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Contents

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Do YOU live up to the 'Highly Qualified' Title?

The National Association of Sport and Physical Education (NASPE) recently distributed a position paper on "What Constitutes a Highly Qualified Physical Education Teacher?" This topic is timely as many states have been employing less than 'qualified' teachers in many areas, including physical education. While all of IAHPERD membership may not be P-12 subject teachers, all are in related areas generally associated with some type of teaching. While I am confident that all members hope that their respective institutions will keep them and their colleagues employed by hiring qualified college graduates, I challenge each of you to see if you live up to the 'highly qualified' requirements..

Answer the following questions regarding your own teaching (based on The NASPE position paper):

- What skills, knowledge, and values do you possess with regard to the appropriate national standards?
- Which NASPE National Standards do you use as a basis for your teaching?
- Name your high expectations for student learning.
- What assessments are used as an integral step into your teaching-learning process?
- State examples of how you demonstrate professionalism and ethical behavior.
- How often do you engage in reflective practices and what changes have you made as a result?

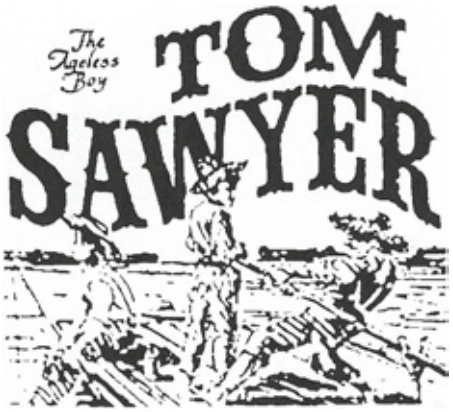
Do you currently exhibit these six characteristics in your work? Would others say that you demonstrate these? How do others learn of your teaching performance?

I have observed a wide range of competency in my area of physical education. I have seen outstanding teaching in Indiana as well as teaching that I am embarrassed to call my own discipline. As IAHPERD President, many teachers have asked that IAHPERD advocate for daily physical education. It would be much easier to support if were coupled with quality physical education as the normal mode. How can I ask our legislators to allocate more resources to extend an area that struggles to consistently deliver quality in its current setting? Yes, there are some barriers to quality teaching; but, many excellent teachers find ways to counteract these. I believe that daily, quality physical education can be accomplished with the concentrated efforts of those charged with teaching in this area.

My challenge to you, regardless of area, is live up the 'highly qualified' title. Be the example for others to follow in your school, community, and yes, state. A great way to begin and maintain this challenge is to attend the IAHPERD state conference in November, the professional development opportunity in the state, and a necessary element for professional development. Here you can learn many ways to become and maintain your highly qualified status and perhaps share your best practices with other 'hungry' teachers. At the conference, you will enjoy a wide selection of excellent programs, offered through specific councils, earn graduate credit, and share ideas with colleagues.

Question: Are you as serious about your learning as you expect your students to be?

NOTIONS From YOUR EDITOR...



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Risk Management in Interscholastic Athletics

Faulty Field Design

Morales v. Town of Johnston v. A Cut Above Landscaping Service - 895A.2d721

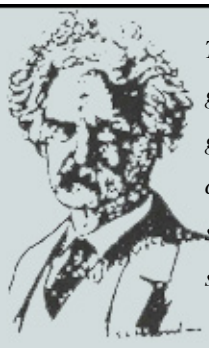
On September 10, 1997, Morales, a student-athlete at Central Falls High School and a member of its soccer team, played in an away-game against Johnston High School. The field was owned by the Town of Johnston. Prior to the game, the coaches discussed beforehand a potential hazard posed by a water drain that was partially covered by grass and located just out of bounds from the playing field. The Central Falls coach testified that before the game, both he and his assistant warned the players about the water drain; but, Morales had no recollection of that warning. During the game while chasing a soccer ball near the water drain, plaintiff stumbled into the water drain and suffered a severe knee injury that required two surgeries and resulted in permanent disability.

The plaintiff filed a negligence action against Central Falls under the theory of respondent superior on the negligence of its soccer coach. Morales did not sue coaches because of their statutory immunity. In a separate complaint, plaintiff brought a negligence suit against Johnston for its failure to maintain the field in a safe condition and for its failure to warn of a dangerous condition of the field, A Cut Above Landscaping Service for not properly maintaining the area around the drainage grates.

The court determined that Central Falls was not liable because its coaches were immune based on state statute (Immunity from Civil Liability-Sports Teams). Further, the court found in favor of A Cut Above Landscaping Service since the plaintiff failed to establish that the grass was overgrown near the drain. Finally, the court vacated the judgment in favor of the Town of Johnston and remanded the case for a new trial. In this final decision, the court determined that the recreational use statute did not shield the town from liability for injury to an identifiable person to whom town owed a special duty of care under the public duty doctrine.

The interscholastic athletic administrator must ensure that playing facilities owned by the school or not are safe for athletic participation. If they are found to be unsafe, then they should be made safe before play commences or moved to a safe facility. In this case, the administrator for the home team had the duty to ensure the soccer field was safe for the participants. Sawyer indicates "the sideline drainage area should be at least 5 yards from the playing field, contoured, and sloped to catch the runoff to direct it to large drains that are approximately 20 yards apart along the sidelines." (267) It is clear this field did not meet this design requirement. Further, if a field has a design flaw such as the one in this case, there are ways to modify the area to make it safe such as having a temporary cover constructed to be installed during competition or practice. Finally, knowing of such a hazard the owner of the field is also responsible for warning participants of the known hazard.

[1]Sawyer, T.H. (editor) (2005) Facility design and management for health, physical activity, recreation, and sport. (11th ed). Champaign, 1L: Sagamore Publishing. Chapter 21, p. 267.



The secret of getting ahead is getting started. The secret of getting started is breaking your complex overwhelming tasks into small manageable tasks, and then starting on the first one.

— Mark Twain

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Sport & Physical Education
an association of the American Alliance for Health, Physical Education, Recreation and Dance
NASPE Sets the Standard

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PHYSICAL EDUCATION TEACHER EVALUATION TOOL

Introduction

The National Association for Sport and Physical Education (NASPE), the preeminent national authority on physical education and a recognized leader in sport and physical activity, has origins that date back to 1885. A central aspect of this leadership is the development of national standards, guidelines, and position statements that set the standard for quality physical education programs. Quality physical education requires appropriate infrastructure (opportunity to learn), meaningful content defined by curriculum, appropriate instructional practices including good classroom management, student and program assessment, and evaluation.

All teachers benefit from meaningful, ongoing assessment and evaluation. The NASPE-developed Physical Education Teacher Evaluation Tool identifies the knowledge, skills, and behaviors needed to provide sound instruction in the K-12 physical education classroom. Its purpose is to assist principals, school district curriculum specialists, and others who evaluate physical education teachers as well as to guide physical education teachers in reflection and self-assessment, and serve as an instructional tool in college/university physical education teacher education programs. Specific examples of how this tool can be used include.

Specific Uses for This Tool

K-12 Administrator

- Prioritize and rearrange the items on the evaluation tool to emphasize certain teaching knowledge/skills/behaviors.
- Modify the tool to meet needs for formative or summative observation and feedback.
- Customize the tool to target areas identified in a professional growth plan.

School District Curriculum Specialist

- Assist teachers with using the tool for professional growth.
- Provide in-service programs to help teachers address point of emphasis or areas of needed improvement.
- Incorporate the tool into the mentoring program for new teachers.
- Use the tool for formal or informal observation of teachers.

K-12 Physical EducationTeacher

- Use the tool for self-assessment (e.g., videotape a lesson and review)
- Study and prioritize the list of tool items to work on specific points of emphasis during instruction
- Ask a colleague to observe a class and complete the evaluation tool for peer feedback

College/University Physical Education Teacher Education Programs

- Use the tool to teach program candidates about critical instructional skills, for discussion and practice purposes.
- Make the tool available to program candidates for reflection and self-assessment in practical experiences.
- Utilize the tool as part of the student teaching process.

Evaluation Principles

The following principles serve as guidelines for conducting observations and evaluations of physical education teachers and are strongly encouraged by NASPE.

Physical educators should:

- Be evaluated with standards, expectations, procedures, and rigor that parallel teachers of other curricular areas.
- Be observed, assessed, and evaluated by trained evaluators.
- Be observed multiple times during the academic year.
- Be observed for the entire class period, from beginning to end.
- Be observed and evaluated as part of a comprehensive assessment plan which should include formal conferences, professional growth plans, etc.
- Be accountable for student achievement of state standards in physical education or the National Standards for Physical Education (NASPE, 2004) in the absence of state standards.

National Standards for Physical Education

1: Demonstrates competency in motor skills and movement patterns needed to perform a variety of physical activities.

2: Demonstrates understanding of movement concepts, principles, strategies, and tactics as they apply to the learning and performance of physical activities.

3: Participates regularly in physical activity.

4: Achieves and maintains a health-enhancing level of physical fitness.

5: Exhibits responsible personal and social behavior that respects self and others in physical activity settings.

6: Values physical activity for health, enjoyment, challenge, self-expression, and/or social interaction.

Prior to observing a physical education class/teacher, NASPE requests that you review its online guidelines, *Appropriate Practices for Physical Education*, which are available for early childhood, elementary school, middle school, and high school at: http://www.aahperd.org/naspe/template.cfm?template=peappropriatepractice/index.html

These booklets describe physical education practices that are in the best interest of children. They address curriculum design, learning experience, fitness activities, fitness testing, assessment, participation levels, forming groups, competition, and much more.

Resources for Additional Information

Visit the NASPE position statement: *What Constitutes a Highly Qualified Physical Education Teacher?* Go to: http://www.aahperd.org/naspe/pdf_files/HiQualified.pdf

Other key NASPE publications can be found at www.naspeinfo.org, under Publications, in the Online Store, or call 1-800-321-0789 to order your copy:

National Standards for Physical Education, 2nd Edition (2004)
National Standards for Beginning Physical Education Teachers (2003)
Opportunity to Learn Standards for Elementary School Physical Education (2000)
Opportunity to Learn Standards for Middle School Physical Education (2004)
Opportunity to Learn Standards for High School Physical Education (2004)
Appropriate Practices for Elementary School Physical Education (2000)
Appropriate Practices for Middle School Physical Education (2001)
Appropriate Practices for High School Physical Education (2004)

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PRESS RELEASE

CASTLE HIGH SCHOOL'S JOHNNY EVERS HONORED AS NATIONAL ATHLETIC DIRECTOR OF THE YEAR

RESTON, VA March 22, 2007 - Newburgh resident Johnny Evers was named National Regional Winner of the National Council of Secondary School Athletic Directors (NCSSAD) Award Program by the National Association for Sport and Physical Education (NASPE) at its national convention in Baltimore, MD, March 13-17. The Midwest Region represents six states from West Virginia to Wisconsin.

At the convention, Evers, athletic director at Castle High School for over 13 years, competed with five other regional winners from around the country for the "National Athletic Director of the Year Award." First presented over 32 years ago, the award is sponsored by Philips Medical Systems, provider of HeartStart Defibrillators which are used to treat sudden cardiac arrest quickly and effectively. Herff-Jones provides the award plaques. The program's purpose is to give recognition to athletic administrators around the country who exemplify the highest standards of their profession.

The National Athletic Director of the Year Award recipient was announced on Friday, March 16 at the NASPE Hall of Fame Banquet which is sponsored by Walk4Life, Inc. Anita DeFrantz, president of the Amateur Athletic Foundation based in Los Angeles, CA, was inducted that evening into the NASPE Hall of Fame. Her participation is made possible by a grant from the Coca Cola Company.

According to NASPE President Jackie Lund of Georgia State University, "By making a significant impact on the lives of the students, Johnny Evers has made an outstanding contribution to his school and community. He is also recognized as an administrator of an exemplary athletic program and educator who keeps athletics an integral part of the total education program."

Phillip DeLong, principal of Castle High School, said "As a direct result of Johnny Evers' leadership, our entire athletic program has achieved a level of success that has gained local, state, and national recognition. Emblematic of these successes are the five state championships that CHS teams have won during his tenure. In addition, countless Castle athletes have gone on to athletic success at the college, professional, and Olympic levels. Most importantly, his leadership ensures that our students are better prepared for life-long success as productive citizens due to their involvement in our athletic program."

As athletic director, Evers is responsible for 19 sports, 45 teams, 60 coaches, and over 550 athletes. He has earned the NIAAA Certified Master Athletic Administrator level of accomplishment. Among his many achievements, he had a pivotal role in selecting and training Castle student athletes to participate in the NCAA Cross-Age Mentoring Program. These young people teach lessons about respect, integrity, caring, harmony, excellence and responsibility to fourth graders. In addition, members of the Student Athletic Council volunteer their time and energy to lead a "Reading Knights" program in the elementary schools. On the state level, he served as president of the Indiana Interscholastic Athletic Administrators Association and now holds the permanent position of secretary. Several of his recent awards include the NFHS National Citation Award, NIAAA State Award of Merit, and the Indiana Athletic Director of the Year Award.

Evers' professional affiliations and activities include lifetime membership in the National Interscholastic Athletic Administrators Association, Indiana Interscholastic Athletic Administrators Association, National Association for Sport and Physical Education/American Alliance for Health, Physical Education, Recreation, and Dance (NASPE/AAHPERD), among others. He has been tireless in his service to the community and has contributed significant achievements in the field of athletic administration on the local, state and national level. He holds a Bachelor of Arts degree and a Masters of Arts degree from the University of Evansville.

The preeminent national authority on physical education and a recognized leader in sport and physical activity; the National Association for Sport and Physical Education (NASPE) is a non-profit professional membership association that sets the standard for practice in physical education and sport. NASPE's 17,000 members include: K-12 physical education teachers, coaches, athletic directors, athletic trainers, sport management professionals, researchers, and college/university faculty who prepare physical activity professionals. NASPE seeks to enhance knowledge, improve professional practice, and increase support for high quality physical education, sport and physical activity programs through research, development of standards, and dissemination of information. It is the largest of the five national associations that make-up the American Alliance for Health, Physical Education, Recreation & Dance (AAHPERD). To assess whether your child is receiving a quality physical education program, visit www.naspeinfo.org/observePE for an observation assessment tool.

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ROSA PARKS-EDISON ELEMENTARY SCHOOL TEACHER HONORED AS NATIONAL ELEMENTARY SCHOOL PHYSICAL EDUCATOR OF THE YEAR

RESTON, VA, March 20,2007 - Indianapolis resident Roberta F. Sipe was honored as the National Elementary School Physical Educator of the Year by the National Association for Sport and Physical Education (NASPE) at its national convention in Baltimore, MD, March 13-17. The National Physical Educator of the Year Award is given in recognition of outstanding teaching performance at the elementary school level and the ability to motivate today's youth to participate in a lifetime of physical activity.

At the convention, Sipe, who has been in the field of education for over 32 years, competed with five other district winners for the "National Physical Education Teacher of the Year Award. This award is sponsored by NASPE and Sportime, an innovator of equipment and services for physical educators. The "National Physical Education Teacher of the Year" recipient was announced on Friday, March 16, at the NASPE Hall of Fame Banquet, which is sponsored by Walk4Life, Inc.

According to the award-winning physical educator, "The goal of my physical education curriculum is to develop physically educated individuals who have the knowledge, skills, and confidence to enjoy a lifetime of healthful physical activity. Two key ideas that I want my students to grasp as I teach are that personal fitness and lifelong activity are a must for the best quality of life."

One quarter of each day's 45 minute lesson is devoted to the development of health-related physical fitness. Children are also guided through activities reinforcing the main fitness components: cardiorespiratory endurance, muscular strength, muscular endurance, flexibility, and body composition.

Gary G. Robinson, principal of Rosa Parks-Edison Elementary School, said, "Roberta Sipe played a key role in implementing the balanced and sequential Edison Health and Fitness program in a newly opened school. She has enhanced it with her own ideas that grow from her outstanding passion for creating health, fitness, and wellness for our students, staff, and community. It is evident that she is an educator who truly finds various teaching methodologies to use to deliver very innovative and engaging learning activities for all students."

Sipe also demonstrates commitment to teaching through membership and participation in professional organizations such as the National Association for Sport and Physical Education/American Alliance for Health, Physical Education, Recreation, and Dance (NASPE/AAHPERD), the Indiana Association for Health, Physical Education, Recreation, and Dance (INAHPERD), as well as a National Health/Fitness Trainer for the Edison schools. She received her Bachelor of Science degree from Hanover College and her Master of Science degree from Ball State University.

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A College Supervisor's Reflection on Student Outcomes in Physical Education

by
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Viewpoint

I am in favor of holding teachers accountable for student outcomes and I support the implementation of assessments which help us view the impact of teacher behavior and instruction on student learning. I observed one of my student teachers today and my reflection challenges and stretches me.

Luke has come such a long way since I met him in his sophomore year of college. He was shy, quiet, and insecure. Today, I admire the transformation that has taken place as he confidently teaches these elementary students in his new teacher voice, which is firm yet kind and caring. It is obvious to me that he loves these children and desires great things for them in fitness, skill development, and in life.

While Luke is teaching today, he is working on an assignment given by our teacher education department. This assignment requires him to examine the impact he is having on the students asking the question, "How have the students changed as a result of my teaching?" The assignment further dictates that he assess students and document the outcomes in a quantitative way, as is the current emphasis in this country.

Prior to this lesson, Luke has had these third grade students perform the ½ mile run/walk Presidential Fitness test and he recorded baseline times. In teaching his unit, he has focused the lessons on activities which enhance cardiovascular fitness. Additionally, he has been talking to the children about pacing and Luke pushes them toward learning by asking them to reflect on how they can improve their energy levels and performance. The children articulate the importance of lifestyle behaviors such as eating healthfully, getting sleep, and provide examples of how to warm-up properly. He has done everything to maximize learning and cardiovascular improvement.

Today is the final run/walk test. When I arrive, Luke shares with me his hope that the students will better their personal times. He feels stress similar to that felt by the classroom teacher as students sit for the ISTEP tests. He longs for data to show he is, in fact, having an impact on these third graders.

As we head outside, the children are excited and most of them run out to the track. After reminding them to pace themselves, he lines them up and calls, "Ready, set, go." The children take off sprinting down the track as they cannot stifle their anaerobic tendencies. They move around the first turn and one little girl falls. Immediately, three of her friends stop and kneel beside her to inspect the wound on her knee and to comfort her. She is fine; but, Luke sighs as he notes it is unlikely these girls will better their times. As the children continue around the track, most slow to a walk, talking with friends as they go. On the far side, two boys stop to inspect a bug crawling across the track and on the straight stretch, a girl has stopped to tie the shoe of a classmate. The "class clown" feigns complete exhaustion and actually crawls toward the finish line at the end. I see the test validity slipping.

We both realize Luke is probably not going to have quantifiable data to suggest he is having the intended impact on his students. The times would be better if the children weren't so distracted. I reflect, "What happened in class? What outcomes am I observing? What if the children just ran by the little girl who fell? What if a third grader doesn't stop and look at a bug? What if a child won't help another tie her shoe? What am I observing here and what is really important?"

This experience suggests to me that the focus on quantitative outcomes may cause me to miss some important but difficult to measure outcomes. Is it possible that these children have learned some very important concepts from Luke even though they can not yet focus or pace themselves? I believe the children have learned much about cardiovascular fitness; but, I also wonder if I am seeing the impact of Luke's kindness and caring being enacted by the children. Have I observed outcomes from the questioning techniques Luke uses to help student reflect and wonder? I conclude that, although Luke may not have the data to show off student outcomes, he is still the kind of teacher I would want for my child.

High school academic standards: Preparing the college athlete to fail?

Allison, William.L., Whitted, Caleb, and Sawyer, Thomas H.

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Abstract

High school athletic administrators and coaches face challenges in relation to student-athletes and the minimum academic eligibility standards established by state high school activities/athletic associations. The academic eligibility standards for the 50 state high school associations were gathered and ranked from the highest to the lowest and then compared to the National Collegiate Athletic Association (NCAA) standards. It was found that generally the current academic policies regarding high school student-athletes' eligibility did not meet the NCAA minimum academic eligibility standards. It is recommended that state high school activities/athletic associations increase the academic eligibility standards to the NCAA minimum level. This change could dramatically change the success rate for high schools and student-athletes continuing on to colleges/universities.

Introduction

High schools across America have, for many years, had some form of academic eligibility standards for the high school student-athlete. The majority of these standards included a minimum number of courses a student must take each grading period, a minimum number of courses a student-athlete must successfully complete each grading period, a minimum grade point average (GPA) a student-athlete must maintain, and a required attendance policy. High school athletic administrators feel these standards should not be vastly improved. (Bukowski, 2003) It is felt by many administrators, coaches, and parents that the greater the academic standard the fewer student-athletes will be participating. Yet, some think a higher academic standard would strongly encourage the student-athletes to perform better in the classroom and eventually perform better academically in college.

Superintendent Richard Hoffmann of the Ashland school district near Boston attempted to raise academic standards for student-athletes and faced countless obstacles. The Ashland area is a small close knit community with above average high school academics. When the recommendations came through to require student-athletes to maintain certain standards for eligibility established by the Massachusetts Interscholastic Athletic Association, Hoffman thought it to be a splendid idea and required a 70 percent average to be maintained by the districts student-athletes. What Hoffman did not anticipate was the strong rush by parents and coaches to abolish this standard as it held the athletes to an unfair standard (Riede, 2006). Unfortunately, this is not the only incident of its kind. This story is repeated time and again.

Many high school student-athletes have been placed in academic jeopardy due to low academic eligibility standards established by state high school athletic governing bodies. The reasoning for the low academic standards varies from the standards set forth from the governing bodies are too vague to the myth that numerous student-athletes would drop out of school all together if they did not have athletic achievements to keep them motivated.

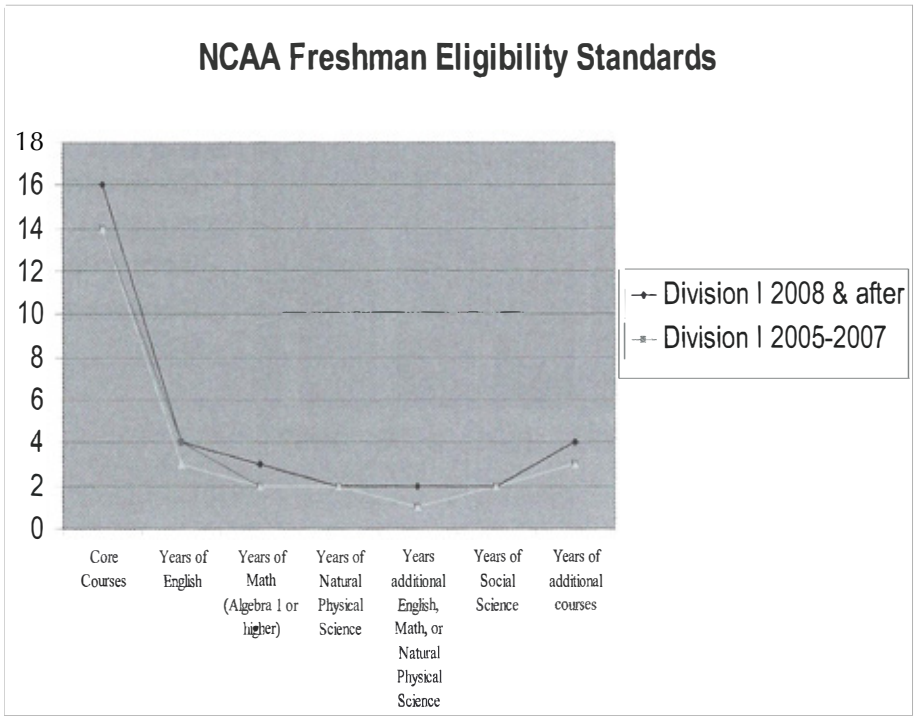
The trend of maintaining low academic eligibility standards is one that should be reviewed carefully in light of today's increased accountability for improved academic achievement for all students. This effort has been spearheaded by the "No Child Left Behind" (NCLB) legislation. The current low academic standards for high school student-athletes is contrary to the national emphasis being placed on improving

the education levels of all students in public schools.

The low academic standards established for student-athletes places the student-athlete in academic jeopardy when continuing on to a college or university. The student-athlete will have a questionable academic foundation which is not structurally sound and eventually will collapse leaving the student-athlete ineligible, expelled from college due to unsatisfactory grades or progress, or unable to obtain admission to the university due to low academic achievement. It should be remembered playing athletics is a privilege not a right and if society wants to see better student academic achievement as evidenced by the NCLB legislation, why not increase the academic eligibility standards to meet the NCAA minimum for high school student-athletes to be eligible to participate in sports? This change in policy could (1) improve high school graduation rates, (2) increase standardized test scores, and (3) enhance the opportunities for student-athletes in higher education.

Chart 1.1

NCAA Freshman Eligibility Standards



Purpose of the Study

The purpose of this study was to (1) review the academic standards established by state high school athletic associations and compare the findings with the current NCAA academic eligibility standards, (2) verify that interscholastic academic standards established by state high school associations are generally lower than the minimum NCAA academic standards, and (3) establish a rationale why state high school activities/athletic associations should increase academic standards for student-athletes that meet the minimum standards of the NCAA..

Methodology

All 50 state high school activity/athletic associations' bylaws were reviewed to determine their academic eligibility standards. The information was gathered from each association's Website. Then the NCAA academic eligibility requirements were gathered via the Web. Finally, a comparison of the high school academic standards and the NCAA standards was made to determine if the interscholastic academic standards established by state associations are generally in compliance with the established NCAA academic standards.

Results/Discussion

The NCAA has a strict set of academic eligibility standards established for student-athletes. These standards are enforced and monitored by the NCAA Clearinghouse. The NCAA Clearinghouse provides "clearance" for high school student-athletes to successfully enter Division I, II, or III institutions as academically eligible athletes (NCAA, 2007). The focus is to determine if the student-athlete has completed the required courses, earned the minimum GPA, and obtained the minimum SAT or ACT scores set forth by the NCAA which would declare them eligible or ineligible. The student-athletes who are exceptions to these standards are known as "Props".

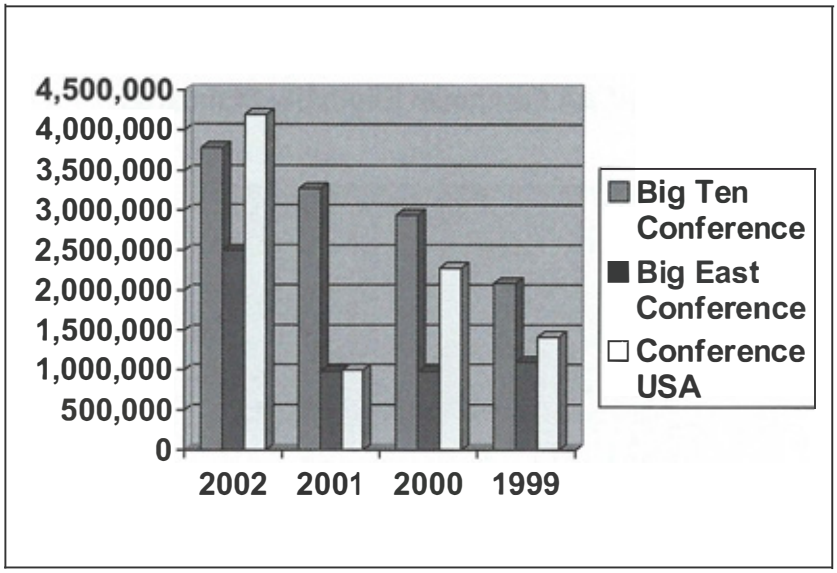
These student-athletes (Props) have not achieved a sound enough academic background to be cleared by the NCAA but have achieved high enough scores to be admitted to a college/university. These individuals have the chance to raise their grades throughout their freshman year on campus in order to be eligible their remaining three years with the university (Fair Test, n.d.). Chart 1.1 outlines the varying NCAA freshman eligibility standards that depend on what division the potential student-athlete plans to compete in; but, the standards are considerably similar.

The Division I standards from 2005-2007 require fourteen core courses including four years of English, two years of mathematics, two years of natural/physical science, one year of additional English, mathematics or natural/physical science, two years of social science, and three years of additional courses from the previously listed selections, foreign language or non-doctrinal religion/philosophy. The Division I standards from 2008 and after require of the student-athlete sixteen core courses, four years of English, three years of mathematics, two years of natural/physical science, one year of additional English, mathematics or natural/physical science, two years of social science, and four years of additional courses from any previously mentioned requirement, foreign language, or non-doctrinal religion/philosophy.

The Division II standards set forth for 2005 and after necessitate the student-athlete to complete fourteen core

Chart 1.2

Net Profits for Conferences



(http://www.nca.org/library/research/i_ii_rev_exp/2003/2003D1aConfReport.pdf)

courses, three years of English, two years of mathematics, two years of natural/physical science, two years of additional English mathematics or natural/physical science, two years of social science, and three years of additional courses from the previous requirements, foreign language, or non-doctrinal religion/philosophy (NCAA, 2006).

The academic standards which are depicted in Figure 1.1 establish a solid academic foundation for the high school student-athlete before entering an institution of higher education. This solid academic foundation ensures academic success for the student-athlete while attending a college/university. Finally, this solid foundation increases the chances that the student-athlete will graduate from the higher education institution in four to five years after matriculation.

The problem with this situation is that most state activity/athletic associations (47 out of 50) do not require their athletes to maintain a GPA of 2.0 or higher on a 4.0 scale or meet the NCAA Clearinghouse minimum requirements. Figure 1.2 outlines the top ten most restrictive state high school activity/athletic associations. Of those top ten, only three (West Virginia, Arkansas, and Alaska) require a minimum GPA of 2.0 on a 4.0 scale. The vast majority of state associations require their students to only pass four or five courses which means a student could receive all "D" grades and earn a 1.0 gpa. Further, it should be noted a number of states (e.g., Indiana [70%], Louisiana [75%], Missouri [75%], Ohio [75%], and Rhode Island [60%]) only require them to pass 75 percent or less of the courses taken during a previous or current grading period. However, every incident of a high caliber athlete becoming ineligible or being involved in a scandal which involves their academic standing the public is outraged. Yet, nothing is done to ensure that these incidences do not take place in the future or review the state academic eligibility standards.

The New York Times uncovered certain "prep schools" which are set in place to fine tune athletes athletic skills while preparing them for college academics. These "prep schools", in many cases are members of states high school activities/ athletic associations. The majority of these so-called schools did not even have classrooms or real teachers. The only teachers are the coaches who are much more concerned on how well the young athletes performed athletically, not academically. How can they get away with this, you ask? The NCAA allows for athletes with low SAT and ACT scores to balance them out with a higher GPA (Editorial, 2006). This seems like a good system, doesn't it? If the grades these athletes achieve in high school are not challenging them where is the preparation for collegiate academics? This system, if the high school administrators do not challenge the student-athletes, does in fact set the high school student-athlete up to fail upon reaching collegiate status.

High school students, in general, simply are not taking the required courses to successfully participate in collegiate coursework. According to a study conducted by the American Diploma Project, around one-third of American high school students successfully graduate with the mandatory skill sets for college. Not all figures and statistics are negative ones. States are revving up course requirements and in recent years have created exit examinations for certain grade levels. However, very few state high school activities/ athletic associations are including these new requirements in their academic eligibility standards.

Research conducted by the National Association of System Heads (NASH) suggests that only 28 state departments of education are ensuring students are prepared for collegiate level English in terms of required courses. Only four states are in complete compliance with the English standards.

In mathematics the circumstances worsen. Approximately 20 percent of the states are properly preparing students in mathematics and only one is in compliance in terms of required coursework (Reindl, 2006). These statistics showcase that not only are high school student-athletes ill prepared, but America's high school population in general is being short-changed in their high school educations.

Summary

"The notion is that colleges and universities are cultural membranes that filter intelligent and educated young people into society to further the causes of this country," (Koehler, 1995) This statement affirms all that this country's educational system should stand for and has seemed to slip away from. College athletic recruiters at the Division I and II levels have become more interested in how well a student-athlete can perform in the arena; rather, than how well they can balance a successful collegiate athletic career and academic career setting them up for success throughout

Figure 1.1
NCAA Sliding Scale Index for Initial Eligibility

Core GPA	SAT Score	Act Score	Core GPA	SAT Score	Act Score
3.550	400	37	2.750	720	59
3.525	410	38	2.725	730	59
3.500	420	39	2.700	730	60
3.475	430	40	2.675	740-750	61
3.450	440	41	2.650	760	62
3.425	450	41	2.625	770	63
3.400	460	42	2.600	780	64
3.375	470	42	2.575	790	65
3.350	480	43	2.550	800	66
3.325	490	44	2.525	810	67
3.300	500	44	2.500	820	68
3.275	510	45	2.475	830	69
3.250	520	46	2.450	840-850	70
3.225	530	46	2.425	860	70
3.200	540	47	2.400	860	71
3.175	550	47	2.375	870	72
3.150	560	48	2.350	880	73
3.125	570	49	2.325	890	74
3.100	580	49	2.300	900	75
3.075	590	50	2.275	910	76
3.050	590	50	2.250	920	77
3.025	610	51	2.225	930	78
3.000	620	52	2.200	940	79
2.975	630	52	2.175	950	80
2.950	640	53	2.150	960	80
2.925	650	53	2.125	960	81
2.900	660	54	2.100	970	82
2.875	670	55	2.075	980	83
2.850	680	56	2.050	990	84
2.825	690	56	2.025	1000	85
2.800	700	57	2.000	1010	86
2.775	710	58			

life. A possible reason for this shift in talent seeking could be the big business that has become college athletics. (See Chart 1.2)

Conclusions

The push from parents, coaches, and booster clubs to continue lowering or maintaining lower academic eligibility standards needs to be seriously reviewed. It is a documented fact that inner-city youth see athletics as a route to a better life. (Lancer, 2002) These individuals need to see the light that they have the chance to a better life through academics as well as athletics. As long as administrators allow for students to sell themselves short, the majority of them will. We need to realize that the individuals being dealt with are still very young and have had very limited if any at all real world experience. These experiences are the ones which shock people into knowing that they need to complete a high level of education.

State high school activities/athletic associations are also liable for the academic problems facing high school student-athletes. For example, the Louisiana High School Athletics Association (LHSAA) has one of the least restrictive rules governing academics and eligibility. The LHSAA requires a 1.5 grade point average and only seventy-five percent of the total classes that a student is enrolled in must be passed for the student-athlete to retain eligibility (LHSAA Eligibility Guidelines 2007). While these regulations are not equivalent to the standards of the NCAA, the Maryland Public Secondary Schools Athletic Association (MPSSAA 2007), the Minnesota State High School League (MSHSL 2007), and the Vermont Principal Association (VPA 2007) do not require a minimum number of classes to be enrolled in, nor a minimum number of classes that must be passed, and nor a minimum grade point average. These state associations allow all of these critical scholastic eligibility questions to be answered by local schools and school districts which affords the opportunity to have a great deal of inconsistency in the academic eligibility standards within these states. This gives the schools an unbelievable amount of power to decide who is academically eligible and who is not. The temptation for schools to play an academically failing student may be too great, without the oversight of state athletic associations.

Recommendations

The money (see Chart 1.2) that is made through athletic departments in large universities is mind-boggling. High school administrators have a responsibility to make sure that high school athletes are not exploited and they are, in some cases, failing to fulfill that obligation (Lancaster, 2006). The athletes are making the transition to collegiate athletes, being used as long as they can stay eligible and then tossed aside for new talent which is coming up through the high school ranks. In summation, until high school administrators see the urgency to correctly prepare not only student-athletes, but students in general, for collegiate coursework or a workplace environment, the fruit of the high school educational system will continue to seem sub par and this will translate into the professional workplace.

High school administrators, state athletic associations, the NCAA., colleges and universities, and student-athletes all would benefit from tougher academic standards at the high school level. High school administrators would have less headaches dealing with academic problems, state athletic associations would be able to exert greater control of athletics in the state, the NCAA. would have less administrative stress because more athletes would be adequately prepared for higher education, colleges and universities would receive more appropriately educated student-athletes and the individual student-athlete would be able to handle the course load and requirements of higher education.

This ideal situation cannot be reached without fundamental changes at the high school level and state

activities/athletic association level. State associations must implement more stringent scholastic policies to meet the NCAA minimum academic eligibility standards.

By doing so, the student-athletes who continue on to play collegiate sports will be better prepared to successfully participate in collegiate academic life. Also, state associations need to take a more active role in certifying athletes. For example, in three states the individual schools are responsible for the academic eligibility standards of student-athletes. Without the oversight of state associations, schools will find it more difficult to keep talented athletes off of the playing field for academic issues.

Figure 1.2
10 Most Restrictive State High School Association Academic Eligibility Standards

State		Academic Eligibility Standard*		
		Min # of Classes	Min Grade	Min GPA
1.	West Virginia	4	60%	2.0/4.0
2.	Arkansas	4	none	2.0/4.0
3.	Alaska	5	none	2.0/4.0
4.	Mississippi	5	60%	1.75/4.0
5.	South Carolina	5	60%	1.0/4.0
6.	Alabama	6	70%	none
7.	Texas	5	70%	none
8.	Virginia	5	60%	none
8.	Tennessee	5	60%	none
8.	Georgia	5	60%	none
8.	Kansas	5	60%	none
8.	Oklahoma	5	60%	none
8.	Arizona	5	60%	none
9.	New Hampshire	4	60%	none
9.	Rhode Island	4	60%	none
9.	Connecticut	4	60%	none
9.	Delaware	4	60%	none
9.	Iowa	4	60%	none
9.	Maine	4	60%	none
10.	Utah	Full-time student	fail one class	2.0/4.0

* There are three states (Maryland, Minnesota, and Vermont) that allow there school districts to establish all the minimums.

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Remember — No Hoosier Children Left on Their BEHINDS!

"SOLID ENDINGS – FRESH BEGINNINGS"
Region 8 Spring Workshop – 2007

By
Lana Groombridge, Manchester College
Professor and Chair, Exercise and Sport Sciences
604 E. College Avenue, Box PERC • N. Manchester, IN 46962
Phone: (260) 982-5353 Fax: (260) 982-5032
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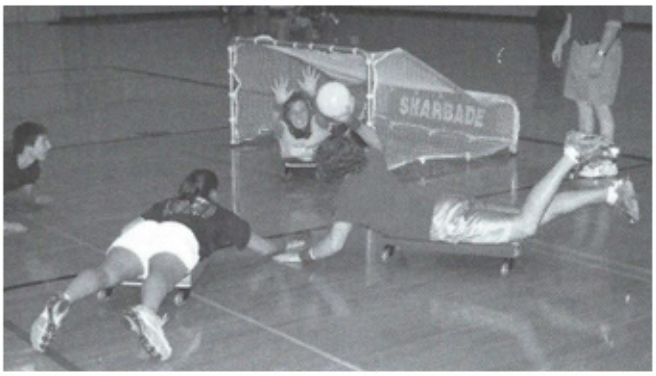
(PILATES – Slow Abdominal Work)



(SHARBADE – Going for the Goal)

Over twenty-five northeast Indiana physical educators braved a raging spring downpour to engage in new activities and earn CRU credits at Manchester College on April 25, 2007. During "Stretchin' Your Limits", taught by local private instructor Heidi Stout, teachers learned practical Pilates techniques to help students gain flexibility and strength. Participants were challenged to practice their own techniques as well as learn important teaching strategies to incorporate in classroom activities.

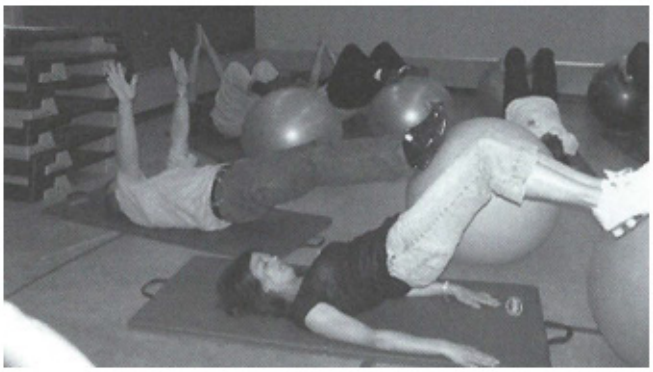
Cooperative rhythm patterns were invented and practiced during "Sticking to Rhythm" presented by Lana Groombridge. Several steps from a Guam stick activity were introduced and then participants created their own patterns for various developmental levels. Teachers learned how rhythmic activities increase brain function and how interdisciplinary teaching could be accomplished at each grade level.

Tom Mulry, Indianapolis, introduced his own game invention during "Scoring with SHARBADE". Participants gained an appreciation for the game's benefits of developing the shoulders, arms, and backs through this highly engaging and challenging scooter game. Individual, partner, and team drills were presented and practiced before mini-games were attempted.

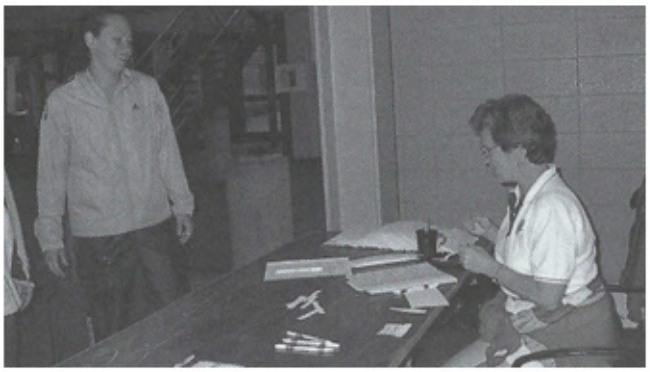
Fund raising was the topic of "Dollar Walkin" by Kerri Zurbach of Ft. Wayne who discussed how to develop a project using the Ft. Wayne City Walk as a model. Ann Acosta presented how to join the American Heart Association in promoting healthy activities for students, schools, and families during "Jumpin' and Hoopin' It Up".

The final workshop session was led by Brian Cashdollar, Manchester College, who presented up-to-date physio-ball skills during "Rounding Out Your Day." Participants sometimes struggled as they learned new exercises to build core strength among students; but, they were enthusiastic about taking ideas back to their schools.

Each attendee earned a door prize and each was ready to try new activities in his/her local school. Participants were very positive in their thanks to Bobbi Lautzenheiser and Mary Jo McClelland for organizing the event.



(Physio-Ball Ab & Glute Work)



(Bobbi Greets the Participants)

Indiana ACES: All Children Exercise Simultaneously

Kim A. Duchane
IAHPERD Advocacy Committee

For the first time ever, students from schools in all 9 regions of the state, including most of the 92 Indiana counties, experienced the joys of exercise concurrently with millions of people worldwide. All Children Exercise Simultaneously (ACES) is an international celebration recognizing the importance of physical activity for children and youth. Held at 10:00am on the first Wednesday of May each year, children in every U.S. state and in more than 50 countries worldwide got out of their seats and got moving to experience the joy of exercise. Indiana's participation in ACES has grown nearly every year and this year representation covers the entire state.

"Poor diet and lack of physical activity are second only to smoking as causes of preventable death," said Dr. Lisa Hicks, President of the Indiana Association for Health, Physical Education, Recreation, and Dance (IAHPERD). "Without some immediate intervention, this is the first generation of young Hoosiers who are expected to have a shorter life span than their parents or grandparents. ACES helps raise awareness in Indiana about the need for healthy lifestyles and lifelong fitness."

From the suburban schools of Indianapolis to the rural communities of North Manchester and Floyds Knobs, ACES motivated students and communities all over the state. The students and teachers of Manchester Junior High School kicked off ACES day with a brisk walk throughout the community. Students from Floyds Knobs Elementary School also participated in an aerobic dance marathon.

Indiana's efforts are coordinated by the IAHPERD Advocacy Committee and the Shape Up Indiana Task Force. The Hoosier state set a record with over 50,000 participants when 120 schools participated in ACES this year. ACES is held during National Physical Education and Sport Month and encourages health, physical education, recreation, and dance professionals to celebrate physical activity with their students, teachers, and parents and to encourage everyone in their communities to become or stay active.

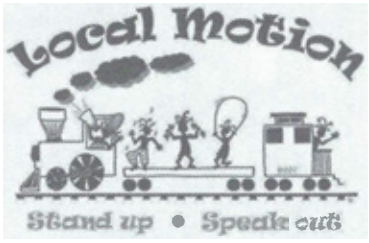
For more information on ACES, please visit www.indiana-ahperd.org.


HOOSIERS FOR A HEALTHIER INDIANA
IAHPERD
www.indianaahperd.org

Indiana AHPERD 2007

State Conference Prospectus

Sheraton (Radisson Hotel) City Centre, Indianapolis * November 7-9, 2007



By attending the 95th annual State Conference, your professionalism will be acknowledged with many happy times as we move through via Locomotion. Here are a few reasons to smile about our 2007 Indiana AHPERD conference.

☺ Having time *to* ***network*** with fellow professionals from the nine regions of the state,

☻ ***Enjoying*** a forum to *expand your teaching skills* by learning from "Teachers of the Year",

☺ ***Experiencing*** cutting edge technology from exhibitors and presenters,

☻ Opportunities to ***examine*** the latest in products and services from our exhibitors,

☺ ***Laugh*** as you participate with friends in the activity sessions,

☻ The ***challenge*** of participating in the student SuperStars competition,

☺ ***Building*** self-esteem as you challenge yourself to grow professionally,

☻ ***Honoring*** *award recipients* while enjoying refreshments during conference social, AND…

☺ The ***satisfaction*** *of participating* in one of the best state HPERD conferences in the Midwest.

We are excited about the happy times that are available to you from the National leaders in our fields. You will enjoy learning from state, regional and national leaders in our fields.

You are encouraged to join us on Thursday and Friday, November 8-9, in Indianapolis where IAHPERD members gather to honor our colleagues and celebrate excellence in teaching

Lisa Hicks, President

What's Inside?

Thursday November 8th FEATURED SPEAKER

Dr. Shirley Holt/Hale

Shirley Holt/Hale is a Physical education specialist, working at Linden Elementary School, a National Demonstration School in physical education for 25 years.

She is a two-term President, Tennessee AHPERD; Former Chairperson, COPEC; Former National Elementary Physical Education Teacher of the Year; Former President of NASPE, and a Past President of AAHPERD. Additionally, she serves as Chairperson of the Physical Education Committee for the National Teaching Standards for Physical Education (NBPTS), is a Member of the Task

Force for the development of the National Content Standards for Physical Education (NASPE), Member of the Writing Committee for National Assessments for Physical Education (NASPE).

Charter Member, North American Society for Health, Physical Education, Recreation, Sport, and Dance Professionals; Charter Member, Tennessee Governor's Council for Physical Fitness & Health; state, district, and national Honor Award (AAHPERD); Distinguished Service Award (COPEC); NASPE Hall of Fame.

Co-author with George Graham & Melissa Parker of *Children Moving* (7th Edition, 2006), McGraw-Hill Publishers; author of *On the Move* (7th Edition, 2006), McGraw-Hill; author of *Assessing Motor Skills in Elementary Physical Education* and *Improving Fitness in Elementary Physical Education* (NASPE, 1999); contributing author, *Standards Based Physical Education Curriculum Development* (2005) Jones & Bartlett.

She is also a consultant in curriculum development for elementary physical education, assessment, and curriculum mapping. Dr. Hale has over 150 invited presentations throughout the United States.

Do you need an extra $ lift to development a special program?

Apply for an IAHPERD grant

For more information contact
Carole Dehaven
Purdue University
800 West Stadium Ave.
West Lafayette, IN 47906
cdehaven@purdue.edu

Special Luncheons

Council for Future Professionals

Thursday at 1:00pm

Gather with other future professionals for a time of fun and fellowship.

Sign up with pre-registration for only $5.00.

Jump Rope and Hoops for Heart

Thursday at 12:00 noon
LET'S DO LUNCH!!!

Attention: Jump and Hoops Coordinators

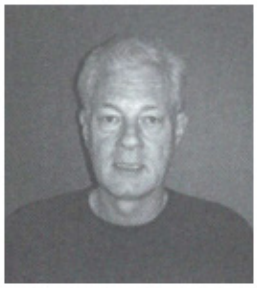
This year the coordinators' get-together will be a luncheon on Thursday, November 8th. Please plan to share your successes and ideas with other coordinators from around the state. There is a $5.00 cost, refundable by attending, coordinators MUST PRE REGISTER as space is limited to for the luncheon but the first 75 people. Hope to see you there!

KEYNOTE SPEAKER
FRIDAY LUNCHEON
NOVEMBER 9, 2008
11:30 AM

PANORAMA BALLROOM
THE OLYMPIC EXPERIENCE - WORKING WITH THE ELITE ATHLETE

DR. KEITH HENSCHEN,
CLINICAL PSYCHOLOGIST FOR THE UTAH JAZZ AND THE UNITED STATE OLYMPIC TEAMS

RESERVATIONS ARE REQUIRED. ORDER LUNCHEON TICKETS WHEN PRE-REGISTERING



Dr. Keith Henschen

Dr. Keith Henschen is a graduate of Ball State University (B.S.), Saint Francis University (M.S.), and Indiana University (P.E.D.).

Dr. Henschen currently is a full professor at the University of Utah. He also is the clinical psychologist for the Utah Jazz of the National Basketball Association (NBA). Additionally Dr. Henschen works with the United States Olympic Committee. He has served as a clinical psychologist for over 25 years.

Dr. Henschen is a Professor in the Department of Exercise and Sport Science at the University of Utah with an area of expertise in Applied Sport Psychology. He has published over 200 articles, 32 chapter of books, five monographs, co-authored five books, and has made over 400 presentations. He has served as President (1997-98) of the American Alliance of Health, Physical Education, Recreation, and Dance (AAHPERD) and was also President (2001-05) of the International Society of Sport Psychology (ISSP). He has consulted with numerous Olympic, professional, and world class performers. He has been the sport psychology consultant for the Utah Jazz for the past 18 years.

Local Motion

Stand up • Speak out

PROGRAM SESSIONS WILL INCLUDE

(PARTIAL LIST: FOR THE COMPLETE LIST BY DAY, VISIT OUR WEBSITE AT WWW.INDIANA-AHPERD.ORG)

ADAPTED PHYSICAL EDUCATION

Genie Scott, "New Eye-Hand Coordination Skills"
Denise Maguire, "Tennis is for Everyone"
Kim Davis, "A Brief Introduction to Autism"

AQUATICS

COUNCIL FOR FUTURE PROFESSIONALS
Janell Brown, "Cross Training the Mind"
David Haberman, "Super Stars Competition"
Mary Sutliff, " Surviving a Majors Club"

DANCE
Gary Hutton, "Square Dancing Revival"
Susie Stanford, "Show Your Stuff"
LeAnn Haggard, "Locomotion with Cardio Be-Bop"

JUMP ROPE/ HOOPS FOR HEART
Ann Graves, "Jump Kids Jump Movement"
Charles Woods, "Jumpstart Your JRHH Program"
Sunni Duvall, "Great Ideas from Great Coordinators"

FITNESS
Eric Neuburger, "Governor Daniels' INShape Indiana"
Mike Meeter, "Power Up Your Student's Fitness Level"
Raymond Leug, "Fitness and Premature Disease"
Kim Ward. "Get Yourself Moving"

HEALTH
Wilma Willard. "You Did What?"
Kathy Keck, "Making the Most of Wellness Policy Legislation"
Karen Hatch, "Making Health Fun and Games"
Tyler Small, "How Healthy is Your School?"

HIGHER EDUCATION AND RESEARCH
Lana Groombridge, "Grant Writing for Beginners""
Kim Duchane, "Guess Who's Coming to Gym?"
Lisa Hicks, "Using Higher Education Technology"

POSTER SESSIONS—varied topics

PHYSICAL EDUCATION-ELEMENTARY
Roberta Sipe," "Step It Up"
Jeff Mushkin, "All New Elementary SPARK,Raising the Bar"
Gordon West,"In-School Bowling"
Jim Kamla, " Games That Keep Kids"

Conference Management

IAHPERD extends its appreciation for all our valued members who have volunteered to assist in the planning of our 2007 State Conference and Exposition. Listed below are the names of those who have served as Program Directors for their respective program area. A complete list of all the members of each Program Council is not listed due to space constraints; but it takes many individuals to put on the best conference in the Midwest. For all those who have graciously accepted the call, we are grateful for their service.

Jackie LaFree (West Lafayette**)**
Council for Future Professionals
Lisa Angermeier (Indianapolis)
Health
Dale Berry (Floyds Knobs)
Jump Rope for Heart

PHYSICAL EDUCATION-SECONDARY"
Jill Simala, ""Get on Board the Data Train!"
Paige Craigie, "Searching for athletes**"**
Candy Handy-Ogle, "Is There an Epidemic of Over-Sized Cabooses in Your Community."

SPORT AND SPORT MANAGEMENT
Jeff Peterson, "A Close up Look at Victory Field Tour"
Jennifer VanSickle, "Getting Your Foot in the Door: Resume' Development & Interview Etiquette"
Kimberly Bodey, " Debating Sport Policy"
Larry Judge, "Recruiting & Managing Volunteers:Life Blood of Hosting Major Sporting Events"
Angie Fincannon, "It is All About Who You Know: Networking Skills in Sport Management"

TECHNOLOGY
Molly Hare, "Do You Use Technology? We Want You"
Alicia Breedlove, "Websites for Physical Education"
Diana Jones, " Analyzing Teaching Performance through BEST Software"
Paul Gray, "Hide or Seek:Geocaching Fun!"

EXHIBITOR PRESENTATIONS
C'motion-"Exercise and Video Games"
GeoFitness- "Having Fun on Geo Mats"
Dartfish "The High Tech Classroom"
Speedstacks "On the Move with Speed Stacks"

Johannah Casey-Dooe(Indianapolis)
Aquatics
Roberta Sipe (Indianapolis)
Elementary Physical Education
Bill Maddock (Angola)
Sport
Anne Graves (Indianapolis)
Recreation
Denise Magwire (Angola)
Adapted Physical Education
LeAnn Haggard (Indianapolis)
Dance
Glenna Bower (Evansville)
Higher Education/Research

Dale Berry Floyd Knobs)
Hoops for Heart
Molly Hare (Terre Haute)
Technology
Marci Royality(Indianapolis)
Secondary Physical Education
Raymond Leung (Evansville)
Fitness

Jeffery Peterson (Muncie)
Sport Management
Candy Handy-Ogle (Indianapolis)
Middle School Physical Education
Jason Meier (Indianapolis)
Recreation

If you need special accommodations
Contact Deb Bottorff@ 317-894-5847

Online Registration

Pre-Registration Discount

"We are pleased to offer conference attendees an early registration discount," reports Deb Bottorff IAHPERD Conference Coordinator. Pre-registration may be submitted online at www.indiana-ahperd.org or mail the registration form with payment (check, money order) must be postmarked by**, October 10.** Because the pre-conference workload of our small office staff, registration will not be processed if it arrives without accompanying payment or if it is postmarked after October 10. If you are unable to meet the deadline, registration must be processed on-site upon arrival at the Sheraton Hotel City Centre and regular fees will apply.

Professional Member Rate

Professional membership is for certified teachers and other HPERD professionals. IAHPERD membership must be valid at the time of registration to qualify for discounted fees. If you are not a current member and you wish to join or renew, check membership on your registration form and pay the reduced fees.

Student Member Rate

Student registration rates are available to undergraduate students currently enrolled on a full time basis (12+ units) at a college or university and who are not employed full time in the fields of HPERD. If you are not a current IAHPERD member, simply check membership on your registration form and pay the reduced fees.

Registration Hours

The Registration Area will be located on the lower level of the Radisson Hotel. The times IAHPERD staff will be available for registration include:

Wednesday, November 7
5:00pm-7:00pm
Thursday, November 8
7:30am-4:00pm
Friday, November 9
7:30am-1:00pm

Special One-Day Registration Fee

Individuals unable to attend the entire two-day conference will be able to register for the events scheduled for Friday. This special Friday only pre-registration fee is $50.

INDY: A Night on the Town

Indianapolis is the host city for the 2007 State Conference and Exposition. It is in the heart of Indiana and was given the title "Crossroads of America" because it is easily accessible from a wide variety of locations. It has more interstate highways bisecting the city than any other in the country, which makes traveling to Indy by car an attractive option for many.

The 12th largest city in the U.S. offers the best of "Hoosier hospitality." It has a variety of offbeat and exciting things to do and places to go. If you are interested in sports, art, history, or high-octane excitement, Indy can provide friendliness and fun that is recognized far and wide.

Restaurants

Once in Indianapolis, you will never have to worry about finding a place to eat! Indy features many great restaurants to serve you. Whether you prefer a hot dog or burger, fresh fish or smoked clams, pizza or steak, you are sure to find an affordable restaurant to your liking in Indy!

Shopping

Our conference center is just three blocks from the over 100 specialty shops, restaurants, and entertainment venues in the **Circle Centre Mall**. Shopping begins with the Circle Centre and expands out to 6 separate malls in the Indy area. Friday evening might be a great time to start your holiday shopping!

Indianapolis is truly a great American city…

from stunning architecture, great restaurants, super shopping, and famous museums. Indianapolis offers a range of attractions that keep visitors coming back again and again!

Attractions

Among the many attractions convenient to conference attendees are the **Conseco Fieldhouse**, **RCA Dome**, **Soldiers' Monument**, **Art Center**, and the **Statehouse**. Indy is renowned for its diverse collection of museums: **Indianapolis Museum of Art**, a truly amazing collection; **Children's Museum**, feel like a kid again; **Indiana State Museum**, where Hoosier history comes to life; **NCAA Hall of Champions**, be part of year-round March Madness; **Eiteljorg Museum**, collections of native American culture; **Colonel Eli Lilly Civil War Museum**, commemorating Indiana's contribution; **Crispus Attucks Museum**, Oscar Robertson would be proud; **Indianapolis Motor Speedway Hall of Fame**, racing capital of the world; and **Indiana World War Memorial**, celebrate those Hoosiers who fought for the USA.

Conference Schedule at a Glance

Thursday

9:00am-12:00am	Morning Sessions
11:15am-12:00pm	Spotlight on Exhibits
12:00pm-1:00pm	JRHH Luncheon
12:00pm- 3:00pm	Afternoon Sessions
1:00pm- 2:00pm	Student Luncheon
3:00pm- 4:30pm	Awards Celebration
4:30pm- 6:00pm	Conference Social
6:00pm- ???	**Night on the Town**

Friday

7:30am- 8:30am	Leadership Breakfast
9:00am-12:00am	Morning Sessions
11:15am-12:00pm	Spotlight on Exhibits
11:30am-12:45pm	Keynote Luncheon
12:00pm- 3:00pm	Afternoon Sessions
3:00pm- 6:00pm	Shopping
6:00pm- ???	**Night on the Town**

Conference Hotel/Reservations

Sheraton Hotel City Centre

31 W Ohio Street * Indianapolis, IN 46204

Reservations (317) 635-2000

Refer to IAHPERD when making reservation to receive a discount conference rate. Visit our own Sheraton/Radisson reservation website at www.radisson.com/hper6 for direct reservation.

The Conference Hotel is located in the heart of downtown Indianapolis. The Radisson specializes in serving busy people! So…when you come to our conference, just look at what they have to offer IAHPERD members …

- ★ Four Star accommodations at a discounted conference rate (Single or Double: only **$119.00**).
- ★ Spacious, attractively decorated guest rooms featuring beautiful views of downtown Indy.
- ★ Guest rooms have sleep number beds, ergonomic chairs, coffee makers, irons/ironing boards, 25-inch televisions, high-speed internet access, and dual line telephones with dataports.
- ★ Parking is convenient, abundant, and discounted for our conference attendees (only **$5.00**).
- ★ Central location to restaurants, shopping, museums, and special attractions for a night on the town.
- ★ A fitness center is provided for our guests.

All reservations must be made by the cut off date of **October 10,** in order to receive this conference rate. Reservations made after October 10 will be accepted on a space and rate available basis. Hotel rates above do not include state and local taxes.
Check In: 3:00pm Check Out: 12:00pm

Awards Celebration

Thursday, November 8, 3:00 pm

Panorama Ballroom

Your attendance and support for colleagues and friends receiving Teacher of the Year, Association, and Midwest District Awards is a way to say "thanks" for their significant contributions to our professions.

Don't miss this opportunity! Join us for an afternoon of awards, refreshments, and entertainment. Following the Awards Celebration will be a Conference Social with a variety of refreshments provided. Have an afternoon snack while fellowshipping with friends and award recipients. **Please be sure to check the appropriate box on the pre-registration form to attend the awards and social.**

Some of those being honored include:

Honor- Suzanne Crouch
Legacy- Barbara Greenburg
Leadership- Kim Duchane
Pathfinder-Pat Zezula
Young Professional- Glenna Bower
Special Contribution- Wilma Willard
PE TOY Secondary- Tod Held
PE TOY Middle- Missy Harvey
PE TOY Elementary- Pamela Hesting
Health TOY-
Dance Educator of the Year- Teresa McCullough
Sport Management- Jeff Petersen
Recreation Leader of the Year- Connie Updike
Outstanding Student- Melainie DeGrandchamp
Jean Lee/Jeff Marvin Collegiate Scholarship- Melanie DeGrandchamp, Sara Longnecker, Landon Buesching, Mary Sutliff

KEYNOTE LUNCHEON

Friday, November 9th

11:30 am

Panorama Ballroom

Reservations are required. Order luncheon tickets when pre-registering.

Your State Conference offers...

- Two full days of programs and activities,
- Over 100 presentations by HPERD professionals,
- Exchange of information and ideas with more than 700 of your professional colleagues, and
- Opportunities to examine the latest in products and services from a variety of exhibitors.

Exhibitor Exposition

Our exhibit area is bigger and better than ever. Our conference attendees can spend more time learning about each individual company and the products and services they offer. "We have new exhibitors this year and increased our exhibit space. Indiana is known as a state with educated members and a new level of dedication to our students. Please **take time to visit with the exhibitors** between sessions and during our Spotlight on Exhibits each day. Also, **come prepared to spend your physical education budget** on the new products and bargains our exhibitors' offer. That is what keeps our vendors coming back each year.

Visit the EXHIBITORS

Register Early and Save

IAHPERD 2007 Deadlines
Earlybird Registration—October 10
Hotel Reservations—October 10

Joint the Crowd

Where else can you find so many people walking around in tennis shoes? Where else do you find people more passionate about their profession? Where else can you find a group of people that have such a positive attitude? You can find them at the IAHPERD 2007 State Conference and Exposition!

"The most impressive aspect of the conference was the variety of sessions one could attend. Whatever your specialty was, there were activities and techniques you could take home with you. I used ideas I learned from the conference the very next day I taught! The companies in the Exhibit Hall were knowledgeable and helpful. How many times have you looked at a catalog and had questions about a piece of equipment? I was able to get my answers instantly." Darla Davis, Ft Wayne

Jump Rope/Hoops for Heart

Jump Rope/Hoops for Heart As IAHPERD celebrates its 95th State Conference, our American Heart Association partner is also celebrating over 25 years of Jump Rope for Heart and 10 years of Hoops for Heart events. Coordinators are invited to a luncheon get-together on Thursday, November 8th, at noon to celebrate our achievements. There is a limit of 75 participants for the luncheon and coordinators **MUST PRE-REGISTER!!!**

Be sure to participate in the Jump Rope/Hoops for Heart sessions and stop by the American Heart Association booth in the Exhibit Hall to view his year's educational materials. Coordinators can also pick up their special ribbon at the Registration Table. If you are not involved as a coordinator of this exciting project, we urge you to call today and: **ENROLL** your school in this important fun and educational event. For details, **VISIT** the IAHPERD website at www.indiana-ahperd.org and click on the Jump logo or call 1-800-2-8721.

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Register Early and Bring a Colleague or Student

IAHPERD Logo Shop

Our Association will be offering shirts for sale that feature the IAHPERD logo. They are designed to help promote your identity as a proud HPERD professional. Maybe you will choose to be fashionable this year with a colorful IAHPERD t-shirt, golf shirt, or windshirt. **Order shirts by writing in type, size, color and cost on your pre-registration form and pick them up in the Registration Area at the conference.**

T-SHIRT

100% Pre-Shrunk Cotton
with printed crest logo
Color**: Red or Royal**

Sizes: S-4XL *
Cost: $10.00

**Add $1.00 for each X above XL*

COLLARED GOLF SHIRT

100% Cotton Pique solid color
with embroidered crest logo
Colors: Ivory, Royal, Light Blue, Red, Yellow, Dark Gray, Faded Blue, Light Gray
Men: S-3XL*
Women: S-2XL*
Cost: $25.00

**Add $2.00 for each X above XL*

WINDSHIRT

100% Polyester Microfiber
unlined, embroidered crest logo
Color: Chili Red, Putty, Black
Sizes: S-4XL * Cost: $30.00

HOODED LINED PULL OVER JACKET

Nylon with flannel lining, drawcord bottom and hood. Three pockets
Sizes: S-3XL * Cost: $39.00*
Color: Navy, Red, Royal, Black, White, Golden Yellow

**Add $2.00 for each X above XL*

Member Benefits

As a benefit to our members, the State *Conference Prospectus* is being sent in a different format this year, reports President Lisa Hicks . As you may have noted, it describes the program in greater detail, and it offers many helpful hints to assist you with a successful conference experience. You will also find all the information needed to register, obtain housing, and select special events to attend.

The Conference Management Committee hopes this format is more appealing and informative…which is just what a prospectus should be. And, our exhibitors and sponsors have been listed to announce their participation and to encourage yours.

Apparently, folks are developing a new excitement for our conference. We have received calls at the State Office expressing satisfaction with the new look and conference plan. We hope you will be pleased as well.

Keeping Conference Costs to a Minimum for our Members

In these difficult economic times, IAHPERD understands the likelihood that less support may be extended to attendees by their schools and companies. So, in an effort to assist you as much as possible, IAHPERD has maintained the low two-day conference fee of $85.

Additionally, special events are available for menu style selections. For example, luncheon tickets, t-shirts, etc. will be sold separately and not included in the regular conference price. Attendees will be able to select only the items they desire.

Share Your Journal with a Colleague or Student

Other **cost saving tips** include:

1. Pre-registering for the conference. Earlybird registration saves you $25 and time in line.
2. Join or renew your membership at the time of registration and pay the reduced fee.
3. Find a friend…perhaps even two or three, and travel to the conference together sharing the expenses.
4. Invite a colleague to share your hotel room to reduce the cost.

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Special Sessions for Students

Did you know that there is a Council for Future Professionals in IAHPERD designed especially for students? Our goal is to help future educators prepare for the working world that lies ahead and provide the necessary information to begin a professional career.

The Council will be hosting special sessions for students. Session topics will range from Classroom Management to Networking. There will also be activities to participate in, such as SuperStars, Family Feud for Health, Jeopardy, and much more.

Student awards and scholarships will be presented during the Student Luncheon on Thursday, November 8, at 1:00pm.

Order tickets for the luncheon when pre-registering.

Student Scholarships

IAHPERD has chosen to honor our future professionals by offering **Catherine Wolf Conference Scholarships** to one undergraduate student at each of the Indiana colleges and universities that provide programs in health, physical education, recreation, dance, and/or sport. Students are nominated by their professors to receive one of these scholarship opportunities. Recipients, who must be IAHPERD members and who register and attend the conference, will be awarded a complimentary

conference registration, a special certificate of recognition, and a stipend to cover some of the cost of their hotel expenses. "This is a great learning experience," stated Susan Flynn, IAHPERD Faculty Advisor for the Council for Future Professionals. "It will allow future professionals to get a first-hand look at their professional association. They will meet HPERD leaders from our state and nation, they visit with writers of their textbooks, and exchange ideas with master teachers and those recognized as Teachers of the Year." College Coordinators will be receiving details of this opportunity in early September.

No Child Left on His/Her Behind!

Do you have friends who'd enjoy The Indiana AHPERD Journal? Send us their addresses, and we'll send them a free sample issue.

Name of Friend _____

Address _____

Your name (optional) _____

Indiana AHPERD Journal, Karen Hatch,
2007 Wilno Drive, Marion, IN 46952

IAHPERD 2007 State Conference and Exposition and Membership Registration Form

November 7-9, 2007 * Sheraton/Radisson Hotel City Centre * Indianapolis, IN

Online Registration
www.indiana-ahperd.org

Pre-Registration Deadline:
Registration Postmarked By October 10

Membership Application □ **New** □ **Renewal**
Membership Type □ Professional □ Student
I am a Jump Rope for Heart Coordinator □ Yes □ No
I am a member of AAHPERD □ Yes □ No
I am a Hoops for Heart Coordinator □ Yes □ No

Print First Name MI Last Name Home Phone Work Phone

Preferred Mailing Address City State Zip County of Residence

Email Address School/Company Name School Corporation

EMPLOYMENT LEVEL
- □ Elementary School
- □ Junior High/Middle School
- □ High School
- □ College/University
- □ Community Fitness
- □ Public Health
- □ Recreation/Parks
- □ Business
- □ Student
- □ Other _____

PRIMARY INTERESTS (select up to 3)
- □ Health
- □ Physical Education
- □ Recreation
- □ Dance
- □ Adapted Physical Education
- □ Athletic Training
- □ Coaching
- □ Administration
- □ Professional Development
- □ Other _____

LEADERSHIP INTEREST
- □ Advocacy
- □ Committee Member
- □ Conference Presenter
- □ Grants
- □ Jump Rope for Heart Coordinator
- □ Hoops for Heart Coordinator
- □ Program Council Member
- □ Regional Council Member
- □ Student Leadership
- □ Retiree

Please place a **check mark** (√) in the first column for each item you select.

Early registration discount offered for registrations postmarked by October 10. Full registration fees in effect after October 10 and on-site.

Sorry, we are not able to accept purchase orders from schools.

All registrations must include a check. **Make checks payable to IAHPERD.**

Mail completed registration form and check to:
Indiana AHPERD
Karen Hatch, Exec Director
2007 Wilno Dr.
Marion, IN 46952
Cancellations must be made in writing and postmarked no later than October 25. All

√	Event/Package	Professional		Student		Amount
		Early Registration	After October 10	Early Registration	After October 10	
	Membership	$40	$40	$20	$20	
	Member Conference Fees					
	2 Day Conference	$85	$110	$15	$30	
	Fantastic Friday Only	$50	$65	$10	$20	
	Retired Professional	No Charge	No Charge	N/A	N/A	
	Non-Member Conference Fees					
	2 Day Conference	$130	$165	$45	$60	
	Fantastic Friday Only	$95	$110	$35	$45	
	Spouse/Significant Other	$50	$65	Name:		
	Special Selections					
	Keynote Luncheon	$20	$20	N/A	N/A	
	Student Luncheon	N/A	N/A	$5	$10	
	Leadership Breakfast-Friday	No Charge	No Charge	N/A	N/A	
	Jump/Hoop Lunch-Thursday	5.00	5.00	N/A	N/A	

cancellations are subject to a $10 processing fee. Refunds will be issued within 6-8 weeks after conference. No refunds will be issued on requests made after October 25.

	Conference Social	No Charge	No Charge	No Charge	No Charge	

Register Early and Save

IAHPERD 2007 Registration Deadlines:

Hotel Reservations—October 10, 2007
Early bird Registration—October 10, 2007
Onsite Registration—November 7-9, 2007

www.indiana-ahperd.org

EXHIBITS/SPONSORS

(update with new hire)

MEMBERSHIP/REGISTRATION

Karen Hatch, Executive Director
765-664-8319
hatch@comteck.com

QUESTIONS

Deb Bottorff, Conference Coordinator
317-894-5847
wobblydab@msn.com

Mark Your Calendars

IAHPERD 2007 Conference

November 7-9, 2007

Radisson Hotel, City Centre, Indianapolis

SHARBADE: A New Game with a Purpose

By
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Are you looking for new ways to keep your students' upper bodies in shape while challenging individual and team game skills? Then consider adding SHARBADE (SHoulders, ARms, and BAck DEvelopment) into your curriculum. As an elementary physical educator in the late 60s, Tom Mulry experimented with intriguing activities to motivate his students. From the first small commercial scooter, a flattened volleyball, and a trash can goal, Tom continued to develop the game by building extended and body formatted scooters, adopting a tuff skin foam ball, and constructing a unique goal mouth for his new sport of SHARBADE. Initially introduced at an IAHPERD convention in 1971, the game and equipment have been modified through the years to its present form.

The Game

The activity is best described as a mix between basketball, soccer, and hockey, but with a twist: all participants use scooters to maneuver around the court. Team members must lie with their stomachs on the scooters, using only their hands and arms to propel themselves, and they are not allowed off the scooters while the ball is in play. The goal is six feet wide by three feet high and five feet deep with the goalie positioned within the goal on a scooter as well.

Each game consists of four five-minute periods with a two-minute rest be-tween periods and a five-minute halftime. Fouls are called when a participant uses feet or legs to block another's movement or holds onto an opposing player's feet, arms or scooter.

The playing surface is approximately the same size as a basketball court and has a goal set up at each end. The game, as well as each new period, begins when the referee drops the ball between two players from opposite teams at center I court. Then six members on each team attempt to advance the ball down court by rolling or passing it to their teammates without having it stolen. Scoring occurs when the ball is shot or thrown in the opposing team's goal while a seventh member on each team, a goalie, is designated to protect the goal. Shots cannot be taken from inside the goalie's box which is marked off around the front of the goal.

Tom and Equipment

SHARBADE Users

Manchester College was the first college in the nation to adopt and purchase SHARBADE equipment to use in the physical education teacher education program, in the required physical education activity program, and as an intramural sport, their

The Goal

inaugural SHARBADE activity class two Manchester College students with disabling leg conditions enjoyed being on an even playing field with other students. They were pleased that there was a new course offering that allowed them to learn a team game and not just an individual activity.

Butler University has played the sport as well. Indiana's HPERD Region 8 schools have become quite familiar with SHARBADE as many Manchester student teachers have introduced the activity in area public schools and the sport was introduced at the 2007 Spring Region 8 Workshop. Jennifer Cripe of Churubusco Middle/High School says that "SHARBADE is well worth the money." She and her colleagues play three to four week units and the students love it and the teachers have observed tremendous benefits for students' physical development.

Creative Funding

Purchasing an entire set of scooters and goals is quite expensive but there are several creative ways to develop a local program. Manchester College students gained initial interest when Tom introduced the sport to their Sports, Health, and Physical Education club using his demonstration equipment. He allowed the school to borrow the equipment for several weeks where student teachers taught the sport at the college and in area schools. The college then purchased equipment over a two year span by combining funds from the physical education and intramural departments.

Mike Zehner, his colleagues, and students at Huntington North High School loved the game so much that they held a weekend tournament to augment funding from the school. Each participant was charged $10 for a day's worth of competition and they made over $1,000. The tournament was so successful that they decided to host a second one. Total earnings of the two sessions allowed the purchase of one set of equipment. Because of these physical educators' efforts, the school matched their earnings and bought a second set. Now, Mike says they often use SHARBADE in weight training classes on non-lifting days to help strengthen muscles without using machines.

Another possibility to secure equipment is for several schools within a district or county to join together to purchase one or more sets. Each school would have access to the equipment for a predetermined length of time during the school year. Depending upon the number of collaborating schools, there might be two or more rotations. This type of cooperative venture among area schools is an excellent model to seek additional grant funding. Indiana AHPERD welcomes well-designed grant proposals that focus on student learning outcomes, provide inclusive participation, demonstrate collaborative partnerships, exhibit sharing of equipment, and identify multiple funding sources.

Update from the Inventor

Tom will be launching his new longer and durable plastic boards for per-sons over six feet at the IAHPERD state conference this fall. He sees tremendous crossover benefits the game has for physical education students, athletes, and diverse populations. He is working on a new board extender that connects to an existing scooter to enable players with lower limb disabilities to enjoy the game with

Manchester in Action

Teachers Learn Game

the same advantages as non-disabled players. Tom plans to eventually market the game to disabled veterans as a form of therapy. He stated, "I would like to see the game reach the interscholastic level in my lifetime and eventually become a professional sport."

Get Moving

The game of SHARBADE is an excellent upper body conditioner that can compliment other core strengthening activities. Elementary students benefit from individual skill development and team work. Middle school students are well suited for coeducational play and introductory team concepts plus upper body strength can be developed in the sport. Coeducational play may be appropriate for high schools; but, many teachers have found that girls and boys increase strength and skills more readily when they play separately.

Be sure to attend the 2008 IAHPERD convention in Indianapolis and meet Tom during his SHARBADE presentation or meet him at his vendor booth. He has developed an amazing game that can benefit any age level and many physical ability levels.

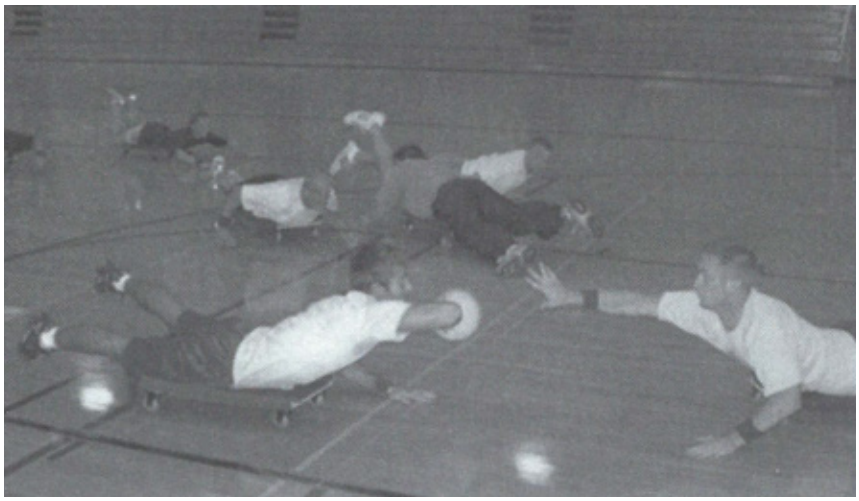
Be a Physical Education ADVOCATE

Why not play students versus teachers using SHARBADE during a lunch hour or an all school assembly? Show your colleagues how you develop skills, stamina, and teamwork through an innovative game.

Why not use SHARBADE as a demonstration activity for your PTO or for a school board program? Let parents and policy makers know the many values of your program and the active involvement of students who are enthusiastic learners.

Why not raise funds for your program with a SHARBADE half-time competition at home basketball games or weekend family-fun events? Few schools have adequate funding; therefore a "new tournament" event might bring more families together for an enjoyable fitness activity while raising cash for your curricular needs.

Creativity, innovation, experimentation, hard work, and enthusiasm are trademarks of a good teacher. Although Tom Mulry has retired from full time teaching in the public schools, he continues to enjoy teaching a new game to others. SHARBADE is worth giving a chance. Won't you try it?



Defending the Pass

Share Your Journal with a Colleague

Fitness and Physical Activity: The Magic Medicine for Type 2 Diabetes

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Abstract

A significant increase in the incidence of Type 2 diabetes (non-insulin-dependent diabetes mellitus, NIDDM), obesity, dyslipidemia, hypertension, and arteriosclerosis has been evident in industrialized societies. A common characteristic leading to these disease states is insulin insensitivity which is closely associated with physical inactivity. Over the past two decades, remarkable scientific advancements at the molecular and cellular levels have been made toward the understanding of the beneficial effects of physical activity in increasing the rate of glucose transport into skeletal muscles, thus restoring insulin sensitivity. Hence, exercise exerts an "insulin-like" effect to facilitate glucose transport and positively serves as a therapeutic intervention for Type 2 diabetic individuals. This article introduces the complex mechanism of exercise-induced glucose transport in a simplified manner and discusses exercise guidelines for Type 2 diabetic individuals. With a better understanding of its underlying biological mechanisms, health and physical educators can effectively develop strategies to promote lifetime physically active lifestyle and prescribe appropriate exercise programs in light of the prevention and treatment of Type 2 diabetes.

Fitness and Physical Activity: The Magic Medicine for Type 2 Diabetes

Curiosity about the benefits of physical activity and fitness on diabetes generated interests in examining the relationship between diabetes and exercise utilizing animal models in early studies. Investigators in the 1950s to 1980s used rats, dogs, and even frogs as subjects to study the effects of physical activity and exercise on glucose balance and regulation. (Holloszy & Narahara, 1965; Huycke & Kruhoffer, 1955; Tan et al., 1982) The findings in regard to the beneficial effects of exercise and physical activity on diabetic subjects tended to be encouraging (Crettaz et al. 1983; Tancrède, et al., 1982); although some were controversial. (Goodyear et al., 1988; Vallerand et al., 1986) In the 1980s, similar studies employing human subjects have been conducted. (Devlin et al., 1987, Mikines et al., 1988; Richter et al., 1989) Positive exercise effects on an enhancement of glucose transport and an improvement of glucose regulation were evident in human diabetic patients. Over the past two decades, research studies at the cellular and molecular levels have remarkably advanced our understanding of the importance of exercise and physical activity on glucose homeostasis (i.e. blood sugar balance). (Bruce & Hawley, 2004, Hawley & Houmard, 2004, Holloszy, 2005, Jessen & Goodyear, 2005; Sakamoto & Goodyear, 2002).

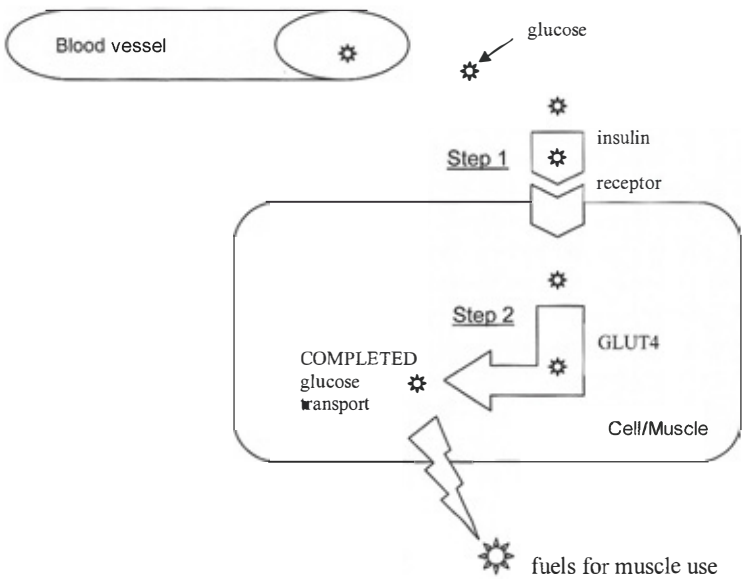
The objective of this article is, from an educational perspective, to provide an update of progress in the current understanding of the importance of exercise and fitness on diabetes at both the theoretical and practical levels. In the current article, attempts have been made to take an easy-to-understand approach to explain and illustrate the scientific facts that require advanced biochemistry and physiology to comprehend, thus serving as an educational article integrated with research evidence. Specifically, this educational article will discuss what Type 2 diabetes is, introduce the complex mechanism of exercise-induced glucose transport in a simplified manner, and discuss exercise guidelines for Type 2 diabetic individuals in light of its prevention and treatment.

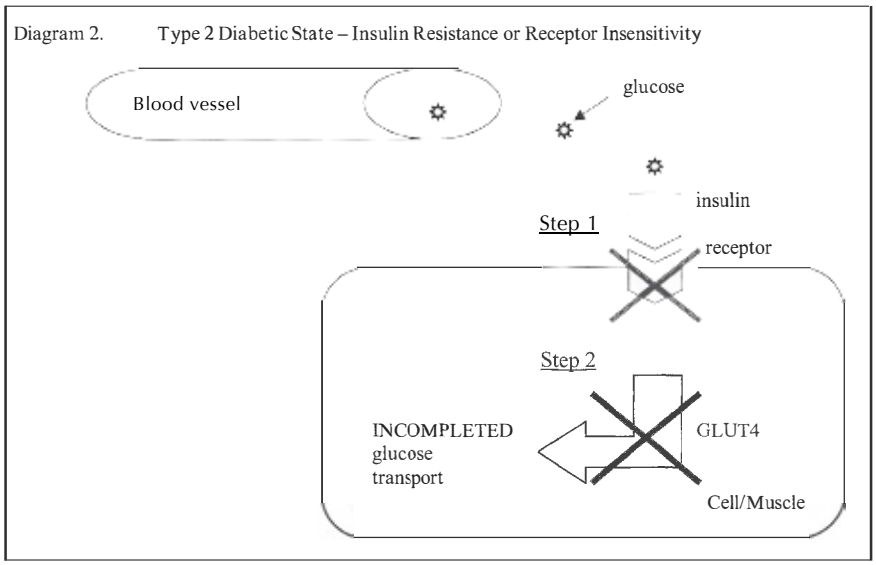
To introduce, diabetes mellitus can be classified into the following four categories: (a) Type 1 diabetes, (b) Type 2 diabetes, (c) gestational diabetes which occurs in pregnant women but disappears after pregnancy, and (d) others due to genetic abnormalities, medication use and associated illnesses. (American Diabetes Association, 2003) Diabetes is characterized by high blood sugar, technically hyperglycemia. In general, diabetes is defined as a blood glucose level that is equal to or greater than 200 mg/dl. Since blood glucose level would fluctuate before and after a meal, clinical diabetes is diagnosed as an eight-hour fasting blood glucose concentration that is equal to or greater than 126 mg/dl. (American Diabetes Association, 2003) The two typical diabetic forms are insulin-dependent diabetes mellitus (IDDM), commonly known as Type 1 diabetes; and non-insulin-dependent diabetes mellitus (NIDDM), commonly known as Type 2 diabetes. For Type 1 diabetes, patients cannot produce insulin and they need insulin injections. For Type 2 diabetes, patients can produce insulin; but, the body fails to use insulin efficiently; therefore, patients mostly do not need insulin injections. (American Diabetes Association, 2003; Hoerger et al., 2004) Type 2 diabetes is the more prevalent category of diabetes accounting for more than 90% of diabetic cases in the United States (American Diabetes Association, 2003) and the present article will discuss Type 2 diabetes only.

The Magic Effect of Exercise on Type 2 Diabetes

Glucose (blood sugar) is always available in the bloodstream; however, it does not mean that the cells (i.e. skeletal muscle) can use it. Glucose transport from bloodstream to cells occurs through a process called facilitated diffusion. (Klip & Pâquet, 1990) Diffusion refers to the movement of molecules from the high-concentration to the low-concentration area. Facilitated diffusion refers to diffusion that requires a carrier to facilitate the process. For glucose transport, the carrier is called GLUT4. (Bell et al., 1993) The GLUT4 is specifically a glucose transporter carrier protein. You may ask why glucose transport requires such a complicated process of facilitated diffusion. The reason is that glucose cannot enter the cell through the pores (holes) of the cell membrane because the size of glucose (specifically its molecular weight) is larger than the pores. This GLUT4 is particularly important because it is essential to have the GLUT4 glucose transporter to carry glucose so as to accomplish the complete process of glucose transport for muscle utilization. Without the GLUT4

Diagram 1. Simplified Mechanism of Glucose Transport from Bloodstream to Cells for Muscle Use





as the carrier, glucose transport is therefore incomplete and muscle cannot utilize the glucose available in the bloodstream.

Specifically, blood sugar gains access to cells for muscle utilization through two steps. To assist the explanation (see diagram 1), Step 1 requires insulin and its receptor for diffusion to occur while Step 2 requires the GLUT4 transporter to facilitate the completion of the entire process. For Step 1, the relationship between insulin and its receptor is simply based upon a key-and-lock concept. Insulin can be compared to the key while the insulin receptor is the lock. Insulin (i.e. the key) is essential to open the lock (i.e. the receptor) for glucose to enter the cells. For Step 2, which is equally important as Step 1, the GLUT4 glucose carrier is required to facilitate and complete the entire task of glucose transport into the cells. The GLUT4 can be compared to a shuttle that delivers glucose to the final destination for muscle utilization.

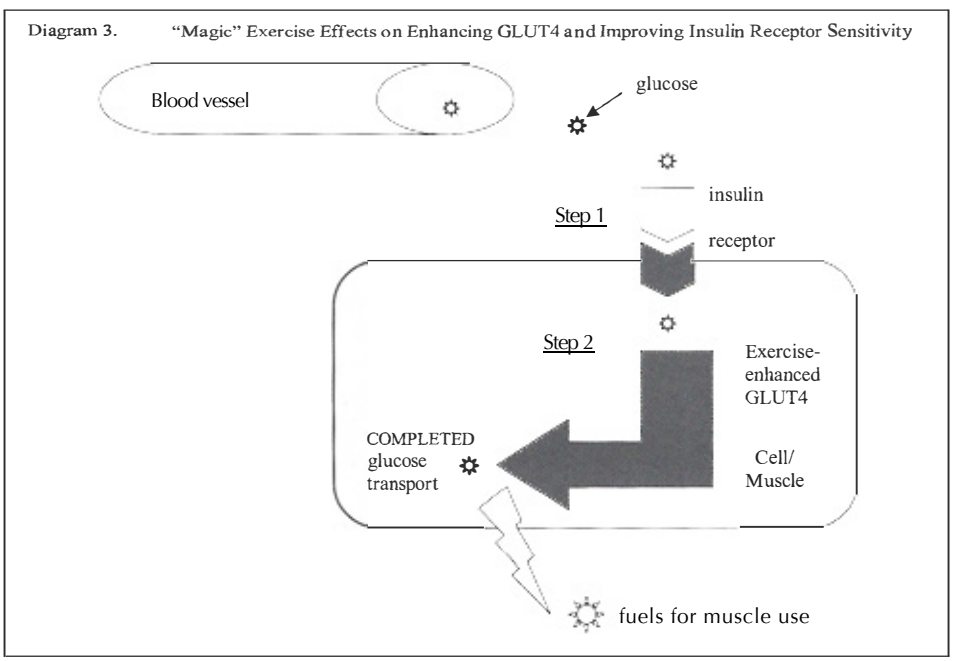
From the above illustration, we ought to be clear that the presence of insulin does not necessarily mean that glucose can enter the cells for muscle use if the insulin receptors (i.e. Step 1) linking to the GLUT4 process (i.e. Step 2) are defective. This defect is exactly the case in Type 2 diabetes in which insulin is available but the receptors linking to the next step in the sequence are defective (see diagram 2). In literature, it is often referred as insulin resistance or receptor insensitivity. In simple words, patients have insulin but fail to use it. Glucose level therefore remains high in the bloodstream (i.e. hyperglycemia).

If you are a detective, you might logically investigate how to correct and fix the defective parts (i.e. GLUT4 and insulin receptors). This line of thought was also what researchers attempted to examine in the last two decades. To solve this puzzle by investigating the root problem, the GLUT4 is the underlying factor that controls the sensitivity of the insulin receptors. Logically, if there is an enhancement of the GLUT4, the receptor sensitivity can be improved and the available insulin can be effectively utilized. Some researchers hypothesized that exercise might be able to enhance the GLUT4 and the available glucose could enter the cells efficiently for muscle use, thus proposing a glucose-lowering benefit of exercise. Through numerous molecular-level research, recent studies have confirmed that exercise (specifically muscle contraction) enhances plasma membrane GLUT4 (see diagram 3). The specific mechanism by which exercise increases glucose uptake in skeletal muscle is through the translocation of glucose transporter proteins from an intracellular compartment to the surface of the cell. (Khayat et al., 2002; Roy & Marette, 1996; Ryder et al., 2001)

The above findings are based upon sophisticated research at the cellular and molecular levels. For the sake of clarity and simplicity, the above explanations are simplified and the specific scientific facts are adjusted to be interpreted in an easy-to-understand manner. Although there is some merit to this illustration, it is certainly incomplete. For specific mechanisms, the following papers are good resources (Dohm, 2002, Goodyear & Kahn, 1998, Henriksen, 2002, Holloszy, 2005, Jessen & Goodyear, 2005; Zorzano et al. 2005).

A Note for the General Public

For Type 2 diabetic patients, the goal of exercise is to improve insulin receptor sensitivity. (Boulé et al., 2001, Hawley, 2004) The American College of Sports Medicine has established a position stand stating that regular exercise



serves as an imperative therapeutic modality for Type 2 diabetes; but, physical activity is often underutilized. (Albright et al., 2000) Before starting an exercise program, you should check with your physician for medical screening. A graded exercise test is recommended for individuals who aged over 35 years, have been diabetic for more than 10 years, and are therefore are at risk of developing autonomic neuropathy and micro or macro-vascular diseases. (American Diabetes Association, 2000)

According to the American College of Sports Medicine exercise guidelines for Type 2 diabetic individuals (Albright et al., 2000), the recommended types of physical activities should be ones that can safely and effectively maximize caloric expenditure. Some examples of recommended exercises are walking and jogging which offer convenient low-impact physical exertions for most people. Owing to the potential complications such as peripheral neuropathy or arthritis in diabetic patients, non-weight-bearing activities such as biking and swimming should be considered as alternatives. In terms of intensity (i.e. how hard), low-to-moderate intensity physical activity is recommended. As Type 2 diabetic individuals might start with a relatively low fitness level, a less-intense aerobic activity allows a more comfortable level to begin and lessens the likelihood of musculoskeletal injuries such as foot trauma. The bottom-line is that low intensity physical activity is found to be adequate to produce favorable metabolic changes such as blood glucose reduction and insulin sensitivity enhancement. For exercise frequency (i.e. how often), daily aerobic exercise is recommended. If everyday schedule is not feasible, alternate-day schedule (i.e. 3-4 exercise sessions per week) is suggested because the acute (short-term) glucose-lowering benefit of exercise lasts less than 72 hours. Therefore, the regularity of exercise program is the emphasis; that is, regular frequent light exercise is better than occasional strenuous physical training. For exercise duration (i.e. how long), people should at least perform 10-15 min continuous exercise each session. Ideally, 30 min exercise is suggested so as to achieve a recommended energy expenditure level of 1000 kcal/week. For beginners, an exercise session can be divided into three 10 min sessions for an accumulative total of 30 min exercise per session. Modification of the method to monitor exercise intensity is crucial because Type 2 diabetic individuals may develop autonomic neuropathy (abnormal heart rate responses to exercise). Therefore, heart rate changes may not be proportional to exercise intensity increases. The use of the rating of perceived exertion (RPE) is suggested as an alternative to monitor exercise intensity. In terms of the rate of progression, initial increases in progression should focus on the frequency and duration of physical activity rather than intensity in order to provide a safe activity level whilst reaching the necessary level of energy expenditure. (Albright et al., 2000)

A Note for Health and Physical Education Professionals

Inferior lifestyles such as a lack of physical activity and high-fat diets are major causes for the development of Type 2 diabetes. (Hu et al., 2001; Tuomilehto et al., 2001) The bad news is that we are guilty of our lifestyle faults; however, the good news is that all these faults are mostly avoidable. Therefore, practicing healthy lifestyles that include increasing physical activity level and selecting low-fat diets significantly lower the risks of developing Type 2 diabetes (Diabetes Prevention Program, 2002). As for prevention, strong evidence has shown that Type 2 diabetes can be prevented by an increase in physical activity level in high-risk diabetic individuals. (Ivy et al., 1999; Kriska, 2003) Taken the Diabetes Prevention Program (2002) as a representative large-scale study, more than 3000 high-risk non-diabetic individuals were randomly assigned to the following three groups: (a) exercise; (b) drug; and (c) control. The exercise group performed at least 150 min/week of moderate-intensity aerobic exercise. The drug group took 850 mg twice daily of Metformin (a suppressor of glucose production). The control group did not receive any treatment. The study was a longitudinal study lasting more than two years. The exercise and the drug groups were found to have a 58% and 31% lower incidence of diabetes respectively than the control group. Similar findings were observed in other racial and ethnic populations. An increase in physical activity level was found to lower the diabetic risk ranging from 30% to 60% in Chinese (Pan et al., 1997), Finnish (Laaksonen et al., 2005), Japanese (Kosaka, Noda, & Kuzuya, 2005), Nigerian (Isezuo & Ezunu, 2005), and Swedish (Eriksson & Lindgärde, 1991) subjects. Consistent with the above-mentioned studies, the prescription of several times a week of mild- to moderate-intensity aerobic exercise for a prolonged period of 2 to 5 years is observed to be effective programs in the prevention of diabetes. As for treatment, the therapeutic effect of exercise on diabetes has long been established besides medicine. Regular physical activity was recommended as the everyday treatment of diabetes in the early edition of The Treatment of Diabetes Mellitus. (Joslin et al., 1935) Regular exercise has a long-lasting effect on improved insulin sensitivity in Type 2 diabetes. (Boulé et al., 2001; Hawley, 2004) In a study by Koivisto et al. (1986), six weeks of exercise training increased insulin sensitivity by 25-35%. Type II diabetes is commonly associated with obesity and the additional benefits of exercise include a better control of blood pressure, a decline in the LDL level (the "bad-cholesterol" low density lipoprotein), a facilitation of weight management and self well-being. Last but not least, as the golden rule of thumb, it is recommended that people take proactive initiatives to prevent diseases by engaging in regular physical activity before treatment is needed.

A Note of Challenges for Students Pursuing Cutting-Edge Research

Significant progress has been made towards a better understanding of the cellular basis underlying the exercise benefits on Type 2 diabetes. As the trend of future research in this aspect is definitely at the cellular and molecular levels, collaborative studies with the medical and biochemical professionals would be increasingly important. This collaboration would also introduce a newer

level of challenge among various disciplines; but, the challenges should be viewed as opportunities. For example, the current cutting-edge scientific studies are intensely focusing on AMPK and signaling mechanisms that explain why exercise would increase glucose uptake into muscle through GLUT4. (Aschenbach et al., 2004; Krook et al., 2005; Zorzano et al., 2005) AMPK is a protein; fully termed 5′ adenosine monophosphate-activated protein kinase. Recent evidence has demonstrated that exercise-stimulated and insulin-stimulated glucose transports into cells for muscle utilization occur via distinct mechanisms and AMPK mediates the exercise-stimulated pathway. AMPK is found to play a key role in mediating exercise-stimulated glucose uptake in skeletal muscle and a better understanding of its mechanisms would help solve unknowns in the exercise effects on glucose regulation. (Jessen et al., 2003; Kirwan & Aguila, 2003; Musi & Goodyear, 2003) For ambitious students who are interested in this field, you should trace the works by Dr. Laurie J. Goodyear and associates, Harvard Medical School, Joslin Diabetes Center, Boston, Massachusetts; who have been leading the cutting-edge research regarding exercise and diabetes for the past two decades.

In conclusion, a significant increase in the incidence of Type 2 non-insulin-dependent diabetes mellitus has been evident in industrialized societies. A common characteristic leading to Type 2 diabetes is insulin insensitivity which is closely associated with a lack of physical activity. Over the past two decades, remarkable scientific advancements at the molecular and cellular levels have been made toward the understanding of the beneficial effects of physical activity in increasing the rate of glucose transport into skeletal muscles, thus restoring insulin sensitivity. Hence, exercise exerts an "insulin-like" effect to facilitate glucose transport and positively serves as a therapeutic intervention for Type 2 diabetic individuals. This article introduces the complex mechanism of exercise-induced glucose transport in a simplified manner and discusses exercise guidelines for Type 2 diabetic individuals. With a better understanding of its underlying biological mechanisms, educators and medical health care professionals can effectively develop strategies to promote lifetime physically active lifestyle and prescribe appropriate exercise programs in light of the prevention and treatment of Type 2 diabetes.

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AN ASSESSMENT OF INDIANA HEALTH TEACHERS' CAPACITY AND NEEDS TO TEACH HEALTH EDUCATION

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Abstract

Understanding of the capacity and needs of health teachers is the first step in planning professional development activities related to comprehensive school health education. This study assessed Indiana teachers' capacity and needs related to teaching health education. A 90-item questionnaire was sent to all health education teachers in Indiana (N = 1,242), yielding a response rate of 25.2% (N = 313). Descriptive statistics were used to analyze the data. Many teachers (62.3%) had an undergraduate major in health education and most (96.5%) were licensed to teach health education. Less than one-quarter of the teachers are members of the Indiana Alliance for Physical Education, Health, and Recreation. The teachers' preferred topics for professional development reflect traditional health education content areas, contemporary initiatives in school health education, and best practices for teaching health education. Less than one-fifth of the teachers reported that their school corporations had a school health advisory council. About one-fourth of the teachers reported that the enrollments in their classes were larger than enrollments in classes in other disciplines. Many teachers indicated that their budgets for teaching health were either inadequate or very inadequate. Time for teaching health education was both the teachers' greatest need for teaching health education and their greatest weakness as a teacher of health education. The results of this study provide important information planning professional development for health teachers. Additionally, these results highlight the need for increased instructional time for teaching health education in Indiana Schools.

Introduction and Review of the Literature

Health education, as part of a coordinated school health program (Fisher et al., 2003; Kolbe, 2002), increases students' knowledge, skills, attitudes, and health-related behaviors. (Grunbaum, Di Pietra, McManus, Hawkins, & Kann, 2005; Joint Committee on National Health Education Standards [JCNHES], 1995, 2007) One approach to encourage and support the implementation of effective health instruction is to provide teachers with professional development experiences. (Centers for Disease Control and Prevention [CDC], 2003; JCNHES, 2007) The first step in planning professional development activities for health teachers is to assess their capacity and needs related to teaching health education. (Green & Kreuter, 2005) The assessment of the capacity and needs related to teaching health education includes measuring characteristics of the teachers as well as

Reviewed Article: Assessment of Indiana Health Teachers

the school corporations and schools in which they teach. Although the assessment of health teachers' capacity and needs is important for planning and delivering professional development activities to increase the effectiveness of health education, the most recent assessments (Grunbaum et al., 2005; Howard-Barr, Rienzo, Pigg, & James, 2005; Kann, Brener, & Allensworth, 2001; King, Price, Telljohann, & Wahl, 1999; Yarber, Torabi, & Hafner, 1997) provide an incomplete picture of the capacity and needs of health teachers, especially middle and high school health teachers in Indiana. Therefore, the purpose of this study was to identify Indiana health teachers' capacity and needs related to teaching health education. Understanding the capacity and needs of health teachers will aid administrators in local school corporations and personnel in institutions of higher education and state health and education agencies and organizations in planning professional development initiatives for health teachers in Indiana schools. The results of this study are particularly relevant because Indiana did not have weighted data (i.e., representative data) to include in the CDC's School Health Profiles in 2004. (Grunbaum et al., 2005)

Method

This study was conducted with the approval, and in compliance with the guidelines, of Purdue University's committee on the use of human research participants.

Participants

A list of Indiana health teachers (N = 1,242) was obtained from the Indiana Department of Education. All of the teachers on this list were asked to take part in this study.

Instrument

The 90-item survey used in this study was comprised of questions adapted from the School Health Index (CDC, 2002), the Health Education Classroom Questionnaire from the School Health Policies and Programs Study (CDC, 1999), and Exhibit J from Educating for Health: A Guide to Implementing a Comprehensive Approach to School Health Education (Marx & Northrop, 1995). The questionnaire included fourteen items associated with the demographic characteristics of the teachers, seventeen items related to characteristics and practices of their school corporations, thirty items associated with the characteristics and practices of their schools, eight items related to the teachers' opportunities for professional development, and twenty-one items associated with the teachers' perceptions of support. The questions included Likert-type responses (e.g., one = never to five = always), dichotomous responses (e.g., yes or no), selected responses (e.g., check all that apply), and open-ended responses (e.g., "What is the greatest need you have as a teacher of health education?"). The face validity of the questionnaire was established through a comprehensive review of the literature. The content validity was established through a review of literature, a review by two experts in coordinated school health programs and comprehensive school health education, and a pilot study of ten Indiana health teachers who were asked to complete and critique the survey.

Procedure

A survey packet which included a cover letter, consent form, the survey, and a self- addressed stamped envelope was mailed to all Indiana health teachers in the spring of 2004. Reminder postcards were sent to each teacher one week and two weeks after the initial mailing.

Data Analysis

Procedures used to analyze the data included descriptive statistics including frequency counts, percentages, means, and standard deviations.

Results and Discussion

The results of this capacity and needs assessment are based on the responses of the 313 (25.2%) health teachers who completed and returned the survey. This percentage of participants met the specification of 25% for a representative sample established by Krejcie and Morgan (1970). The results will be discussed in comparison to the results of previous studies of the capacity and needs of health teachers to teach health education. There are, however, variations between this and other studies in terms of the population (all health teachers versus lead health teachers), units of analysis (schools versus school corporations), and questions included in this survey (instructional materials used versus required use of instructional materials).

Demographic Characteristics

The teachers were asked to provide their age and identify their gender and race/ethnicity. The average age of the health teachers who participated in the study was 47.2 years (SD = 9.7). There were slightly more females (54.5%, n = 170) than males (45.5%, n = 142) and a majority of the health teachers were Caucasian (96.4%, n = 298).

Capacity and Needs of Health Teachers

Professional preparation and licensure. The teachers were asked to identify their undergraduate major(s) and/or minor(s), their graduate area(s) of emphasis, and the areas of licensure. Many health teachers (62.3%, n = 195) in Indiana had an undergraduate major in health education (combined health and physical education, 50.8%, n = 159, both health education and physical education, 5.1%, n = 16, health education only, 6.4%, n = 20). These results compare favorably to the results from the CDC's national 2004 School Health Profiles study. (Grunbaum et al., 2005) The proportion of health teachers in Indiana with a combined health and physical education major (50.8%) is higher than the national median (45.1%). (Grunbaum et al., 2005) The proportion of Indiana health teachers with an undergraduate major in health education (11.5%, n = 36) is also higher than the national median (6.4%) (Grunbaum et al., 2005). Although some of the teachers (8.7%, n = 27) reported no undergraduate or graduate preparation in health education, most of the teachers (96.5%, n = 300) reported that they were licensed to teach health education. The proportion of licensed health teachers in Indiana was higher than the median percentage of teachers (80.4%) nationally who held a current teaching certificate to teach health education. (Grunbaum et al., 2005) Although a greater proportion of health teachers in Indiana have some

form of preparation in health education than teachers nationally, the higher proportion of licensed teachers in the state may also be related to variations between states with respect to teacher licensure. In 2006 the Indiana Professional Standards Board began requiring teachers to obtain a major in order to obtain licensure to teach in a specific discipline such as health education.

Membership in professional organizations. The teachers' membership in professional organizations for health educators was less than ideal. Only 25.2% (n = 78) reported membership in the American Alliance for Health, Physical Education, Recreation, and Dance (AAHPERD) and just 22.9% (n = 71) reported belonging to the Indiana Alliance for Health, Physical Education, Recreation, and Dance (IAHPERD). Merely 1.0% (n = 3) reported membership in the American School Health Association. It is clear that more Indiana health teachers need to belong to professional organizations such as IAHPERD. Therefore, outreach activities designed to encourage Indiana health teachers to join and participate in professional organizations, especially IAHPERD, are needed.

Teaching and health teaching experience. The teachers were asked to identify their number of years of teaching experience and health teaching experience. The average number of years of teaching experience that the teachers reported was 22.6 years (SD = 10.5) and the average number of years of health education teaching experience indicated was 16.2 years (SD = 9.2). Many (72.7%, n = 224) of Indiana teachers reported ten or more years of health teaching experience whereas about one-half (52.8%) of teachers nationally had this much experience teaching health (Grunbaum et al., 2005).

Opportunities for professional development. The teachers were asked to describe their opportunities for professional development. More than one-half of the teachers reported that their schools offered professional development opportunities in health education (55.2%, n = 164). Most (89.1%, n = 270) of the teachers reported that their school offered time off or excused absences for professional development activities. The majority of the professional development activities (n = 1, 341) that the teachers received were provided through their school corporations (47.0%, n = 630) and state conferences (20.7%, n = 277).

Preferred topics and greatest needs for professional development. Teachers were asked to identify their preferred topics for professional development (see Table 1) and their greatest need for professional development. Their preferred topics for professional development reflect traditional health education content areas (e.g., alcohol and other drugs), contemporary initiatives (e.g., health education skills) in school health education, and best practices in health education (e.g., active learning strategies). It is worth noting that the teachers were less likely to express interest in professional development topics such as strategies to encourage community involvement, comprehensive school health education, coordinated school health programs, teaching English language learners, using culturally appropriate activities, teaching students with disabilities, and teaching students with various cultural backgrounds. This list of provides insight for identifying topics for future professional development activities for health teachers.

The teachers' greatest needs for professional development included up-to-date information (39.0%, n = 80) and strategies, methods, and activities for teaching health education (19.5%, n = 40). Therefore, future professional development activities for teachers should include both up-to-date information related to health topics as well as strategies, methods, and activities for teaching health education.

Resources used for planning and teaching health education. The teachers used a variety of resources for planning and teaching health education. Over one third (38.2%, n = 118) of the teachers used the National Health Education Standards (JCNHES, 1995) when planning to teach or while teaching health education. This proportion is lower than the state median of schools nationally (46.4%) which required the use of the National Health Education Standards. (Grunbaum et al., 2005) Most health

Table 1
Professional Development Topics Requested by Indiana Health Teachers (n = 281)

Topic	n	%
Alcohol and other drugs	146	49.3
Nutrition	139	46.8
Active learning strategies	134	45.1
Sexual health	131	41.9
Instructional techniques and resources	121	40.7
Tobacco	101	34.0
Emotional and mental health	99	33.3
Health education skills	97	32.8
Indiana Academic Standards for Health Education	90	30.4
Physical activity	86	29.0
Strategies to encourage family involvement	81	27.3
Health education planning methods	80	26.9
Personal and consumer health	71	23.9
Injury prevention	69	23.2
Strategies to encourage family involvement	62	20.9
Comprehensive school health education	57	19.2
Coordinated school health programs	56	18.9
Community and environmental health	55	18.5
Teaching English language learners (ELL)	49	15.7
Using culturally appropriate activities	47	15.0
Teaching students with disabilities	41	13.8
Teaching students with various cultural backgrounds	40	13.5

teachers (90.6%, n = 281) utilized state, corporation, or school curriculum or guidelines for health education when planning to teach or teaching health. This proportion is also lower than the state median of schools nationally (96.8%) that required teachers to use state, district, or school curriculum guidelines or frameworks. (Grunbaum et al., 2005) Many teachers (74.8%, n = 232) reported using materials from health organizations whereas the state median of schools nationally that required teachers to use materials from health organizations was 33.7%. (Grunbaum et al., 2005) The proportion of teachers (70.3%, n = 218) who reported using commercially-developed student textbooks and student materials was higher than the state median of schools nationally (50.4%) that required teachers to use materials to use commercially developed student textbooks. (Grunbaum et al., 2005) Some Indiana health teachers also use Internet lesson plans (29.4%, n = 91) and other Internet materials for planning to teach or teaching health (14.8%, n = 46). Given the extent to which health teachers use a wide variety of resources to plan, implement, and assess health instruction, it is important for education and health agencies and organizations to provide information about, and access to, resources for teaching health education through websites (e.g., http://www.indiana-ahperd.org), periodicals (e.g., Indiana AHPERD Journal), conferences (e.g., Indiana AHPERD Conference), and other professional development activities.

Topics taught in health education classes. The teachers were asked to identify the topics they taught in their health education classes. Topics taught by most teachers included alcohol and other drug use prevention (97.1%, n = 301), tobacco use prevention (96.4%, n = 298), HIV (human immunodeficiency virus) prevention (96.4%, n = 297), emotional and mental health (95.4%, n = 292), STD (sexually transmitted disease) prevention (94.5%, n = 290), human sexuality (94.2%, n = 291), growth and development (92.7%, n = 280), and nutrition and dietary behaviors (91.2%, n = 280) . Topics taught by many teachers included physical activity and fitness (87.5%, n = 265), sun safety or skin cancer prevention (87.2%, n = 266), accident or injury prevention (85.4%, n = 258), pregnancy prevention (85.0%, n = 260), and violence prevention (83.9%, n = 255). Topics less likely to be taught by all health teachers included personal hygiene (79.5%, n = 240), consumer health (79.1%, n = 239), suicide prevention (76.7%, n = 234), first aid (71.8%, n = 216), death and dying (67.8%, n = 206), cardiopulumonary resuscitation (66.6%, n = 201), environmental health (66.2%, n = 200), consumer health (66.2%, n = 192), immunizations or vaccinations (65.2%, n = 197), testicular self-exam (65.5, n = 200), dental and oral health (64.7%, n = 194), breast self-exam (64.8%, n = 199), and organ donation (60.7%, n = 184). These results are consistent with the national medians (Grunbaum et al., 2005) except for the topics of physical activity and fitness and sun safety or skin cancer prevention. A smaller proportion of health teachers in Indiana address physical activity and fitness within their classes than schools nationally (national state median = 98.9%); but, a larger proportion of Indiana teachers teach about sun safety or skin cancer prevention than schools nationally (national state median = 73.7%). (Grunbaum et al., 2005) Given that topics of physical activity and fitness, accident or injury prevention, and violence prevention are related to the six CDC risk behaviors (physical inactivity, imprudent dietary behaviors, behaviors related to injury and violence, tobacco use, alcohol and other drug use, and behaviors related to unintended pregnancy and STDs including HIV infection) linked to the leading causes of morbidity and mortality among young people, it is important that students are exposed to multiple opportunities to receive planned and sequential health instruction to provide them with the knowledge, skills, and attitudes they need to avoid these risk behaviors.

The topics of testicular self-exam, breast self-exam, and organ donation are not included in the national survey (Grunbaum et al., 2005) but were included in this survey because Indiana law requires the teaching of these topics. It should be noted, however, that the lower proportion of teachers teaching these topics does not mean that their school is not in compliance with Indiana law, it simply means that not all respondents in this study are teaching these topics. It is possible that these topics are being taught by high school health teachers but not by middle school health teachers.

Skills taught in health education classes. The teachers were asked to describe the integration of skills into their health education lessons and identify the specific skills they taught in their health education classes. Less than half of the teachers (46.7%, n = 142) reported that most or all of their health education lessons teach skills needed to adopt healthy lifestyles and provide students opportunities to practice these skills. Skills taught by most teachers included decision making (98.1%, n = 301), refusal skills (96.4%, n = 295), risk assessment (95.1%, n = 291), goal setting (94.8%, n = 289), coping and stress management (93.2%, n = 286), communication skills (92.1%, n = 278), conflict resolution (91.8%, n = 280), and self-assessment (90.8%, n = 275). Skills taught by many teachers included accessing resources (e.g., valid health information, products, and services) (88.9%, n = 271), assertiveness (88.2%, n = 270), and self-monitoring (86.2%, n = 263), and health advocacy (72.2%, n =216). The skills of risk assessment, self-assessment, assertiveness, and self-monitoring are not included in the national survey of skills addressed by schools but the results reported by Indiana health teachers compare favorably to those of schools nationally. (Grunbaum et al., 2005) The sole exception is the skill of health advocacy. The proportion of Indiana teachers who teach the skill of health advocacy is lower than the proportion of schools nationally who try to improve this specific skill (state median = 82.4%). (Grunbaum et al., 2005) Each of the skills (e.g., health advocacy) and subskills (e.g., refusal skills) identified within this study are integrated into the existing Indiana Academic Standards for Health Education. (Indiana State Board of Education, 2002) Although these standards are now undergoing a review and revision

process, the new Indiana standards are consistent with the recently revised National Health Education Standards: Achieving Excellence. (JCNHES, 2007) Therefore, just as it is important to address each of the topics related to the six CDC risk behaviors, it is also important to address each of the skills integrated into academic standards for health education.

Active learning strategies used in health education classes. The teachers were asked to describe their use of active learning strategies as well as identify the active learning strategies they used while teaching health education. Only 31.8% (n = 97) of teachers reported that most or all of their health education lessons feature active learning strategies (e.g., role play) and 44.6% (n = 136) reported that about half of their lessons featured active learning strategies. Most teachers sometimes, often, or always used the active learning strategy of group discussions (97.1%, n = 299); many teachers sometimes, often, or always used cooperative group activities (87.1%, n = 269), group work (76.4%, n = 236) and practice (62.0%, n = 199). Some teachers sometimes, often, and always used the active learning strategies of games (55.9%, n = 171), field trips (46.0%, n = 140), role play (45.1%, n = 131), simulations (43.2%, n = 131), and peer teaching (36.6%, n =112). Few teachers sometimes, often, or always used debates (24.7%, n = 76), and case studies (11.1%, n = 34). Other learning strategies sometimes, often, or always used by the health teachers included guest speakers (58.2%, n = 181), the Internet (47.0%, n = 145), computer-assisted instruction (CAI) (39.9%, n = 122), research papers (39.7%, n = 123), pledges or contracts for behavior change (18.7%, n = 57), and language, visual, or performing arts (18.5%, n = 56). The teachers' use of these strategies is comparable to the use of these strategies by schools nationally. (Grunbaum et al., 2005) Indiana teachers appear to report higher use of peer educators and computer-aided instruction and lower use of language, performing, or visual arts than schools nationally. Given the role of active learning strategies such as role play in helping students learn, practice, and apply health-related knowledge and skills (CDC, 1997; JCNHES, 2007), it is important for teachers to have opportunities to develop their understanding, skills, and confidence to apply these strategies when teaching health education.

Assessment methods used in health education. The teachers were asked to identify the assessment methods that they used in health education. Nearly all teachers reported using written exams or quizzes (99.4%, n = 308) and most teachers reported using homework assignments (96.1%, n = 298) to assess their students. Many teachers also reported using group projects (73.2%, n = 227) and oral presentations or oral reports (71.9%, n = 223). Few teachers reported using portfolios to assess their students (14.8%, n = 46). Although Indiana teachers were similar to teachers nationally with respect to their use of written exams (84.1%) and homework (89.3%), they fell well below their peers nationally with regard to their use of student portfolios (41.8%) and other forms of performance-based assessment (e.g., oral presentations, 83.0%). (Kann et al., 2001) Given the emphasis on performance-based assessment or assessment for learning (JCNHES, 2007), it is important that Indiana health teachers receive professional development activities regarding the importance of, and strategies for, performance-based assessment.

Greatest need for teaching, and weakness as a teacher of, health education. The teachers were asked to respond to two open-ended questions regarding their greatest need for teaching, and weakness as a teacher of, health education. Time was both the teachers' greatest need for teaching health education (21.3%, n = 52) and their greatest weakness as a teacher of health education (30.0%, n = 73). The teachers noted that they need more time for teaching health education concepts and skills and more time for planning and preparation related to teaching health education. The next most commonly reported greatest need for teaching health education was related to teaching materials, resources, and equipment (18.1%, n = 45). The next most commonly reported weakness identified by some teachers was their use of active learning strategies, methods, and techniques (8.4%, n = 22). The needs and greatest weakness of health teachers in Indiana clearly indicate a demand for environmental changes which provide health teachers with more instructional time and material resources for teaching health education. Additionally, Indiana health teachers need professional development opportunities to develop their skills in using active learning strategies for teaching health education.

Capacity and Needs of Indiana School Corporations and Schools

Presence of health education curriculum coordinator, school health advisory councils, AIDS advisory councils, and elements of CSHP within school improvement plans. The teachers were asked to indicate whether or not their school corporation had a health education curriculum coordinator, a school health advisory council, and an AIDS advisory council. Less than one-third (31.3%, n = 97) of the teachers reported that their school corporation had a health education curriculum coordinator. A few of the teachers (7.1%, n = 22) did not know if their school corporation had a health education curriculum coordinator. Nationally, most principals (96.3%) reported that their schools had a health education curriculum coordinator and about one-quarter (25.1%) reported that their school districts (corporations) had a district administrator or district health education or curriculum coordinator. (Grunbaum et al., 2005) About one-fifth of the teachers (21.1%, n = 66) reported that their school corporations had a school health advisory council and about one-third (32.9%, n = 103) said their school corporation had an AIDS advisory council (51.5%, n = 159). A number of teachers did not know whether their school corporation had a school health advisory council (15.3%, n = 48) or an AIDS advisory council (15.2%, n = 47). The proportion of Indiana school corporations with a school health advisory council is lower than the median proportion of schools nationally (48.7%) that have a school health committee or advisory group. (Grunbaum et al., 2005) As result of Senate Bill 111,

however, all Indiana school corporations are to establish school health councils by July 1, 2007 (http://www.in.gov/legislative/bills/2006/SE/SE0111.1.html). To support the establishment of these councils, the Indiana Department of Education in collaboration with the Indiana Department of Health is involved in a variety of initiatives to enable teachers and other school and community personnel to establish school health councils.

The teachers were also asked to indicate whether or not their school corporations integrated elements of CSHP into their school improvement plans. Many teachers reported that their school corporation integrated elements of CSHP into their school improvement plans (61.2%, n = 191). Other teachers, however, (13.1%, n = 41) did not know whether their school corporation had elements of CSHP within their school improvement plans. Professional development opportunities are also needed in this area to enable teachers and other school and community personnel to integrate elements of CSHP into school improvement plans.

Class size. The teachers were asked to identify their average enrollment in health classes and compare it to class enrollments in other disciplines. The average number of students enrolled in the teachers' health classes was 26.3 (SD = 5.48). More than one-half (58.8%, n = 181) of the teachers indicated that the size of their classes was equivalent to that of non-health classes. Unfortunately, 27.9% (n = 86) of the teachers reported that their classes were larger than classes in other disciplines whereas few teachers (6.8%, n = 21) said their classes were smaller than other classes. Equitable class size is a local education agency action step to meet the access and equity principles for implementing the National Health Education Standards (JCNES, 2007).

Budget. The teachers were asked to indicate whether or not they had a budget for teaching health education and describe the adequacy of this budget. Many teachers (71.0%, n = 218) reported that they had a budget for teaching health education. A majority of the teachers reported that their budget was either very inadequate (29.3%, n =88) or inadequate (34.3%, n = 103). About one-third (34.0%; n = 102) of the teachers reported that their budget was adequate and very few teachers (2.3%, n = 7) said that their budget was more than adequate. A sufficient budget for teaching health education is fundamental to ensuring that health education is an equitable partner within the school corporation's educational mission.

Written health education curriculum. The teachers were asked to indicate whether or not their school corporation had a written health education curriculum and to describe this curriculum. Many teachers (88.4%, n = 275) reported that their school corporation had a written health education curriculum whereas fewer school districts (57.4%) nationally provide written curricula to their teachers and schools. (Kann et al., 2001) Of the teachers who knew when the curriculum was last revised (72.6%, n = 164), 64.6% (n = 106) indicated that it had been revised within the past five years (2000 to 2004). Given inconsistencies in the teachers' reporting of the basis of their written curricula (Indiana Health Education Proficiency Guide, Indiana Academic Standards for Health Education, and the National Health Education Standards), it is not clear whether these curricula are consistent with the current Indiana Academic Standards for Health Education (Indiana State Board of Education, 2002) or the original National Health Education Standards. (JCNHES, 1995) Nationally, 46.4% of schools require teachers to use the National Health Education Standards to teach health education. (Grunbaum et al., 2005) In the future, local school corporations will need to revise their existing curriculum so that it will be consistent with the forthcoming revision of the academic standards for health education by the Indiana Department of Education.

Perceptions of support for health education. The teachers were asked to indicate their perceptions of support for teaching health education. Many teachers agreed or strongly agreed that their superintendent (66.2%, n = 205), school board (66.1%, n = 205), principal (84.3%, n = 264), other teachers (66.8%, n = 209), students' parents (67.4%, n = 209), and community (62.0%, n = 194) supported health education. Some teachers agreed or strongly agreed that they were satisfied with their opportunities for professional development (29.1%, n = 91) and that their opportunities for professional development were comparable to teachers of other subjects (38.0%, n = 119). Additionally, some teachers agreed or strongly agreed that they were satisfied with their budget for teaching health education (31.9%, n = 101) and that their budget for teaching health education was comparable to that for other subjects (32.9%, n = 103). Many teachers strongly agreed or agreed that they were satisfied with their facilities for teaching health education (63.9%, n = 200) and that their facilities for teaching health education were comparable to those for other subjects (64.8%, n = 203). Some teachers agreed or strongly agreed that they were satisfied with their instructional resources for teaching health education (49.8%, n = 156) and that their instructional resources for teaching health education were comparable to those for other subjects (57.2%, n = 179). Some teachers also agreed or strongly agreed that they were satisfied with their curriculum support for teaching health education (57.2%, n = 179) and that their curriculum support for teaching health education was comparable to that for other subjects (54.0%, n = 169). Some teachers agreed or strongly agreed that they were satisfied with the provisions they received for teaching special needs in students in health education (42.5%, n = 133) and that these provisions for teaching special needs students were comparable to those for other subjects (53.0%, n = 166). Finally, many teachers agreed or strongly agreed that their students had positive attitudes toward health education (73.2%, n = 229). In general, many health teachers in Indiana perceive generally high levels of support for teaching health education, have students who have positive attitudes toward health education, and are satisfied with their facilities for teaching health. Health teachers in Indiana, however, are less satisfied with their budgets, instructional resources, and curriculum support for teaching

health education as well as the provisions they receive for teaching students with special needs.

Conclusions and Recommendations

The results of this study provide important information regarding the capacity and needs of health teachers in Indiana schools. These results lead to the following conclusions with respect to the existing capacity and needs of health teachers in Indiana as well as recommendations for increasing their capacity to teach health education.

- Although many health teachers in Indiana have academic preparation in health education, the current rules with respect to teacher licensure in Indiana will serve to further strengthen the academic qualifications of health teachers in the state.
- The participation of health teachers in Indiana in professional organizations is low. Indiana AHPERD should continue in its current course to serve health teachers in Indiana through its annual conference, regional conferences, the website, and this journal.
- Indiana health teachers need additional training opportunities related to specific health topics, especially topics related to the CDC health risk behaviors, as well as skills such as those addressed in the Indiana Academic Standards for Health Education (Indiana State Board of Education, 2002) and the National Health Education Standards (JCNHES, 2007). Indiana health teachers also need professional development opportunities related to strategies for teaching health education including active learning strategies, strategies to link standards and assessment with curriculum and instruction, family and community involvement strategies, and strategies for meeting the needs of diverse students.
- Although Indiana health teachers perceive support for teaching health education, they need additional resources for teaching health education including better budgets, more instructional resources and materials, and more opportunities for participating in professional development opportunities. Advocacy is needed at the local level to convince superintendents, principals, and school boards to allocate more professional development and instructional resources for health education.
- Finally, Indiana health teachers need more time for teaching health education. Advocacy is needed at both the local and state level to convince state and local policy makers and other advocates for health education, including parents, to allocate more instructional time for health education. Additionally, teachers and other school and community personnel need professional development opportunities which enable them to be effective advocates for health education in Indiana schools and school corporations.

The capacity and needs of health teachers in Indiana are quite clear. Now is the time to act to ensure that health teachers have both the professional development and instructional resources they need to enable their students to be healthy learners.

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Reviewed Article: Refining Research Significance

What is Significance?

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Research can be qualitative or quantitative. Research related to human performance may be quantitative research since it involves precise measurements and control of variables in a laboratory setting and the use of statistics for data analysis. Qualitative research can also be used with human research; but, it commonly consists of field observations, case studies, and narrative reports (1).

Research articles are designed to educate the reader about the research project. The introduction explains the history behind the research topic and what research questions the project is trying to answer. The methods section identifies who participated in the project, how data was collected, the type of statistics the researcher used, and the alpha level selected. The results section gives the statistical analysis of the data collected and if significance was identified. The discussion section is used by the researcher to explain the meaning of the findings. Of course, the conclusion is last and identifies the main points along with future research questions.

Common statistical tools used in quantitative research are the t-test and analysis of variance (ANOVA). Such tools are used to compare two or more groups. T-tests can be used to compare two actual groups or a single group by comparing group means and group variability. Even though two groups might be considered different, if the variability is high, statistically, the groups are not considered different. When research warrants the comparison of more than two group means, an ANOVA is typically used in place of the t-test.

Statistics can also be used to identify a relationship between two variables and possibly provide a prediction. Correlations do not imply a cause and effect. Just because someone is thin does not mean she is physically active. The correlation is a quantitative value of the relationship between two variables and is identified with an "r" value (1). The r value will be a number somewhere between -1 and 1. An r value equal to -1 indicates a perfect negative correlation or inverse relationship; as one variable increases, the other decreases (e.g. vertical jump and sprint time). An r value equal to 1 indicates a perfect positive correlation; as one variable increases, so does the other (e.g. vertical jump and squat 1RM). An r value equal to zero suggests absolutely no relationship. It is rare for research to identify a perfect positive or negative correlation or no relationship at all. Values near zero are considered weak correlations while those closer to 1 or -1 are considered strong correlations. When the r value is squared (r^2), it is known as the coefficient of determination and explains the commonality between the two variables as a percentage.

As mentioned above, correlations can also be used to make predictions. However, when there is more than one independent variable, a multiple regression equation is used to predict the dependent variable. Usually, the greater the number of independent variables used, the greater the accuracy of prediction. However, too many independent variables can be a problem, too. There is a direct relationship between the correlation and the ratio of study participants to the number of variables tested. As the number of variables increase in relation to the number of study participants, the correlation between the dependent and independent variables increases thus increasing the strength of the prediction. Based on this information, with enough independent variables, just about anything can be predicted which does not make for good research. A recommended participant-to-variable ratio of 10:1 or higher is recommended (1).

Before statistics are used to identify differences or relationships, an alpha ( ) level or chance occurrence must be selected. The alpha level is the probability level used to determine if the research results are true or happened by chance. Alpha levels are typically set at 0.05 but can be set as high as 0.10 or as low as 0.01. It is used to control a Type I error which is when an investigator concludes there is a difference (or relationship) between two groups when there is not – known as a false positive. The lower the alpha level, the lower the chance of making a Type I error and the more difficult it is to identify significance.

When statistical analysis is performed, a probability value ("p" value) is calculated. Should the p value be equal to or less than (≤) the predetermined alpha level (0.05), there is a 95 percent chance (or better) the differences found truly exist and a 5 percent chance (or less) they are random. An alpha level of 0.10 only provides 90 percent certainty the results are real and 10 percent chance they are random.

Most published research has identified a significant difference or relationship in whatever was studied. It is important, however, to review this research with a keen eye. Just because significance was identified, it does not mean it is suitable for your needs. Take a look at the subjects used in the study. Were they preschool, middle school, or high school? Were they active or sedentary, athletes or non-athletes, male or female? What protocol was used? How were activity variables measured? Were the tests valid? And overall, does the research make sense? This information makes a difference in the results.

In some research, significance is not identified. This could happen for various reasons. The most likely reason is the lack of statistical power. Power is defined as the likelihood of rejecting a false null hypothesis (1). In other words, the higher your power, the greater your chances of finding statistical significance. Power can be increased three ways. The first is to increase the difference between the group means being compared. This can often be done by increasing the length of the study (i.e. train or supplement for 12 weeks rather than 6 weeks). The second way is to decrease variance. As previously mentioned, not only does statistics compare group means for differences but it also looks at the variability within each group. If group variability is large, statistical difference will not be identified despite different means. Variability can be reduced by maintaining consistency with testing. The third way to increase power is by increasing the number of study participants (1). A research project may start with a sufficient number of participants; but, due to injury or poor adherence, numbers could be low by the end of the project reducing power and the chance of finding significance.

Sometimes, research does not identify significance because statistically, there were no differences between group means. This does not mean the research is any less important and should be disregarded. Non-significant research is important for two reasons: 1) It identifies a treatment between groups that is ineffective or indicates there is no relationship between two variables 2) and despite no statistical differences between groups due to the treatment, most likely there are differences which could be meaningful and should be taken into consideration.

In some situations when significance is not identified, researchers suggest a "trend" toward significance. Some individuals will base new research on past "trends" while others consider "trends" to be a lack of power. With no significance, there are no gray areas and there are no "trends".

One more important point has to do with sampling error. When study subjects are selected to participate in research, it is important those subjects truly represent the population from which they were selected. Subjects should be randomly selected and ideally, they are a true representation of the population.

Reading research is vital to all professionals to maintain currency in the latest of what science has to offer. Understanding the meaning of significance is necessary to drawing your own conclusion of study results. The finding of statistical significance is not a measure of research value. Likewise, be sure to review the research carefully. If the study sample is not relevant to your work, regardless of the study outcome, it will not be relevant to your needs.

References

Thomas, J.R., J.K. Nelson, and S.J. Silverman. Research Methods in Physical Activity. 5th ed. Champaign, IL. Human Kinetics. 2005.

Title: Outdoor Adventure for Physical Fitness
Grade Level: High School
Subject Area: Physical Education/Wellness

Audrey Sauterblom
Indianapolis Public School Wellness Coordinator
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Indianapolis, IN 46201
317-693-5096

Standards Addressed:

Standard 3-PHYSICALL Y ACTIVE

Exhibit a physically active lifestyle.

Students participate in a variety of physical activities that can be continued for a lifetime. These activities are representative of the goals and objectives previously designed into the student's individual fitness program and are complimentary to the students strengths, and activity preferences.

9.3.1 Identify available community resources that promote an active lifestyle.

9.3.2 Identify physical activities that contribute to the improvement of specific fitness components (i.e. cardiovascular, strength, body composition, flexibility).

9.3.3 Participate regularly in physical activities (minimum of30 minutes a day, 3 to 4 times per week) that contribute to improved physical fitness and wellness.

Standard 7--HA VE FUN

Understands that physical activity provides the opportunity for enjoyment, challenge, self expression, and social interaction.

Students enjoy expressing their feelings through play and other physical activities. Student members of competitive teams or activity groups experience positive feelings associated with individual and group successes and learn how to control feelings of disappointment in losing situations. Students seek out challenging activities without fear. They recognize and discuss the value of participation in physical activities and the social interaction it provides.

9.7.1 Identify positive aspects of participation in several different physical activities.

9.7.2 Demonstrate comfort in personal expression.

9.7.3 Identify the positive feelings that result from physical activity and participation alone and with others.

Indiana Trip for Adventure and Family Recreation Internet Tour

1. Indiana-day trip to a state park.

   You have a budget of $50.00 for a day of entertainment for you and a friend. This does not need to be spent on food or transportation. You are to go to a state park or reservoir for five hours. Plan the day and how you will spend the time. The five hours does not need to include travel. Explain your day. http://www.in.gov/dnr/parklake/

   What is an interpretive naturalist? http://www.in.gov/dnr/parklakelinterpretiveserviceslinterp/

2. Indianapolis Parks-which is closest to your home?

   http://www.google.comlmaps?hl=en&lr=&rls=GGLD,GGLD:200508,GGLD:en&q=parks&near= Indianapolis, + IN &sa= X&oi=local&ct=title

   You have no money to spend, what could you do for two hours at this park that would keep you physically active and enjoy yourself? http://www.indygov.orgieGov/City/DPRIParks/home.htm

3. You are on a tight budget now that you are working on your own and have your own apartment. You want to have some form of physical activity, but you would like to do it with other people. Look at this website and decide what you will do. List what you would do, how often you would do it and why you chose this activity. You live in Indianapolis.

   http://www.indygov.orgieGov/City/DPRIPrograms/Heal th+and+ Fitness+ .htm

4. Canoeing trip

   http://www.clementscanoes.com/directions.htm How far is this from Indianapolis?
   How much does it cost for one canoe?

5. Canoeing trip http://www.columbus.in.us/page.asp?page=Canoeing How far is this from Indianapolis?
   You want to do something else after canoeing. What other things do they offer?

   http://www .columbus.in. us/page. asp?page=GreatOutdoors

Family Outdoor Adventure Anywhere in the United States Internet Tour

Below is a list of websites with family outdoor education locations. Look at the sites and plan a day for you and your family. Do not worry about the costs. Pick something that will be of interest to you and your family. Decide where you would go, what you would do for one day-tO hours. You are to plan one day for the summertime and one day in November in a cool temperature.

1. Rafting

   http://www.raftwithkids.com/fami1youtdoometwork.htm

2. Surfing

   http://www.outdooradventure.co.uk/outdooradventurel.htm

3. Many options
   http://www.sundanceoutdoor.org/

4. Perform a google search for outdoor adventure.

5. Picture tour

   Scenic drive-scroll down to the bottom of this page-photo gallery-outdoor adventure

   http://gorp.away.com/index.html

   Which picture was your favorite and why?

Backpacking and Hiking Internet Tour

1. Backpacking

   http://en.wikipedia.org/wiki/Backpacking

   What is it?

   Why do people backpack?

   What equipment do you need?

   What about water and food to bring?

   What are 5 safety issues to be concerned with?

2. What is the difference between backpacking and hiking? http://en.wikipedia.org/wiki/Backpacking

   What is some etiquette of hiking?

3. What is orienteering?

   http://en. wikipedia. org/wiki/Ori enteering

4. Outword Bound

   http://www.ncobs.org/

   Does this sound interesting to you? Which location would you visit and what would the activity be and why?

Share Your Ideas in the Next Indiana AHPERD Journal

Guidelines for Authors

Throughout the year, original articles are received and considered for publication in the Indiana AHPERD Journal. This Journal is published in May, September, and February by the Indiana Association for Health, Physical Education, Recreation, and Dance. Articles that share opinions and ideas, as well as those based on serious scholarly research, are welcomed and encouraged. Each article is reviewed by two to four readers who are selected on the basis of areas of interest, expertise, and qualification in relation to the content of the article.

Authors need not be professional writers. Editors are encouraged to provide assistance in developing the article when there are great ideas that need to be shared. In peer reviewed and more scholarly works, a blind review process is used whereby the name of the author and persons reviewing the article are known only to the editor.

All submissions must include four hard copies and an electronic version or prepared on a CD. These should be mailed to: Tom Sawyer, Editor, 5840 South Ernest Street, Terre Haute, IN 47802, pmsawyr@aol.com. Below is a checklist of items to be considered when submitting material for publication. All publications must use APA style (5th ed.).

The Manuscript

- ❑ Must be processed on 8 1/2 by 11 inch paper (double spaced, left and right margins of 1 1/2 inches, pages numbered).
- ❑ Direct quotations of more than 3 lines should be single spaced, indented 1/2 inch, and kept to a minimum.
- ❑ Length should not exceed 2,500 words (8 pages).
- ❑ Should be written in third person.
- ❑ Brief biographical information for each author should be provided on a separate page.

Documentation

- ❑ References should be listed in accepted bibliographical style directly at the end of the article, arranged alphabetically by author's last name, and numbered consecutively.
- ❑ Each reference cited in the text must be listed and only those cited should be listed as references.
- ❑ Documentation within the text should be made by placing the number of the cited reference within parentheses at the appropriate point, i.e., at the end of a direct quote or after the author's name for indirect quotes.

Tables

- ❑ Use tables for reporting extensive statistical information.
- ❑ Data in tables should not be duplicated or extensively discussed in the text. Titles of tables should be succinct yet adequately describe the contents.
- ❑ Each table should be numbered, typed on a separate page, and reference made within the text as to where it should be placed.

Illustrations

- ❑ Pictures, graphs, or drawings break the monotonous look of the article and add to its readability. Use them where appropriate.
- ❑ Original photos and artwork should be provided for final production of the article.
- ❑ Each illustration should be numbered and captions provided.
- ❑ Black and white photos are preferable; but, good quality color photos are usually acceptable for reproduction.

Author's Statement

- ❑ The author must provide a signed statement certifying that the article has not previously been published or submitted for publication elsewhere, either in identical or modified form.

Deadlines

Journal	*Newsletter*
❑ Spring Issue - March 1	❑ Spring Issue - Feb. 15
❑ Fall Issue - July 1	❑ Fall Issue - Sept. 15
❑ Winter Issue - December 1	

Send it In

. . . to the Editor

A new idea that you have penned,
Share it with a Indiana AHPERD friend.
On the Journal pages let it end.
We sure do want it... send it in!

It may be an article you did write
In sheer frustration one weary night.
But someone else it may excite
... Send it in.

Is it a cartoon that you have drawn?
Did you compose a unique song?
Could our whole profession sing along?
... Well, send it in.

Some folks are inspired by poetry,
And works of art let others see
The inner thoughts of you and me.
Please, send it in.

Then, there are works that scholars do,
Great research... we need that, too.
But, you know we must depend on YOU
To send it in.

Won't you share with us your thought
That we all just may be taught?
My, what changes could be wrought
If you'd just send it in.

Tom Sawyer
Indiana AHPERD Journal Editor

Leadership Opportunities on Councils

FUNCTION. The duties and responsibilities of the Program and Regional Councils are to:

1. Work closely with the Program Director or Regional Coordinator to promote the special program area.
2. Attend annual IAHPERD Leadership Conference. (Hotel and meals paid for by the Association.)
3. Solicit programming for the State Conference or Regional Workshops.
4. Serve as host to greet and direct presenters during the conference.
5. Serve as presider for the various programs in your special area. Support includes introducing presenter, assisting during the presentation (distribute handouts), and providing presenter with the special gift from the Association.
6. Make nominations to the Awards Committee chair for Teacher of the Year and Association awards.

PROGRAM AREAS. The various program areas include:

1. Adapted Physical Education
2. Aquatics
3. Council for Future Professionals
4. Dance
5. Fitness
6. Health
7. Higher Education/ Research
8. Jump Rope and Hoops for Heart
9. Physical Education: Elementary
10. Physical Education: Middle School
11. Physical Education: Secondary
12. Recreation
13. Sport
14. Sport Management
15. Technology

INTERESTED? To apply for a leadership position on a council, send an email of interest to Dr. Mark Urtel, Nominating Committee Chair, at murtel1@iupui.edu. For additional information, go to the IAHPERD website at www.Indiana-ahperd.org, click on About, Constitution, Operating Codes, and scroll down to the leadership position of interest.

INDIANA AHPERD
APPLICATION FOR MEMBERSHIP

(Please Print/Type)

Last Name _____ First _____ M.I. _____

Address _____
Street

_____
City *State* *Zip*

_____
County

Telephone: Area Code (_____)_____ E-mail _____

Member Class: ☐ Professional $40.00 ☐ Student $20.00
(Undergraduate or Full-Time Graduate Student)

☐ New ☐ Renewal

Make check payable to: Indiana AHPERD.
Send to: Karen Hatch, 2007 Wilno Drive, Marion, IN 46952

MEMBERSHIP EXPIRES 1 YEAR FROM DATE DUES PAYMENT IS RECEIVED.

Your JOURNAL cannot be forwarded.
If a change of address occurs, please notify:

Karen Hatch
2007 Wilno Drive
Marion, IN 46952

OPPORTUNITY FOR INVOLVEMENT

Involvement is the key word to making a contribution to your professional association. The IAHPERD provides an opportunity for involvement through the choices below and we encourage each of you to become active participants by serving on a committee or by holding an office. Please, check any position listed below that interests you.

HELP NEEDED:

_____ Would you be willing to become involved?
_____ District level
_____ State Level
_____ Committee Involvement
_____ State Office
_____ Regional Leadership

Karen Hatch
Executive Director, IAHPERD
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IAHPERD

Indiana Association for Health, Physical Education, Recreation, and Dance

www.inahperd.org