THE ROLE OF PHYSICAL EDUCATION TEACHERS IN PUBLIC HEALTH POLICY: THE CHALLENGES FOR A DEVELOPING PROFESSION

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Date: 2 July 2011 (Saturday)
Venue: Yan Chai Hospital Wong Wha San Secondary School

(This powerpoint presentation is only for educational purposes, ie not for promotional or commercial purposes of the institution.)
Are we concerned about this ...
Figure 1
Rising trend of obesity among primary school students

Hong Kong obesity rates for primary school children 1997-2008

(Audit Commission, 2009, p. 2)
MOST GOVERNMENTS AROUND THE WORLD ARE...

But is it your job to do something about it?  ........
MY INTENTIONS TODAY

- Confidence
- Hope
- Caution
WHAT WE WILL COVER TODAY

- Who are we?
- What do we do?
- Health agendas in schools
- Why is Health education regarded as important?
- Brave new world of work – work as identity
- The ‘nature’ of health work in schools
- Health issues and Hong Kong
- Health education issues in PE in Hong Kong
- Sport and movement education
- What can we do – joining a few dots
WHO ARE WE?

- Stereotypes that stick ... sometimes with good reason

(Cartoon Picture: “Sorry, you’re not sadistic enough to be a P.E. Teacher!”)
With this image can we be taken seriously to deliver health oriented physical education?

(Cartoon Picture: “Five more, Billy! No pain, no gain!!”)
Claims that schools are the site for preventative health care

Literacy as a key feature ... perhaps
Almost one fifth of Australia’s population comprises children aged 0-14 years.

Their health and wellbeing are critical as they are considered to be the key to Australia’s future (AIHW, 2009).

The latest national report on their health indicates that significant concerns still exist regarding disability, diabetes and dental decay, as well as there being too many children who are sedentary, overweight, eating unhealthily, homeless or at risk of homelessness, and who are victims of assault (AIHW, 2009).
In 2009, the top ten issues of concern to young Australians (n=48,000), aged predominantly 11 – 19 years, were in ranked order:
+ drugs,
+ suicide,
+ **body image**,  
+ family conflict,  
+ bullying/emotional abuse,  
+ alcohol,  
+ physical/sexual abuse,  
+ personal safety,  
+ coping with stress,  
+ and depression

(Mission Australia, 2010)
BRAVE NEW WORLD OF WORK

- Globalization
- Individualization
- Work as identity
- Performance and Audit cultures
- Conform to systems set up to measure
NATURE OF HEALTH WORK IN SCHOOLS

- School – a key institutional influence on children and youth
- Regular and frequent connection
- However
  - Health programs never really fully embraced
  - Health promotion and education use different language
  - Lack of confidence and competence in teachers
  - External providers
  - The nature of the syllabus in Australia
No. 7: Lead a healthy lifestyle and develop an interest in and appreciation of aesthetic and physical activities

Where do we sit in the seven learning goals for Hong Kong children?
THE KEY **HEALTH EDUCATION** IN PHYSICAL EDUCATION ISSUES BASED ON OFFICIAL DOCUMENTS IN HONG KONG APPEAR TO BE:

- Active lifestyles
- Healthy lifestyles
- Fitness
- Weight management through exercise/activity
  - Obesity crisis
  - Nutrition knowledge
According to the Audit Commission (there is that word again) in 2009 based on wide survey data across previous years, obesity was considered to be on top of the list of public health issues and this makes it the number 1 health education issue in the Territory. Indeed the Audit suggests four out of every ten Hong Kong residents is either overweight or obese.
The leading causes of morbidity and mortality were related to behaviours:

- such smoking and alcohol, unhealthy dietary behaviour, physical inactivity, and injuries” (p. 443).

- Change from infectious diseases to chronic lifestyle diseases

- These are considered to be ‘preventable’
Lau and Kan (2010) suggested the prevalence of such disease is much lower than in Western countries.

They suggested that Chinese parenting style and the influence of Confucianism in teachers’ work in Hong Kong were probably significant factors.
BODY WEIGHT, FITNESS AND HEALTH

- Are children ‘less fit’ than 20 years ago
- Are we caught up in the language of panic
- Has scientific evidence been recontextualised for mass consumption by populations in ways that add to the panic
The debate here is vigorous

One school of thought is yes and physical education should be seen as a ‘dose’ of medicine to be taken

Others, Michael Gard for example suggest that there is almost no evidence to show that physical education per se can make any difference
FAMILIAR TRENDS AND POLICIES

- Social marketing campaigns (eatsmart, Eat well, be active)
- Minimum curriculum times (in HK as well as others)
- Health eating programs

However, there are limits to the power of effect
SO WHAT MIGHT BE SOME WAYS FORWARD?

- Parents involvement
- Confucianism philosophy
Sport is considered to be a key feature in developing healthier lifestyles.
Is a team games dominated curriculum in touch with young people today?
IF NOT ...

- We have to re-think the curriculum
- .... And the way we deliver it
- The curriculum seldom delivers a range of activities that promote ongoing interest
WHAT ABOUT THESE?...

(Photo: Different types of sports)
THE ‘AGES’ OF HUMAN EXERCISE ... KIDS

(Photo: Different types of sports)
ADULTS

(Photo: Different types of sports)
OLDER ADULTS

(Photo: Different types of sports)
JOINING UP SOME DOTS – SOME THINGS WE HAVE CONSIDERED TODAY

- Work, sense of self and identity are inextricably linked
- We live in an Audit Society
- Most advanced economies are reforming both health and education
- There is a broad call for schools to be the ‘upstream’ defence against poor health outcomes of a nation
- Health is linked to a nation’s economy, its national identity, its future
• Most school based health education or health promotion programs have been routinely poorly implemented for reasons discussed.
• Hong Kong faces similar health challenges to the rest of the developed world
• In an Audit society, if improved health outcomes are seen as part of PE teachers work, then they will be held accountable for them
• In HK Confucianism would appear to be a strong orientation for a disciplined approach to family supported educational intentions
• In HK sport and sport related activities are seen as desirable to be part of school life
• PE teachers have excellent skills in developing movement competencies in young people but the curriculum within which they have traditionally functioned is narrow and elitist
• We have not done well in education for the pursuit of active leisure into the various stages of adulthood and ageing
WHAT CAN BE DONE?

- Work from our strengths and not our deficits

- But be mindful of “Friends and Enemies”

- Consider ways that connection to sport and recreation can be made through the curriculum that considers sport across the lifespan

- This may mean re-thinking pedagogy
A CAVEAT

- Health as a concept should be based in schools as part of the educational experience of children
- To ask PE teachers to shoulder this responsibility is probably unreasonable and may not result in the desired outcomes
- Health should be a whole school responsibility – with all teachers involved
- PE teachers should focus on the movement culture and its benefits – that is their expertise
A CURRICULUM ORIENTATION???

- Preparing for Ages of Human Exercise through the curriculum experience

  (Photo: Different types of sports for Kids)

  (Photo: Different types of sports for Adults)

  (Photo: Different types of sports for Older Adults)


Good luck and best wishes with all your efforts and ambitions

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