) that started or finished during the observation period took place on upper floors. During data collection on Thursdays, a total of 39 classes began and/or concluded; twenty-four (61.5%) took place on the second or third floors. During the five weeks of data collection, all classes but one met at their regularly-assigned times and locations; that one class was located on the first floor, thus had no effect on data collection.

Data Analysis. The data were analyzed in two stages. First, descriptive statistics were generated for overall levels of elevator travel and for elevator travel by each of the independent variables: direction of travel, race/ethnicity; and weight classification. Chi-square tests were then used to detect proportional differences in elevator travel comparing baseline observations with those taken after intervention and follow-up for each of the independent measures (α ≤ .05). Because the follow-up phase lasted only one week, comparisons were made with only one week’s observations from each period (baseline: first week; intervention: last week). Second, descriptive statistics were generated for each of the items included on the questionnaire distributed during follow-up (n = 61).

RESULTS

A total of 951 women who met the inclusion criteria were observed using the elevator over the five-week period of observations. Overall, elevator travel among women decreased by 12.1% between the two-week baseline (n = 406) and two-week intervention (n = 357) periods (p = .076). When using the one-week follow-up data and one-week periods at baseline and treatment, elevator use among women decreased significantly. For example, elevator use during the second week of intervention (n = 160) was 25.6% below the figure observed during the first week of baseline surveillance (n = 215). And though elevator use did increase when the

To further validate the method, pilot data were collected on three other occasions. During these periods, inter-observer agreement was: elevator traveler (98.2%); race/ethnicity (99.1%); and weight classification (90.2%).
signage was removed from the building, a net decrease of 12.6% was recorded between the first week of baseline (n = 215) and follow-up (n = 188).

**Elevator Use by Direction of Travel.** Overall, close to two-thirds of women using the elevator during the period of the study (63.6%) were observed getting onto the elevator (i.e., traveling up); those getting off the elevator (i.e., having traveled down) decreased by 14.8% during the intervention phase. When using the one-week datasets, the number of women entering the elevator (i.e., traveling up) decreased by 40.7% between baseline and intervention, and increased by 47.5% when all sign prompts were removed; a net decrease of 12.6% was observed between baseline and follow-up (Table 1). Among women exiting the elevator (i.e., traveling down), a similar pattern was observed, but to a lesser degree. Elevator use in this direction decreased by 27.5% between baseline and intervention and increased by 17.2% when the signage was removed; a net decrease of 15.0% was observed between baseline and follow-up.

<table>
<thead>
<tr>
<th>Direction of Travel</th>
<th>Baseline (Time 1)</th>
<th>Intervention (Time 2)</th>
<th>Follow-Up (Time 3)</th>
<th>% Change (T1-to-T2)</th>
<th>% Change (T2-to-T3)</th>
<th>% Change (T1-to-T3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up</td>
<td>135</td>
<td>80</td>
<td>118</td>
<td>(40.7%)</td>
<td>47.5%</td>
<td>(12.6%)</td>
</tr>
<tr>
<td>Down</td>
<td>80</td>
<td>58</td>
<td>68</td>
<td>(27.5%)</td>
<td>17.2%</td>
<td>(15.0%)</td>
</tr>
</tbody>
</table>

**Note:** Percentages appearing in parentheses indicate a decrease.

**Elevator Use by Race/Ethnicity.** Overall, the number of women who traveled by elevator during the five-week period of observation was virtually equivalent: white (n = 467); black (n = 468); two Ss classified as “other” were not included in this comparison. Using the one-week data, the number of white women using the elevator decreased by more than one-third between baseline and intervention (32.6%), and increased by 10.8% when all sign prompts were removed: A net decrease of 29.3% was observed between baseline and follow-up (Table 2). Among black women, elevator use decreased by 11.3% between baseline and intervention and increased by 16.3% when the signs were removed; this translated into a net increase of 3.1% between observations at baseline and follow-up.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Baseline (Time 1)</th>
<th>Intervention (Time 2)</th>
<th>Follow-Up (Time 3)</th>
<th>% Change (T1-to-T2)</th>
<th>% Change (T2-to-T3)</th>
<th>% Change (T1-to-T3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>116</td>
<td>74</td>
<td>82</td>
<td>(36.2%)</td>
<td>(10.8%)</td>
<td>(29.3%)</td>
</tr>
<tr>
<td>Black</td>
<td>97</td>
<td>86</td>
<td>100</td>
<td>(11.3%)</td>
<td>16.3%</td>
<td>(3.1%)</td>
</tr>
</tbody>
</table>

**Note:** Percentages appearing in parentheses indicate a decrease.

1 Two subjects indicated “other” and were not included in the analysis.

**Elevator Use by Weight Classification.** The number of women classified as overweight (n = 122) and not overweight (n = 93) was similar between baseline and follow-up (Table 3). A net decrease of 19.4% was observed when all sign prompts were removed; a net increase of 7.4% was observed between baseline and follow-up.

<table>
<thead>
<tr>
<th>Weight Classification</th>
<th>Baseline (Time 1)</th>
<th>Intervention (Time 2)</th>
<th>Follow-Up (Time 3)</th>
<th>% Change (T1-to-T2)</th>
<th>% Change (T2-to-T3)</th>
<th>% Change (T1-to-T3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Overweight</td>
<td>93</td>
<td>72</td>
<td>75</td>
<td>(22.6%)</td>
<td>4.2%</td>
<td>(19.4%)</td>
</tr>
<tr>
<td>Overweight</td>
<td>122</td>
<td>88</td>
<td>113</td>
<td>(27.9%)</td>
<td>28.4%</td>
<td>(7.4%)</td>
</tr>
</tbody>
</table>

**Note:** Percentages appearing in parentheses indicate a decrease.
Elevator Travel by Weight Classification. Overall, nearly six-in-ten women observed during the five-week period of the study (58.1%; n = 441) were classified as overweight. Using the one-week data, elevator travel among women classified as “overweight” decreased by 27.9% between baseline and intervention, then increased by 28.4% when all sign prompts were removed; a net decrease of 7.4% was observed between baseline and follow-up (Table 3). Among non-overweight women, elevator use decreased by 22.6% between baseline and intervention, then increased by 4.2% when all signage was removed; a net decrease of 19.4% was observed between baseline and follow-up.

Survey Data: Recall of Intervention. Fifty-seven of 61 women surveyed (93.5%) reported being in the building at least two days per week during the period of the study (Table 4). Among those who were in the building at least two days a week (n = 57), about seven-in-eight (87.8%) recalled seeing point-of-decision sign prompts. Four-in-ten women in this group (40.4%) correctly recalled the site of one of the four locations; greater than two-thirds (36.8%) recalled the site of two-or-three of the locations (no one could correctly recall all four locations) (Table 5). Among women in this group, the most commonly-recalled location was above elevator buttons (n = 9), followed by signs posted on the foyer and first-floor pillars (n = 6) and in bathrooms (n = 6); two women recalled seeing signs above drinking fountains (Table 5).

Table 4: Self-reported frequency of building visitation during the period of the study (n = 61)

<table>
<thead>
<tr>
<th>Frequency of Visitation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; once per month</td>
<td>3</td>
<td>4.9</td>
</tr>
<tr>
<td>Once-per-week or less</td>
<td>1</td>
<td>1.6</td>
</tr>
<tr>
<td>2-to-3 days per week</td>
<td>30</td>
<td>49.2</td>
</tr>
<tr>
<td>4-to-5 days per week</td>
<td>27</td>
<td>44.3</td>
</tr>
</tbody>
</table>

Table 5: Participants’ recall of point-of-decision sign prompts

<table>
<thead>
<tr>
<th>Sign Recall</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did not recall seeing sign prompt...</td>
<td>7</td>
<td>12.3</td>
</tr>
<tr>
<td>Recalled seeing sign prompt at...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incorrect locations</td>
<td>6</td>
<td>10.5</td>
</tr>
<tr>
<td>1-of-4 locations</td>
<td>23</td>
<td>40.4</td>
</tr>
<tr>
<td>2-of-4 locations</td>
<td>17</td>
<td>29.8</td>
</tr>
<tr>
<td>3-of-4 locations</td>
<td>4</td>
<td>7.0</td>
</tr>
<tr>
<td>4-of-4 locations</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Among women in this group, the vast majority (n = 19) included the pillar(s) and/or signs above the elevator call buttons on their list; the two other sign locations (bathroom and water fountain) were recognized by nine women who listed multiple sign postings. Among those who gave an incorrect location (n = 6), the most commonly-listed areas were bulletin boards and hallways (those who listed hallways as a location could have been referring to signs positioned above the drinking fountain).

Reasons Given for Choosing the Elevator Instead of the Stairs. The most common reason selected by survey respondents for choosing the elevator over the stairs was being tired (n = 17), followed by being too lazy (n = 15). Nearly one-in-four survey respondents (24.6%; n = 14) circled “saving time” as their reason for taking the elevator over the stairs; four women circled two-or-more reasons: too tired/saves time (n = 3); and too tired/too lazy/saves time (n = 1). Nine women provided a reason other than the one listed in the forced-choice format. One was concerned about her shoes, and was “…worried about making a scene by falling up or down stairs…” Other reasons presented included “…taking the stairs in other buildings and choosing to relax in this building…” and “…only taking the elevator when coming/going from a class on the third floor.”

Effectiveness of Signs in Prompting Choice of Stairs Instead of Elevator. Among women who noticed the signs
and admitted they used the elevator (n = 25), eighty-eight percent (n = 22) indicated that sign prompts did encourage them to choose the stairs over the elevator, at least to some degree; nine women in this group specified that the signs were the prime reason for choosing the stairs over the elevator.

Other Factors Motivating Stair Use. Several common themes emerged from the final question, which asked respondents about what other factors might ultimately motivate women to select the stairs over the elevator. Many suggestions were positive, and most were directly related to sign content. The most common suggestion was that signs be posted containing messages linking stair use with weight loss – as a valid means of exercise. The next most frequently presented idea was that signs contain information on the health benefits associated with stair climbing. Other suggestions, which were not sign related, included making stairwells more colorful and aesthetically pleasing, promoting stair use during class in Healthy Living (a two-credit course taken by all undergraduates, which introduces students to the fundamentals of a healthy lifestyle), and providing information on the benefits of stair climbing to all students on-campus.

DISCUSSION

This study was conducted to determine whether point-of-decision sign prompts would decrease elevator use among adult females in a classroom building on a college campus. Specifically, we considered changes in behavior patterns among those observed (i.e., proportional differences in elevator travel at three points in time) and its relationship to a select set of factors, including direction of travel, race/ethnicity, and weight. The value of gathering data consistent with the nation's health objectives cannot be understated, since information in this study can be used to measure progress in that regard. Of equal or greater value, however, is that the study provides university communities with key information that can be included as part of their overall strategy to improve the health of students, faculty, and others who might visit campus (see Healthy Campus 2010; ACHA, 2002).

In that regard, net decreases in elevator travel were observed among females during the period of the study. For example, for women exiting the elevator – or traveling down – a net decrease of 15.0% occurred between baseline and follow-up; for those traveling up, a net decrease of 12.6% was observed. Under the assumption that the data are accurate, the degree to which the signs potentially impacted behavior in this building is noteworthy, and dwarfs proportional differences that have been observed in most other studies, particularly among females (see Ford and Torok, 2008 and Dolan et al., 2006).

In our study, net decreases in elevator use were observed among females, particularly white females, whose use of the elevator decreased by 29.3% between baseline and follow-up; among black women in the study, a net decrease of 3.1% was observed. These observations are consistent with patterns found in other studies (e.g., Brownell et al., 1980 and Andersen et al., 2000), but the degree of the disparity in this case is worth noting and warrants further study. Perhaps culturally-relevant signage in this setting would prove to be more effective in producing change, tailoring the prompts to describe specific benefits or to appeal to a specific population(s) may increase their effectiveness (CDC, 2001).

A modest net decrease in elevator travel was observed among elevator travelers who were classified as overweight (7.4%), which was disappointing in comparison to the net decrease we observed among the non-overweight group (19.4%) given the findings in most other research. In designing future studies, perhaps we can learn from the comments made by those we surveyed, who suggested that signs be posted containing messages linking stair use with weight loss and the health benefits associated with stair climbing. Survey respondents also indicated that stairwells should be made to be more colorful, more aesthetically pleasing. These recommendations are consistent with those included in CDC’s StairWELL to Better Health and their Healthier Worksite Initiative: carpet the stairwell or install rubber treading to maximize safety; transform bare walls by adding brightly-colored paint, with each floor a different color; framed artwork or posters (dependent on the budget); royalty-free photos of nutritious foods, picturesque scenery, etc. (CDC, 2008b).

The Department of Health and Human Services and CDC have also instituted a national “Small Steps” campaign, endorsing more than 100 lifestyle guidelines to combat obesity among adults and teens (Dolan, Weiss, Pietrobelli, et al., 2006). A web page and several radio spots highlight a long list of tips for better health (including Small Step #67: Take the stairs instead of the escalator) which, when adopted with one-or-more of the other recommendations, can result in better health (HHS.gov, 2008a). The campaign is part of an overall strategy to promote physical activities that can provide aerobic benefit, while at the same time are practical, and easily fit into an individual’s lifestyle (CDC, 2008a).3

LIMITATIONS

Our study had several limitations that merit comment. First, and foremost, an unforeseen and tragic event – the death of a tenured, well-respected faculty member – occurred in the College housed in these two buildings. As a result, the Dean of the College asked that placement of the signs be postponed by one week. Since the request was made immediately after the two-week baseline phase, there was one-week mourning period (during which no observations could be made); signs were then placed and data collection resumed, but since the study timeline was firmly set, the follow-up phase was reduced to one week.

This factor led us to select one-week periods from both the baseline and intervention phases which may have introduced bias into the results; in opting for a more disciplined but restrictive design, we do not know what similarities (or differences) the data might have revealed regarding elevator travel during this unused baseline period, or whether elevator

3There is also a website for kids (HHS.gov, 2008b), designed to educate them about physical activity, healthy foods, etc.; a link for teachers is also available, with materials to build health and fitness skills among students..
use increased (or declined) during the week immediately after the intervention. Also, without a full complement of data, the power to detect differences was affected, which is particularly noteworthy in light of the number of observations made in other studies published in the literature, and how close to statistically significant the analyses in the current study turned out to be. Nevertheless, given the magnitude of the differences observed in the data – i.e., the substantive significance of the findings – we felt we should share results of this study with the research community.

Other limitations must also be noted. First, our ability to determine any long-term benefit of point-of-decision prompts in this setting was limited, since the same people may not have returned to the building each day, even though classes were scheduled on certain days and times; it is possible that those who did return to the building might have been observed and coded more than once, which would also have biased the results. Another factor that could have contributed to potential bias was the method we used to establish inter-rater reliability. Our decision to calculate the “percentage of agreement” between the two raters might not have been sophisticated enough to address the potential for chance agreement; since we studied a limited number of categories in this research, an increased probability existed that the raters would pick the same category, even if they picked the categories randomly (Cohen, 1960). Future study will consider this important element and might include the selection of computer software that feature more advanced methods of analysis (e.g., association matrices) to establish reliability (Jansen, Wiertz, Meyer, and Noldus, 2003). Second, the impact of the intervention on obesity prevalence per se could not be accurately made, given the study design (six weeks is just not long enough) and since we did not know the BMI of those we observed. The set of silhouetted images in the body image assessment used in this study – while valid and reliable – is not as precise a measure; on the other hand, as researchers design future studies, the benefits of increased accuracy must be weighed against the need to maintain inconspicuous observation. Finally, findings cannot be generalized to all college students, since the study involved only one building on only one campus. Still, findings from the current study do have merit, and warrant consideration regarding how they might be applied in other campus settings; the current study should stimulate future research in this area, with emphasis on designs that might allow for identifying more robust relationships in the data.

CONCLUSIONS AND RECOMMENDATIONS

Despite its limitations, this study was meaningful. We found that point-of-decision prompts decreased elevator use overall, regardless of direction of travel, and that elevator use decreased to the greatest degree among white females and those who were not overweight. In addition, findings suggest that sign prompts were more effective when placed above the elevator call buttons, since that was the most-recalled location among participants who completed our survey. Finally, the most common reasons given by participants for use of the elevator were being too tired or too lazy. Future study in this setting is warranted, and should include the measurement of elevator and stair usage patterns, as well as a longer period of time to collect data; among its purposes, the study should seek to make sign prompts a permanent part of the building’s environment, and to improve stairwells so that they are more user-friendly. Working with the university’s administration, a real difference can be made in reaching Healthy People and Healthy Campus objectives related to physical activity among its students. We conclude with what we believe is a pertinent quotation from noted French novelist, Collette (1873-1954), who wrote: “The true traveler is he who goes on foot…”

REFERENCES


Coleman, K.J. & Gonzalez, E. (2001). Promoting stair use in...


