

# the GAHPERD JOURNAL

Georgia Association for Health, Physical  
Education, Recreation and Dance  
Volume 44 Number 3 Fall 2011

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## Statewide FITNESSGRAM Training Effort Takes "Shape"

(See story on page 4)



# GAHPERD Membership Form

Please print clearly and provide all information requested. This will help us serve you better. Make check payable to GAHPERD and send this form with payment to: Kim Thompson, GAHPERD Executive Director, 9360 Highway 166, Winston, GA 30187. You may also join or renew and pay online at [www.gahperd.org](http://www.gahperd.org).

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	_____ Other _____

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GAE \_\_\_\_\_ Yes \_\_\_\_\_ No

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\_\_\_\_\_ Health  
\_\_\_\_\_ Physical Education

### Sections (check two)

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\_\_\_\_\_ NAGWS/Men's Athletics  
\_\_\_\_\_ Recreation  
\_\_\_\_\_ Future Professional (Student)  
\_\_\_\_\_ Elementary  
\_\_\_\_\_ Middle School  
\_\_\_\_\_ Secondary  
\_\_\_\_\_ Exercise Science

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# GAHPERD

Georgia Association for Health, Physical Education  
Recreation and Dance  
9360 Highway 166  
Winston, GA 30187

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## ***GAHPERD Vision Statement***

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

## ***GAHPERD Mission Statement***

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

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Lauren E. Bigham  
Bridget F. Melton  
Jody L. Langdon

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## The GAHPERD Journal

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

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

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## Editor

Mike Tenoschok  
Mt. Paran Christian School

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# PRESIDENT'S CORNER

**R. David Worrall**  
*GAHPERD President*

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I hope everyone is doing well as Fall is quickly approaching. I know I am looking forward to the cooler temps, leaves changing, football kicking off, and our GAHPERD convention soon. The convention will be at the Marietta Hilton October 22-25, 2011. It is a great facility and I know this will be a great convention to attend. Our convention committee has been working hard to line up some top notch professionals to present sessions for you. I hope you are already making plans to attend!

I can't believe how fast this year has gone by. I want to thank the board for all of their dedication and hard work. I want to thank Kim Thompson and Jacque Harbison for their leadership as Executive Directors and the smooth transition that Kim has guided us through. I want to thank Stephanye Peek for being there for me as my past-president and I wish our President-Elect Jeff Townsend and the next board the best for continued guidance in our fields of Health, Physical Education Recreation, and Dance.

*R. David Worrall*  
GAHPERD President

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## Georgia Association for Health, Physical Education, Recreation, & Dance *Calendar of Events*

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### IMPORTANT DATES

<i>October 22-25, 2011</i>	<b>GAHPERD</b> Convention, Marietta Hilton (Cobb)
<i>February 8-11, 2012</i>	SDAAHPERD Convention, Orlando, FL
<i>March 13-17, 2012</i>	AAHPERD Convention, Boston, MA
<i>November 10-13, 2012</i>	<b>GAHPERD</b> Convention, Desoto Hilton Savannah
<i>April 23-27, 2013</i>	AAHPERD/SDAAHPERD, Charlotte, NC
<i>October 26-29, 2013</i>	<b>GAHPERD</b> Convention, Marietta Hilton
<i>March 18-22, 2014</i>	AAHPERD Convention, St. Louis, MO
<i>November 1-4, 2014</i>	<b>GAHPERD</b> Convention, Savannah Hilton
<i>March 17-21, 2015</i>	AAHPERD Convention, Seattle, WA
<i>October 23-26, 2015</i>	<b>GAHPERD</b> Convention, Marietta Hilton

# GAHPERD Convention 2011

## *Tentative Sessions*

- Cross Training Concepts
- Cross Training Applications
- “Oxy Charged” – Incorporating Health & Physical Education
- Credential Characteristics of Georgia Female High School Coaches
- Children Success with Learnercise – Learning While Moving
- Fitness Games in Physical Education
- What? Wii Fitness Online?!?
- Nutrition Year Round
- Aristotle said, Philosophize AND Exercise
- Action Research in the Gym: It’s not a Dirty Word
- I Will Survive: Learning Through Moving
- Smart Heart Scans for Athletes
- Providing Tools for the Teacher/Athletic Coach
- Eating Disorders and Body Image in Female High School Athletics
- Rebuild and relive: A Physical Activity Based Course to Change Lives
- Latest and Greatest Line Dances
- The Impact of Worksite Wellness on Productivity, Budget and Employee Health
- Athletic Injury Care for Coaches
- Activities for teaching Health Education Standards
- Clown College
- Teaching and Assessing Health Skills
- Hands-on Health, Elementary
- Teaching Golf in the Physical Education Class
- Help! I’m Working with a Students Teacher
- NFL’s Keep Gym in School
- I Want to be a Tech Guru but I Can’t Turn On My Computer
- Teaching Effectively with Technology
- Trail Running
- Total Involvement with the Sport Education Model
- The Principals of Interviewing
- Preparing K-12 Students for a Lifetime of Physical Activity
- Kilometer Kids – Atlanta Track Club
- Coaches, Race and Diversity in Division I Women’s Basketball
- Gender Equity in Physical Education
- Future Professional Employment Extravaganza
- Future Professionals Mock Interviews
- Creating and Teaching an Online Course
- Spring into Sport Stacking with Speed Stacks
- Fire Up... Push Up...Stack Up... Fitness Stacking with Speed Stacks
- Comprehensive School-Based Physical Activity Programs
- Is That Really a Push-up? A Review of Fitnessgram Protocols.
- A Look at Adolescent Risk Behaviors
- Results and Recommendations from the Fitnessgram Pilot Training Program
- Hands-on Health, Secondary
- From Commotion to Concussion: The History and Dynamics of Concussion in Sports.
- Roots: Putting Gymnastics Back Into The Gym
- Nutrition for the Endurance Athlete
- Dancing with Unconventional Partners
- Super Stars Contest
- Jump Rope & Hoops for Heart Breakfast
- Past President’s Luncheon
- Convention Golf Tournament
- General Sessions and Awards

***The Dance Division invites all GAHPERD members***

**Dancing with unconventional partners**

Save the date!

GAHPERD  
Convention  
October 22, -25,  
2011

Atlanta, GA



Strength and Conditioning and Nutrition for  
Year-Round Athletes  
Sunday, October 23, 9:00 am—2:00 pm

Mark your calendars and send in your registration forms! You won't want to miss this year's GAHPERD Convention, and The Dance Division's Sunday Workshop from 9:00 am to 2:00 pm, **Dancing with Unconventional Partners**. The guest presenter is Dr. Tom Welsh, Strength and Conditioning Faculty at Florida State University and current President of the International Association for Dance Medicine & Science, who will work with all interested GAHPERD members on cross-training for year-round athletes. Following Dr. Welsh's sessions, Amy Jo Riggs of Georgia Southern will talk about nutrition for year-round athletes. Sunday will wrap up with the exciting Kaleidoscope dance concert and awards.

The rest of the convention is equally packed with fabulous sessions by some of Georgia's best educators. Check out the Zumba, folk and social dance sessions, and explore the history of dance through its dance styles. You will even have a chance to discover ways to integrate dance into your students' school day. Check the convention program for more details.

## GAHPERD PUBLICATIONS GOING GREEN

At the August 2010 GAHPERD Executive Board Meeting a motion was passed from the Executive Committee that effective January 1, 2011 all Journals and newsletters go online. Anyone who wishes to receive a hard copy of either publication should specifically request a hard copy in advance from Executive Director, Kim Thompson. Kim can be contacted at [coacht9360@bellsouth.net](mailto:coacht9360@bellsouth.net)

Only a minimum number of hard copies will be printed in an attempt to cut GAHPERD's printing and postage costs.

# FITNESSGRAM Training Initiative 2011

This year all students in physical education classes across Georgia will participate in a health related fitness assessment called Fitnessgram. Students will be assessed using the pacer or mile run; curl up; push up; sit and reach and height and weight. Currently teachers statewide are being trained. The goal of training is to ensure consistency of fitness test administration, data collection, and messaging about fitness testing in addition to improving knowledge about health and fitness.

A team of outstanding physical education professionals will be going out statewide to deliver a day long training session. Christi Kay and the HealthMPower team developed the training and prepared the trainers to go out and deliver the high quality training to the physical education teachers of Georgia.

## *The training team:*



**Christi Kay** is the Executive Director with HealthMPowers, a non-profit organization committed to empowering students, school staff and families to make healthy choices. Prior to coming to HealthMPowers she was the Curriculum and Instruction Specialist for Health, Physical Education and Wellness for

the Gwinnett County School System. Christi has been a teacher at the elementary, high school and college levels and has spoken frequently at state, regional and national conferences and meetings on children's health issues. She is a national trainer with Centers for Disease Control and Prevention with the School Health Index and is a member of the State Department of Education's Health, Physical Education and Fitness Advisory Committees. She volunteers with numerous organizations including Action for Healthy Kids, Alliance for a Healthier Generation, American Heart Association, Georgia Association for Health Physical Education and Dance, Policy Leadership for Active Youth and her daughter's school.



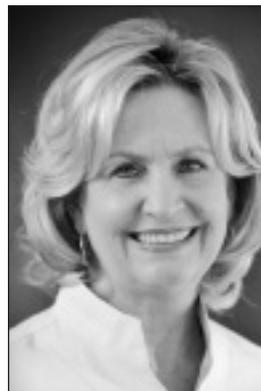
**Deb Baber** began her teaching career in 1976 and has worked at the high school and college level. She was the Bibb County Schools Wellness Director from 1990-1995. She has coached for 21 of the 35 years she has worked in education, winning several Region Championships in Basketball and taking teams to the

final four, elite eight and finals of the State Tournament. Deb is also very involved in her profession, having served in various leadership roles in the Georgia Association for Health, Physical Education, Recreation and Dance including President from 1995-97. She continues to work in leadership roles in the school system, serving on numerous school committees. Deb currently teaches physical education and coaches two girls' sports at Westside High School.



**Vicki Burrow** is a retired Nationally Board Certified Health and Physical Education teacher with 32 years of experience in the field, primarily at the middle school level. She is known for her expertise as a teacher, having been selected as the teacher of the year for the state of Georgia by GAHPERD. Vicki has led teams of teachers in the effective use of

FitnessGram to assess student fitness levels, analyze the results for program and instructional improvements, and report results to students and parents.



**Karen Lynch**, graduate of Texas Christian University, has taught high school health and physical education in Metro Atlanta for thirty-three years. She has served as a Teacher Support Specialist, mentoring student teachers from surrounding colleges and universities. In addition to coaching Varsity Volleyball, Gymnastics, and Cheerleading, Coach Lynch served as a high school

Athletic Director and Health/PE Department Chair until her retirement. She has been recognized for her innovative work in health and physical education with Teacher of the Year awards from Fulton County Schools, GAHPERD, and SAHPERD. Recently involved in contract writing and workshop presentations for the Georgia Department of Education Division of Health and Physical Education, she continues to promote youth physical fitness and health education through teacher training. Karen lives in Atlanta with her husband Michael and enjoys relaxation time through reading, travel, sports, and exercise.



**Dr. Brian Mosier** taught physical education for four years (2001-2005) at public schools in Tallahassee, FL, while earning a master's degree in Sport Management. Brian then was an instructor at the Florida State University (2005-2010) while completing his doctoral degree in physical education, and is currently

in his second year as an assistant professor at the University of West Georgia. At the University of West Georgia, Dr. Mosier spends most of his time working with the Health and Physical Education majors primarily teaching methods, assessment, and skill-based activity courses. His research interests focus on the promotion of physical activity, effective teaching and supervision, and online learning. Brian contributes to the profession by publishing and presenting at the national, state, and local levels. Brian is currently serving on the NASPE Physical Best Committee, the GDOE Physical Activity/Physical Education Committee, and is the GAHPERD State Fitness Coordinator.



**Wayne Pruitt** has taught health and physical education to students at the public school, college/university, and practicing professional level in Georgia for 37 years. He also enjoyed coaching various interscholastic athletic teams. Wayne taught for 25 years in public schools, spanning grades pre-kindergarten through high school.

In partnership in area universities, he has supervised over 60 student teachers and interns and hundreds of pre-service education practicum experiences. In 2007, he was selected Bulloch County's Teacher of the Year. Administrative positions include Assessment Specialist with First District Regional Educational Service Agency for 6 years, where he consulted with beginning teachers and administrators, providing instructional supervision during their certification induction phase. Wayne administered drug prevention education and intervention services, as well as health and wellness programs for Bulloch County Schools' central office for 5 years. For the past 3 years, he served as School Site Coordinator, facilitating a PEP (Physical Education Program) grant for the Boys and Girls Club of Bulloch County in partnership with Bulloch County Schools.



**Dr. Mike Tenoschok**, a Pennsylvania native in his 39th year in education, currently teaches and coaches at Mt. Paran Christian School in Kennesaw. Dr. Tenoschok is a graduate of Temple University, where he competed in Baseball and Judo while earning a BS and MEd. In Health Education. Mike also holds a Specialist degree in Health and PE and a Doctorate

in Educational Leadership from the University of Georgia. His educational experiences have included five years with the Georgia Department of Education and 15 years in Cobb County as Personnel Supervisor and Curriculum Coordinator for Health, Physical Education and JROTC. Mike is a former Cobb County Teacher of the Year (1982-83) and National Middle School Physical Education Teacher of the Year (2005) and Cobb County Cross Country Coach of the Year (2010).



**Dr. Shannon Williams** has worked in the physical education field on the K-12 and university levels for over 14 years. During that time, she served on high school physical education curriculum committee in Fulton County to revise curriculum and include technology with web-based access (1997-2002). She also served as a senior program manager with the International Life Sciences

Institute in Atlanta. There, she managed multiple research projects which included coordinating and conducting teacher trainings in school districts nationwide, as well as projects involving classroom teachers which focused on integrating physical activity and health into traditional classrooms (2002-2005). Dr. Williams then went on to become the Assistant Director of Health and Wellness in the DeKalb County school system from 2005 to 2010. Presently, she is a clinical instructor in the Department of Kinesiology and Health at Georgia State University, where she teaches undergraduate as well as graduate courses and serves as the health education coordinator. Dr. Williams has also co-written several journal publications and given numerous presentations on the subject of physical education.

# The Best Time to Teach Physical Education ...is NOW!

By Mike Tenoschok

*Mt. Paran Christian School*

Physical Education has always fought an uphill battle in regard to funding, requirements, resources and respect. In spite of the obstacles there has never been a better time to teach in our profession. When people from my generation were in high school the curriculum consisted of primarily team sports, basic fitness (without the concepts) and that was it.

Consider the progress that we have made in the past 40 years. Led by the efforts of NASPE there is now a framework of physical education standards for all instructional levels. This document ( Moving Into the Future, National Standards for Physical Education. National Association for Sport and Physical Education (NASPE), 2004) elevates our instructional area to a level equal to math, science, social studies, etc. identifying an essential body of knowledge to be addressed in all physical education programs. NASPE leadership has prompted individual states to adopt their own standards and instructional frameworks to address the needs of children in each individual state. There is also the health counterpart to the physical education standards (The National Health Education Standards. American Association for Health Education (AAHE). 2007)

Replacing the bake sales of yesteryear are grants designed specifically for physical education programs. The Carol M. White Physical Education Program (PEP) legislation has provided millions of dollars of funding for physical education equipment, curriculum development, training and resources. Collaborative efforts with Coordinated/ Comprehensive School Health Programs, of which physical education is a part, qualifies for additional funding through the health and wellness community. In addition organizations such as the American Heart Association in conjunction with the Jump Rope for Heart and Hoops for Heart programs provides funding for state and local physical education organizations. Since all educators do not possess the same skills in relation to grant writing assistance is available through several of the catalog physical education equipment companies in addition to numerous online physical education sites.

Resources have never been better from basic equipment to technology. Consider the things a teacher can do with color coded balls, cones, striking implements and developmentally appropriate equipment. Years ago it was one size fits all, due to the fact that many PE programs had to order equipment from athletic sources which were geared to the competitive varsity athlete. No consideration was given to the size differences between high school and middle and elementary school aged students. Not to mention the needs of physically challenged students. Now entire catalogs are devoted to adapted physical education programs. Years ago a stop watch was the only technology available to a physical educator. Today computer software for the tracking of fitness scores, grades, lesson plans and graphic organizers make data and other information available at the push of a button. Heart rate monitors, for example are designed for use with the general population. PDAs, compact video cameras, digital still cameras and other devices that can help a teacher analyze student fitness and skill performance provide a plethora of information for diligent instructor. Combine these resources with access to websites related to physical education, sport, fitness, and teaching and a teacher is a key stroke away from the leaders in our profession complete with all the necessary research and data necessary to create, implement and defend a physical education program in any school setting. There is no excuse for not keeping up with the latest in our profession. On-line classes take the classroom to you, allowing an individual to take courses when schedules allow rather than being tied to hard fast seat time as in the early days of our profession. Throw in Facebook, e-mail, twitter, cell phones, I-pods and other personal technology and a teacher can obtain advice, resources and help from virtually any place on the planet.

In Georgia, a major shot in the arm for Physical Education is the SHAPE Act (which is discussed in detail in other parts of this journal). Promoting Youth Fitness with quality teacher training and free equipment to do the job, the SHAPE Act is putting PE on a level comparable to that of the Core Subjects. We finally have our version of the CRCT and it is a requirement rather than a suggestion.

There is no reason not to be a good teacher and there are plenty of reasons to be a great teacher because this is the best time to teach physical education!

## **REBECCA DENNARD 1928-2011**

*Rebecca (Becky) Dennard was a pioneer in the GAHPERD organization. I came to know her when I was a young teacher in Cobb County and she was the City/County PE Director for Fulton County Schools. Becky was one of GAHPERD's biggest advocates. Many of the things that we take for granted today were paid for with her sweat and blood. She will be missed.*

*~ Mike Tenoschok*

May 10, 1928 – Rebecca Ione Dennard was born prematurely at Emory University Hospital

September 1934 – Becky entered first grade at Peeples Street Elementary School.

1944-1947 – Becky attended Joe Brown Junior High School in Atlanta. Mrs. K.B. Edwards, the physical education teacher at Brown, was among those who inspired her to choose physical education as a career.

1947-1950 – Dr. Gertrude Manchester, head of the Physical Education Department at GSCW, saw in Becky a potential strong leader in physical education. “Gert” adopted Becky as one of her own and was a tremendous influence on her life for many decades.

September 1952- June 1953 – Becky spent the academic year in the cold north while working on her Master’s degree at Wellesley College.

September 1953 – Becky started as Supervisor of Health and Physical Education for the Fulton County Schools, a position that she would hold for a few decades.

### *Professional Contributions*

- President, GAHPER 1957-59
- Newsletter Editor, GAHPER, 1955-57
- Executive Secretary, GAHPER, 1963-70
- Executive Secretary-Treasurer, GAHPER, 1970-75
- Governor’s Council on Physical Fitness, 1969-70
- Chair, Elementary Section SDAAPERD, 1958
- City/County Directors Section, SDAAPERD, 1961-64
- Board of Directors, Chair of Finance Committee, AAHPERD, 1971-73
- Chair, Secondary Commission PE, AAHPERD, 1973-74

### *Honors*

- GAHPER Honor Award, 1962
- SDAAPERD Honor Award, 1974

## Sunday Workshops



**Tom Welsh**  
Guest Presenter,  
Dance Division

Cross-Training for  
Dancers and Other  
Performance Athletes

Sunday  
9:00 am - Noon

*Dance,  
Exercise Science,  
General*

### **Dancing with Unconventional Partners**

Tom Welsh is on the Dance faculty at Florida State University where he teaches conditioning, anatomy and kinesiology, Pilates, and teaching methods for dancers. He advises dancers on reducing injury risk and conducts empirical research on healthy approaches for training dancers. Dr. Welsh presents and publishes his research internationally and is the author of the new text, *Conditioning for Dancers*. He trained as a modern dancer and has performed major roles in works by Ted Shawn, Paul Taylor, Shapiro & Smith, Shirley Ririe and Joan Woodbury with university dance companies across the United States. Dr. Welsh is currently serving his second year as President of the International Association for Dance Medicine & Science.

Don't miss  
Dance Kaleidoscope  
Sunday,  
October 23  
4:00 pm  
Lyon Ballroom

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### **Amy Jo Riggs**

Nutrition "On the Go"  
Sunday 1:00-2:00 pm  
*Dance, Health*

Registered dietitian Amy Jo Riggs is beginning her sixth year at Georgia Southern University. She has held positions in a cancer center and as outpatient dietitian for Columbus Regional Hospital in Indiana. While working toward her doctorate at Auburn University, she served as the dietitian for the eating disorder team for Auburn University's student center. Dr. Riggs is currently working with several athletic teams on healthy eating topics and how to properly fuel for optimal performance. Her research interests include sports nutrition, weight management, including obesity, eating disorders, body image throughout the lifespan, and nutrition intervention among the renal population.



Addressing

# OVERWEIGHT: SHAPE Act Mandates Fitness Testing in Schools



Policy Leadership for Active Youth (PLAY) Policy Brief

Fall 2011

The Georgia General Assembly adopted House Bill 229 to promote youth fitness and to begin addressing the epidemic of obesity among children in Georgia. The bill – known as the Student Health and Physical Education (SHAPE) Act - requires annual fitness assessments for students in Georgia schools. The implementation of the SHAPE Act represents an important first step in addressing childhood obesity and low levels of physical activity and fitness among Georgia's youth. Additional steps will be necessary to supplement the increased awareness of fitness levels with specific strategies for improving physical activity and dietary behaviors, both of which are linked to childhood obesity. This policy brief reviews physical activity and fitness levels for children and adolescents in Georgia, provides an overview of the SHAPE Act and the fitnessgram assessments, and calls for continued focus by policymakers on obesity prevention efforts.

## Physical Activity, Fitness and Georgia's Youth

Low levels of physical activity are associated with poor fitness and childhood obesity<sup>(1)</sup>. Studies have found that increasing physical activity in schools promotes healthy weight among youth<sup>(2-10)</sup>. There is strong evidence that regular physical activity leads to higher levels of fitness, better health and reduced mortality. Regular physical activity promotes increased muscle and bone strength and decreases the risk of developing diabetes and cardiovascular diseases<sup>(1)</sup>.

Children and adolescents should be getting 60 minutes or more of physical activity daily<sup>(11)</sup>. Most of this activity should be moderate-or-vigorous intensity aerobic physical activity. Muscle-strengthening physical activity, such as elastic bands or weights, and bone-strengthening physical activity, such as jumping jacks, running or brisk walking, should be included on

at least 3 days per week to promote muscular and skeletal strength and growth. In Georgia, large numbers of children and adolescents are not meeting these recommendations. Recent data indicates that only 55 percent of middle school students and 44 percent of high school students meet the daily requirements for physical activity<sup>(12)</sup>. The Georgia State BOE standards require that children in grades K-5 participate in a minimum of 90 hours of physical education per year<sup>(12)</sup>. Yet, a survey of 45 elementary schools found that 59 percent did not require physical education<sup>(13)</sup>, indicating a lack of compliance with the state requirement.

A 2006 study of student fitness in Georgia's schools, conducted by Philanthropic Collaborative for a Healthy Georgia, revealed low levels of fitness among students. The study reported that 52 percent of 5th and 7th grade students did not pass the

cardiovascular health assessment, 30 percent had BMIs outside of the healthy fitness zone, and 22 percent did not meet standards for muscular strength, flexibility and endurance<sup>(14)</sup>. The report's findings were a clarion call to state leaders and agencies, local communities, schools, parents, and other stakeholders. The actions and debate that followed resulted in the passage of House Bill 229 by the Georgia General Assembly in 2009. In passing the bill, state legislators made public their concerns around childhood obesity and the need for increased focus on physical education and student fitness in Georgia's schools.

## Physical Fitness Supports Academic Achievement

Physical fitness is associated with positive educational outcomes. According to the US Department of Health and Human Services, physical activity and physical fitness are

positively associated with academic achievement<sup>(15)</sup>. Studies indicate that physical activity and physical fitness may lead to increased academic achievement<sup>(16-20)</sup>. A study examining high school students found that those participating in physical activities in school or at home were 20 percent more likely than inactive students to make an A in English or math<sup>(17)</sup>. Physical fitness has also been linked to improved performance on state-administered achievement tests<sup>(19,20)</sup>. Increased student physical fitness also has been found to reduce school discipline problems and delinquency rates<sup>(21,22)</sup>. Because Georgia youth spend a significant amount of their time at school, promoting school-based physical activity programs can potentially benefit a large number of children and adolescents.

#### For ideas and resources

to promote school health, physical activity, and healthy eating Access, *Healthy Schools, Healthy Communities: A Guide to Childhood Obesity Prevention in Georgia*, developed by researchers at Georgia State University on behalf of the Philanthropic Collaborative for a Healthy Georgia.  
<http://www.aysps.gsu.edu/ghpc/healthy-schools-communities>

#### House Bill 229 – The Requirements

Beginning in the 2011-2012 school year, each local school system shall conduct an annual fitness assessment program one time each school year for students in grades one through 12, to be conducted only during a physical education course that is taught by a certificated physical education teacher<sup>(22)</sup>. Student assessment results must be reported to the parent or guardian of each student and aggregate results for each school district must be reported annually to the Georgia State Board of Education

(BOE). The Bill also requires school systems to provide the minimum physical education as mandated by O.C.G.A. §20-2-142(c) and proscribed by the Georgia State BOE<sup>(23)</sup>.

#### Physical Education Requirements Under O.C.G.A. §20-2-142(c)

Each school containing any grade K-5 shall provide a minimum of 90 contact hours of instruction at each grade level K-5 in health and physical education.

Each school containing any grade 6-12 shall make available instruction in health and physical education.

The Georgia State BOE must coordinate health and physical education, and fitness activities and requirements<sup>(24)</sup>. The standards set must represent best practices and benchmarks for student health and physical education. The BOE must submit an annual report to the Governor that details local school system compliance<sup>(25)</sup>. The Bill also provides for the establishment by the Governor, in collaboration with the BOE, one or more recognition programs to acknowledge local school systems and individual schools which have most improved in their physical fitness assessments.

#### Understanding Fitness Assessments

The annual fitness assessment required in the Bill will be conducted using Fitnessgram, a health-related fitness assessment tool originally developed by the Cooper Institute (insert reference). Fitnessgram was recommended for adoption by members of a Fitness Assessment Advisory Committee convened by the Georgia DOE. Committee members included physical education (PE) teachers, health/PE county coordinators, school principals, and experts from state universities and not-for profit

organizations, including researchers in exercise physiology, public health, and health and physical education.

Fitnessgram is a comprehensive fitness assessment procedure and reporting program for youth<sup>(26)</sup>. It has proven to be a useful tool in tracking student health-related fitness<sup>(27)</sup>. Fitnessgram includes a variety of health-related tests to determine aerobic capacity, muscular strength, muscular endurance, flexibility and body composition. Assessment scores are compared to “Healthy Fitness Zone” standards to determine physical fitness and highlight areas for improvement. Healthy Fitness Zone standards are criterion-referenced, developed by the Fitnessgram Scientific Advisory Board, which consists of leading scientists and experts in the area of health, fitness and physical activity. Standards are based on fitness levels required for good health and determined based on age and sex; they are not based on class averages or other peer comparisons.

Student assessment scores for muscle strength, endurance and flexibility are classified into one of two zones: Needs Improvement (NI) or Healthy Fitness Zone. Scores for aerobic capacity and body composition fall into one of three zones: Needs Improvement - High Risk (NI-high risk), Needs Improvement - some risk (NI - some risk), and Healthy Fitness Zone. Students in the NI-high risk zone are advised of the potential future health risks if they continue in that fitness zone. Students in the NI-some risk zone are informed of potential future health risks associated with being unfit and that they could reduce risk by working toward Healthy Fitness Zone levels. When a student has achieved a score that falls within the Healthy Fitness Zone, it means the student has achieved a level of fitness associated with being healthy<sup>(28)</sup>. All students are encouraged to engage in daily moderate-to-vigorous physical activity such that they can maintain or improve their fitness level.

Recommendations for students focus on personal improvement rather than competition. The Fitnessgram software provides schools with an efficient recording and management system for student fitness assessment results. The software can be used to generate individual reports that provide feedback to children and parents and allow schools and families to track student progress over time. Group reports can also be generated to improve school programming and policies.

### Statewide Implementation Benefits from Public-Private Partnership

The statewide implementation of the House Bill 229 is supported by the Georgia Student Health and Physical Education (SHAPE) Partnership. Established by the Governor's Office in 2010, the partnership includes organizations and agencies representing government, education, healthcare and not-for-profit leaders. The group is providing funding, training, information, and other resources necessary for successful implementation of the statewide program. During the 2010-2011 school year, the SHAPE Partnership implemented a pilot program in five school districts across the state, including: Bibb, Gwinnett, Hall, Lowndes, and White counties. The Georgia Department of Education estimates that approximately 85-90% of students in the 214 schools selected for participation in the program were tested. An evaluation of the implementation was conducted by researchers at Georgia State University, in partnership with SHAPE. The evaluation focused on teacher training, fitness testing practices, data entry and accuracy, and teacher and student perceptions. While the findings from the evaluation are beyond the scope of this brief, findings were generally positive and the information obtained is assisting state officials in ensuring an effective statewide implementation.

The Georgia DOE is working closely with its SHAPE Partners and local school districts to manage statewide implementation. School system superintendents and curriculum contacts will serve as primary conduits for implementation dissemination. School districts should expect to receive professional development/training for physical education teachers, equipment required for fitness testing (e.g., scales, sit-and-reach boxes, etc.), Fitnessgram software, and related technical software support. As of August 2011, SHAPE implementation was well underway, with over 90 trainings scheduled for approximately 2,700 physical education teachers. Physical education teachers at all Georgia public schools will be trained by December 2011. School systems will conduct fitness testing and provide reports to the State Department of Education between January and May 2012. Student results should be distributed to parents by schools between January and May 2012. Additional information regarding fitness testing can be accessed on the SHAPE partnership web site at:

<http://georgiashape.org/>

<p><b>Timeline for GEORGIA SHAPE Implementation</b></p> <p><b>July - December:</b> Teacher training</p> <p><b>Nov - December:</b> Import student information into Fitnessgram program</p> <p><b>January - May:</b> Implement student assessments; record and report scores</p> <p><b>January - May:</b> Distribute parent reports</p>
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### Building on Progress – Supplementing School-Based Efforts and Resources

The passage of the SHAPE Act and willingness of numerous stakeholders to invest resources in ensuring its success illustrates a growing

commitment to childhood obesity prevention in Georgia. The legislation emphasizes the important role schools play in educating young people and encouraging healthy behaviors around physical activity. By requiring reporting to parents on student fitness, SHAPE will increase the focus on child health and well-being and encourage conversations among families, schools, and communities about steps that should be taken to promote healthy physical activity behaviors. The fitness data that schools report will allow state officials and local communities to establish a baseline for fitness and measure progress against it over time. Available data can and should be used to spur further action moving forward.

The SHAPE Act does not proscribe new curriculum requirements beyond annual fitness assessments. Thus, it is not a solely sufficient response to childhood obesity in Georgia. Additional community initiatives and school-based efforts are needed to encourage increases in physical activity. Given the connection between physical activity and positive educational outcomes, schools can make meaningful contributions to academic achievement through a greater focus on physical activity and fitness.

As data emerges on the fitness levels of our youth, it will be imperative for the state to provide resources to local school systems that enable them to support children and families. An urgent need also exists to encourage and support schools in placing greater emphasis on school nutrition, school wellness, and health education through the use of evidence-based strategies and policies. There are numerous opportunities available for improving the health of our youth. We urge the state's policymakers and educators to continue their focus on improving the school health environment for the benefit of Georgia's children and adolescents.

This policy brief was prepared by Policy Leadership for Active Youth (PLAY) with support from Healthcare Georgia Foundation. PLAY is a policy research initiative of the Georgia State University Institute of Public Health in a partnership with the Georgia Center for Obesity and Related Disorders (GCORD) of the University of Georgia and the Medical College of Georgia. PLAY collaborates with other stakeholders to identify promising strategies to increase physical activity, decrease sedentary behaviors and prevent childhood overweight. Investigators are Dr. Michael Eriksen and Dr. Rodney Lyn, Georgia State University; Dr. Deborah Young-Hyman, Medical College of Georgia; Dr. Rebecca Mullis, Dr. Richard Lewis and Dr. Emma Laing, University of Georgia. For access to references cited herein and other policy briefs on childhood obesity prevention, visit <http://publichealth.gsu.edu/1033.html>

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# REFEREED ARTICLE

## Comparison of Obesity, Overweight, and Nutritional Patterns of Southeastern College Students to National Norms

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### Abstract

On a national level, obesity is one of the most pervasive public health problems in the United States (Menifield, Doty, Fletcher, 2008; Stern *et al.*, 1995). More specifically, obesity is becoming a major concern for the traditional college student population. The purpose of this study is to examine the relationships between BMI classification and self-reported nutritional patterns of college students and determine if the BMI of these students is significantly different from nationally reported data. While particular nutritional patterns were significantly related to BMI classification, the sample also demonstrates higher BMI than those in the national data.

### Introduction

Since 1970, the rates of obesity within the United States have doubled. Over two-thirds of the population of the United States is now considered to be overweight or obese (Flegal *et al.*, 2010). Obesity is associated with the higher risk for several serious health conditions, including hypertension, type 2 diabetes, hypercholesterolemia, coronary heart disease, stroke, asthma, and arthritis (Hammond & Levine, 2010). Aside from the physical risks associated with obesity, many also experience psychological effects, including anxiety and depression (Ackard & Peterson, 2001). Lastly, the increasing prevalence of obesity has been associated with significant health care costs. Hammond and Levine (2010) suggest the total annual economic costs associated with obesity to be in excess of \$215 billion.

The problem of obesity in the United States has become increasingly prominent and is now recognized as a critical target for public health intervention; however, there are some populations that are in need of further research. Rates of overweight and obesity appear to be increasing dramatically among young adults (18 to 29 years), from 7.1% to 12.1% from 1991 to 1998. Those individuals who had some college education reported even greater increases (from 10.6% to 17.8%) (Mokdad *et al.*, 1999). The 2010 American College Health Associations National College Health Assessment (ACHA-NCHA) reported the prevalence of overweight was 21.9 % (BMI  $\geq$  25kg/m<sup>2</sup> using self-reported height/weight) while the prevalence of obesity was 11.6% in an assessment of 4-year institutions. With such dramatic increases in weight, obesity is becoming a major concern for the traditional college student population and ultimately requires more empirical attention.

In the American culture, many associate entry or the transition into college with weight gain or the “Freshmen 15.” Specifically, this refers to the notion that the first year of college is associated with a weight gain of fifteen pounds (Lloyd-Richardson, Bailey, Fava, & Wing, 2008). Previous research suggests that the freshman year of college is a risky year in which weight gain may occur (Hoffman, Policastro, Quick, & Lee, 2006). It has been estimated that 70% to 77% gain weight occurs during their first two years (Lloyd-Richardson *et al.*, 2008; Racette, Deusinger, Strube, Highstein, & Deusinger, 2005). In addition, research also suggests that students maintain the initial weight gain throughout their college career (Racette *et al.*, 2008). Gender and geographic location may also play a role in obesity among college students. Previous research suggests the rates of overweight and obesity to be higher among males than those assessed among females (Cluskey & Grobe, 2009; Sira & Pawlak, 2010). Plus, the southern states have reported the highest levels of overweight and obesity (Mokdad *et al.*, 1999).

Other factors commonly associated with obesity include age, gender, poverty, education, income, birth weight, prevalence of smoking, and race (Menifield, Doty, & Fletcher, 2008). In particular, a lifestyle factor that may contribute to overweight and obesity include nutrition. When individuals transition to a college lifestyle, many students are transitioning to independent living as well. With an increase in decisional autonomy, the students are also making their own food choices, which often result in poor eating habits (Grace, 1997). College students typically consume a diet that is lacking in fruits, vegetables, and that is high in fat, sodium, and sugar. The ACHA-NCHA data, from 2010, indicate that only 6% of college students consume five or more servings of fruits and vegetables each day. In addition, the research also demonstrated significant differences in diet variety between those who are considered to maintain a healthy weight versus those individuals who were overweight or obese. Students with higher BMIs reported a diet consisting mostly of meat. Students with lower BMIs reported consuming more vegetables (Brunt, Rhee, & Zong, 2008), and fruits (Tago *et al.*, 2001).

Given the lack of regional information on obesity among college students, the purpose of this study is to examine the relationships between BMI classification and self-reported nutritional patterns of college students attending a medium

sized southeastern university and determine if the BMI of these students is significantly different from nationally reported data. Information from this study will help to develop customized interventions for students attending the university.

### Methods

After receiving IRB approval from the university, data were collected from Fall 2010 physical activity courses. The courses are required of every undergraduate student and therefore are a representative sample of the university population as a whole. Demographic information and nutritional information of the sample was collected via an online Physical Activity Program Assessment Survey. The survey was designed by the researchers to collect general information about the physical activity program including course satisfaction, student interest in the program content, nutritional patterns and demographic information. In addition, ACHA-NCHA (2010) questions concerning physical activity and nutritional patterns questions were added to the survey. The survey was made available to all students taking physical activity courses on an online learning management system (WebCT). Course instructors were asked to announce to their students the available dates for the survey, week 10 through 14 of the 15 week semester. Of 4362 registered students in the physical activity program, 2172 completed the survey (49.8% response rate).

Of those individuals who participated in the study, 41% ( $n = 898$ ) were male and 58.2% ( $n = 1274$ ) were female. Aside from gender, the year in school was also noted. Of the respondents, 34.9% ( $n = 765$ ) were freshman, 26.4% ( $n = 579$ ) were sophomores, 20.2% ( $n = 443$ ) were juniors, and 18.1% ( $n = 396$ ) were seniors. Most of the respondents identified themselves as white (66.3%,  $n = 1451$ ), with the remaining dividing into black (24.5%,  $n = 536$ ), Hispanics (3.1%,  $n = 68$ ), Asian (1.6%,  $n = 36$ ), Bi-racial (2.5%  $n = 55$ ), and Other (1.5%,  $n = 33$ ).

**Table 1. Height, Weight & BMI Descriptive Statistics**

	Mean	SD	Range
<b>Height</b>			
Females	65.05	3.65	71.00
Males	71.15	3.96	71.00
Total	67.57	4.82	79.00
<b>Weight</b>			
Females	143.88	31.99	280.00
Males	182.82	37.64	369.00
Total	160.12	39.38	375.00
<b>BMI</b>			
Females	23.97	5.18	52.75
Males	25.41	4.86	46.99
Total	24.58	5.09	52.81

BMI scores were calculated from self-reported height and weight. The BMI classifications ranged from 1 to 4. A classification of 1, or underweight, was having a BMI <18.5. A classification of 2, or healthy weight, represented a BMI between 18.5 and 24.9 while a classification of 3, or overweight, represented a BMI between 25 and 29.9. Lastly, a classification of 4, or obese, represented a BMI > 30 (Flegal *et al.*, 2010; Ogden *et al.*, 2006).

### Analysis

Data were analyzed using SPSS 16.0 and normality assumptions verified. Means, standard deviations, and ranges on age, BMI, height, and weight were calculated. Frequency tables were also constructed for BMI classification as well as self-reported eating habits. Spearman rho correlation analysis was carried out to determine relationships between self-reported nutritional patterns and BMI classification. In addition, three one-sample t-tests were used to evaluate differences in BMI between our sample and that of the national averages as a whole.

### Results

While a significant correlation between BMI classification and the number of fruits/vegetables consumed by an individual was not observed within this study ( $r = -.007$ ,  $p < .05$ ), particular nutritional patterns were significantly related to BMI classification. A significant negative correlation was found between how many times the individual ate green salad the previous day ( $r = -.047$ ,  $p < .05$ ) as well as the number of times the individual ate cookies, doughnuts, pie or cake ( $r = -.058$ ,  $p < .01$ ) with BMI class. A positive correlation was found between BMI classification and the number of times the individual ate cooked vegetables the previous day ( $r = .004$ ,  $p < .05$ ) as well as the number of times the individual ate hamburgers, hotdogs, and sausage ( $r = .056$ ,  $p < .01$ ).

With regards to the group as a whole, our sample had significantly higher BMI scores ( $M = 24.58$ ,  $SE = 5.09$ ) than those in the national data ( $M = 24.33$ ,  $SE = 5.18$ ) ( $t [2150] = 2.24$ ,  $p < .05$ ),  $r = .05$ ). Males reported higher BMI scores ( $M = 25.41$ ,  $SE = 4.86$ ) than those in the national data ( $M = 24.89$ ,  $SE = 4.84$ ) ( $t [890] = 3.19$ ,  $p < .01$ ,  $r = .11$ ). Females' BMI scores ( $M = 23.98$ ,  $SE = 5.18$ ) were not significantly different from those reported in the national data.

**Table 2. Correlations Between BMI and Nutritional Patterns**

	BMI	Fruit	Fruit Juice	Green Salad	Cooked Vegetables	Hamburgers, Hotdogs, & Sausage	French Fries & Potato Chips	Cookies, Doughnuts, Pie & Cake
BMI	-							
Fruit	-.026	-						
Fruit Juice	.014	.236**	-					
Green Salad	-.047*	.351**	.180**	-				
Cooked Vegetables	.044*	.285**	.167**	.293**	-			
Hamburgers, Hotdogs, & Sausage	.056**	.048**	.107**	.116**	.091**	-		
French Fries & Potato Chips	.014	-0.004	.113**	.087**	.019	.394**	-	
Cookies, Doughnuts, Pie & Cake	-.058**	.091**	.084**	.094**	.117**	.188**	.193**	-

**Table 3. Comparison of Local Rates of Overweight, and Obesity to the National Levels**

Category	Local%	National%
Overweight		
Females	19.2	18.3
Males	34.2	28.3
Total	25.6	21.9
Obese		
Females	10.9	11.2
Males	14.7	12.2
Total	12.4	11.6

### Discussion

The results of the current study indicate that roughly 26% of the college students in the sample are considered to be overweight while 12% are considered to be obese, which is slightly higher than the reported rate by the 2010 ACHA-NCHA. In addition, the BMI scores are significantly different from those of the national data. The BMI scores for the current sample are higher than the reported BMI scores from the national data. This finding may be related to the fact that the study assessed students from a southeastern university, which is comprised mostly of individuals from southern states. Over 93% of the student body comes from the state of Georgia (Georgia Southern University, 2010). In previous literature, the southern states have reported the highest levels of overweight and obesity (Mokdad *et al.*, 1999).

Furthermore, males within the study reported significantly higher BMI scores than those in the national data while the females did not report significantly higher BMI scores than

those in the national data. Overall, the rates of overweight and obesity, among male students are higher than those seen among females. This finding is consistent with recently reported data (Brunt, Rhee, & Zhong, 2008; Sira & Pawlak, 2010).

A significant correlation between BMI classification and the number of fruits/vegetables consumed by an individual was not observed within this study. However, a significant negative correlation was found between BMI classification and how many times the individual ate green salad and cookies, doughnuts, pie or cake. Such a finding reveals that those who are overweight or obese have a tendency to report eating less green salads. Two possible explanations may help to understand this correlation. The first is that the data collection was based on self-reports and could have been subject to answers that were more socially desirable. (Herbet *et al.*, 1997). Those who are overweight or obese may know they should not be consuming excessive amounts of these types of foods. In response, they replied with socially accepted answers. In addition, this relationship may be related to the fact that these participants were currently taking actions to decrease their weight (*i.e.* avoiding these types of foods).

The positive correlation found between BMI classification and the number of times an individual ate cooked vegetables and hamburgers, hotdogs, and sausage may be explained by the fact that those who are considered to be overweight are choosing foods they are high in fats, including meats and cooked vegetables. Although one might assume cooked vegetables are healthy just because their classification as vegetables, their preparation with fat can lead to increased calories. Much like the correlation with sweets, individuals who are overweight may be trying to eat healthier so they are selecting vegetable to improve their diets.

A limitation of this research is the use of self-reported data. The participants may have inaccurately reported weight, height, and or their nutrition patterns. However, in relation to weight and height, previous research has demonstrated high correlations between self-reported measures of weight and height and actual measurements (Lloyd-Richardson *et al.*, 2009). For data collection, the reliance of self-reported data was the most feasible in relation to the magnitude of this particular study. Future research should attempt to collect more objective measures of height, weight, and nutritional information.

A second limitation of this research is the use of BMI as a measure of obesity. Since BMI is based solely on weight and height, this method of measurement is limited in scope. As BMI does not take fat distribution or muscle mass into consideration (Rothman, 2008), misclassification may result (Brunt, Rhee & Zhong, 2008). The benefits of using BMI, including the fact that it is easily interpreted by the general public and relatively easy to calculate, outweigh its limitations. Future research should employ more robust measures of body composition to confirm the current results.

A final limitation of this study was the study was cross-sectional in nature and only included undergraduate students attending a medium-sized university in the southeast. It was the intention of the researchers to capture a representative sample of the student population at the university, with the hope of gaining more information that could be used for future health interventions.

### Conclusion

On a national level, obesity is one of the most pervasive public health problems in the United States (Menifield, Doty, Fletcher, 2008; Stern *et al.*, 1995). As confirmed within this study, the college student population, especially within the southeast, is at risk for substantial weights gain upon entry into college and throughout college (Lloyd-Richardson *et al.*, 2008; Racette *et al.*, 2005). While research suggests that individuals, who are considered to be overweight or obese, are at risk for several health risks (Ackard & Peterson, 2001; Hammond & Levine, 2010), overweight or obese individuals can also achieve substantial benefits with modest weight loss. Stern *et al.* (1995) suggests that obese individuals who lose even a relatively small amount of weight are likely to decrease their blood pressure, levels of blood glucose, concentrations of cholesterol & triglycerides, and their risk of osteoarthritis of the weight-bearing joints. It is the charge of health/wellness education programs within higher education institutions to reduce and prevent obesity among its student-participants. Using the information gained from this study, targeted interventions can be created that expose college students to the benefits of eating well, which can be delivered to students through required physical activity courses at the specific institution in question.

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# 2011 GAHPERD CONVENTION PRE-REGISTRATION FORM

## Marietta Hilton Convention Center October 22-25, 2011, SUNDAY-TUESDAY

Registration fees are reduced for members who pre-register for the 2011 GAHPERD Convention. If you work or teach in Georgia, you must be a member to attend the convention. Please complete this pre-registration form and send it to the address below. **Your envelope containing your completed form and check must be postmarked on or before October 1, 2011. Housing information and this form will be available on the GAHPERD website soon: [www.gahperd.org](http://www.gahperd.org).** You may renew membership online now or when you arrive at convention. Checks must be made payable to GAHPERD for the total amount indicated on this form, and submitted along with this form to:

**Kimberly Thompson, GAHPERD Executive Director, 9360 Highway 166, Winston, GA 30187.**

Convention Registration	Pre-registration By October 1	After October 1	Membership Fees	Amount Enclosed \$
Professionals	\$90	\$115	Professional/Graduate Student	Pre-Registration _____
Undergraduate Students	\$45	\$60	1 Year	Spouse/Guest _____
Full-time Graduate Students	\$45	\$60	2 years	Extra Banquet _____
Retired Professionals	\$40	\$50	3 years	Ticket _____
Spouse/Guest	\$40	\$50	Undergrad Student	GAHPERD _____
			Retired	Membership _____
				<b>Total</b> \$ _____

**Please print all requested information.**

If you are joining for the first time, or renewing membership, please complete the membership form found in this publication and return it with this form and your check. All of the information on the membership form is needed for our records.

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

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

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

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

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

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Must be postmarked on or before October 1, 2011.**



## GAHPERD ACKNOWLEDGEMENT AWARDS

**Acknowledgement Awards** will be presented at the Annual Convention October 23-25 in Marietta. They are presented by members of our Association to thank someone who has made a difference in their lives or careers. They can also be given in appreciation for contributions to the profession. There is a \$20.00 fee to purchase an award for each special person that a member wishes to acknowledge, or say “thank you” to, in their professional life. Please fill out the form below to purchase an Acknowledgement Award.

My Name: \_\_\_\_\_

I wish to purchase an Acknowledgement Award for:

\_\_\_\_\_

I would like the following message on the certificate:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please submit a form for each award you wish to purchase and send it and a check made out to GAHPERD for \$20.00 per person you wish to acknowledge to:

Kimberly Thompson  
GAHPERD Executive Director  
9360 Highway 166  
Winston, GA 30187

The deadline to submit this information and purchase an award is: **October 10, 2011.**

# FITNESSGRAM®

## New Health Fitness Zone® Standards

### Key Points for Teachers & Administrators

- Beginning in the fall of 2010, FITNESSGRAM will use new criterion-referenced standards to determine the Healthy Fitness Zone (HFZ) for Body Composition (BC) and Aerobic Capacity (AC).
- The new standards are based on research on children and adolescents and the risk of metabolic syndrome. Metabolic syndrome is a group of risk factors that increases the risk of developing diabetes and cardiovascular disease. The increasing prevalence of the metabolic syndrome is being driven by the growing obesity epidemic in the young. Metabolic syndrome risk factors are:
  - high fasting glucose,
  - high waist circumference,
  - high triglycerides,
  - low high density lipoprotein cholesterol, and
  - high blood pressure.
- Both the new BC and AC HFZ standards take into account normal changes during growth and maturation as well as health risk. The actual values between boys and girls are more similar at young ages and more different at older ages. The changes do not imply higher expectations for boys than girls, but reflect the same relative levels of fitness for boys and girls as they mature.
- The new standards maximize the probability that students will be classified the same by either the % BF and BMI assessments for BC or any of the run/walk tests for AC.
- It is likely that fewer younger boys and girls will achieve the new BC HFZ. Previously, too many at risk children were not being identified at the younger ages. It is good to identify risk early.
- It is likely that fewer young girls will achieve the new AC HFZ standards. It is likely that more young boys, but fewer older boys will achieve the new AC HFZ standards. Previously, the standards were too easy for young girls relative to the young boys and the older boys standards did not sufficiently take into account maturation.
- The actual test items for BC (%BF or BMI based on HT and WT) and AC (PACER, One-mile run or One-mile walk) will not change; however, BMI values (entry of height and weight) will need to be recorded in order to get an AC classification.
- There might be a difference in the way the PACER test or One-mile run or walk will be administered to the students. If students had previously been given a performance goal (# or PACER laps or time for One-mile) and allowed to stop when that was achieved, this will no longer be possible because both performance and BMI are now used in calculating the outcome. This takes into account the impact BC has on performance, but negates the possibility of pre-performance prediction. The outcome and classification will be judged solely on the basis of VO<sub>2</sub>max.
- The upper limits to the HFZ standards have been removed in accordance with the new US Physical Activity Guidelines that encourage higher levels of fitness for greater health benefit.
- In addition to the modification of the values representing the HFZ, the Needs Improvement Zone has been subdivided into "some" risk and "high" risk indicating the "possibility" and "probability" of serious future health problems if the student continues to track at these levels. The urgency for intervention is greater in the high risk category.