





The school is recognized as a partner in health promotion

• In the 90', WHO launched the European Health School Network

Nutbeam (1992)
OMS Europe (1993)

Obesity crisis → Emphasis on Physical activity

• Development of the 'Active School' concept → Several models

Cale (1997)
Ontario Physical and Health Education Association (2006)
Comprehensive schools (2013)

The school is a pillar of the society

Obesity crisis → Emphasis on Physical activity (PA)

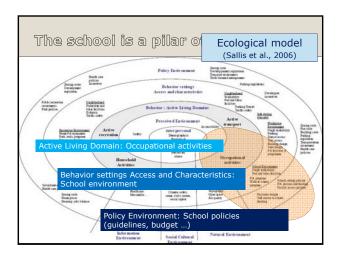
• Compulsory education → All children and adolescents can access to PA opportunities

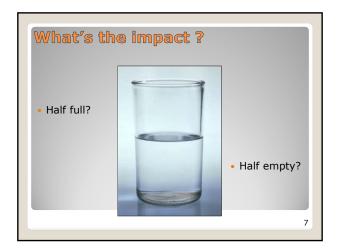
• Specialized educators

• Access to facilities

Bar-Or (2005)
Trost & Loprinzi (2008)

Ecological model (Sallis et al., 2006)





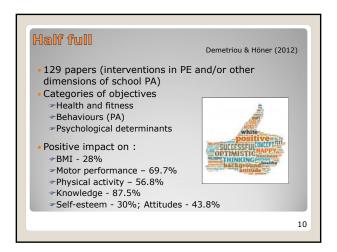


Cale et Harris (2006, p. 415)

• Specific school interventions

Conclusion

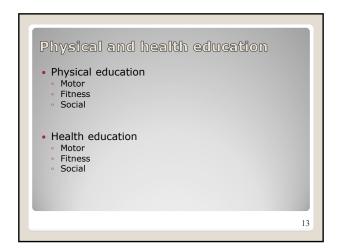
The evidence reviewed here has revealed that school-based physical activity interventions can be effective and achieve a range of positive outcomes, suggesting that teachers' efforts to promote physical activity through PE programmics can indeed be worthwhile. Further, and despite limitations in the existing literature precluding definitive guidelines for schools to be made, consideration of the key trends and issues concerning the physical activity interventions clearly has implications for practice and has been used to inform a number of recommendations for the future direction of formal and informal physical activity programmes, initiatives and interventions. Until a stronger evidence base becomes available, schools and teachers should be encouraged to plan, implement and evaluate programmes and draw on such recommendations to inform their practice.

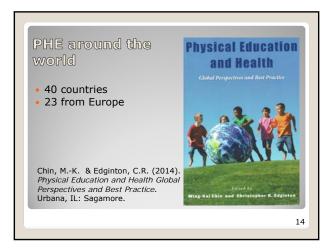


Half full Biddle et al. (2012) **ECSS** School interventions (children): inconclusive evidence.
School plus family or community environment interventions (children): inconclusive evidence.
Family interventions (children): an evidence. This paper summarises such evidence by using a · Community interventions (children): no evilifespan approach with physical activity Primary care interventions (children): no stu behaviour change for School interventions (adolescents): inconclusive children and School plus family or community environment interventions (adolescents): strong evidence of effectiveness, including two large high-quality adolescents, adults and older adults Family interventions (adolescents): inconclusive What about the youth? Community interventions (adolescents): inconclusive evidence.

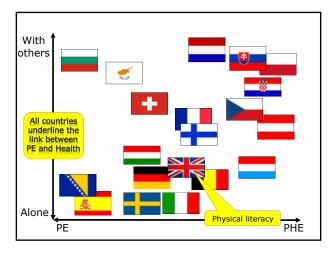
 Primary care interventions (adolescents): inconclusive evidence.

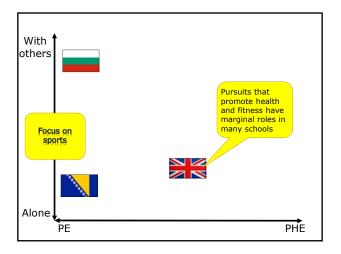


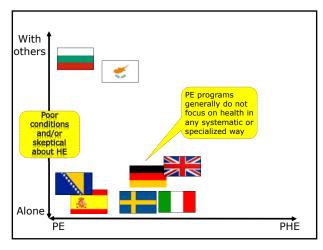


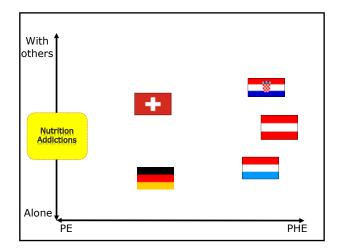


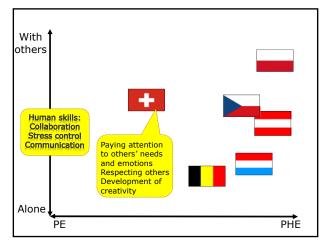


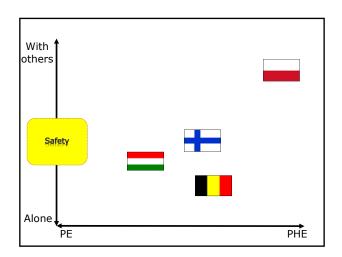


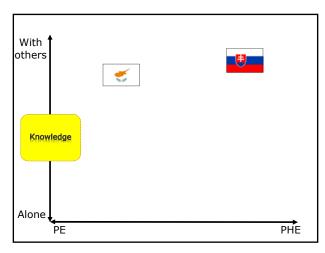


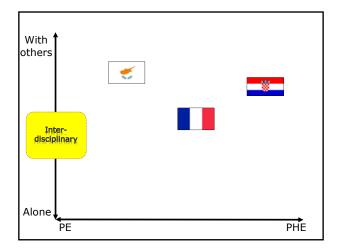


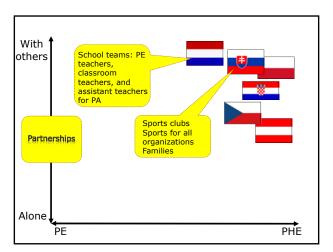


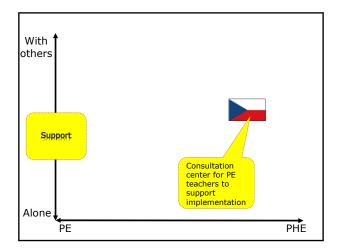


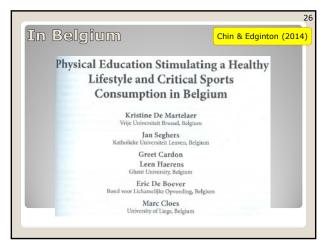


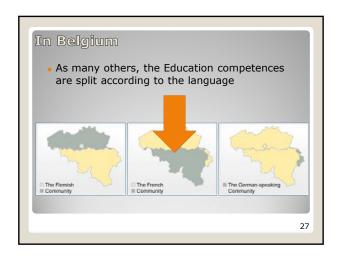


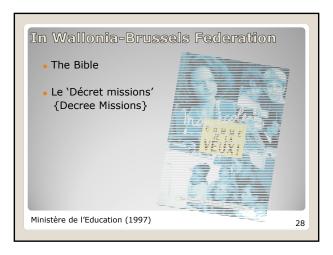


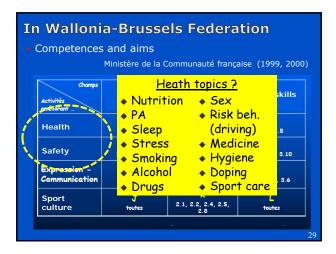


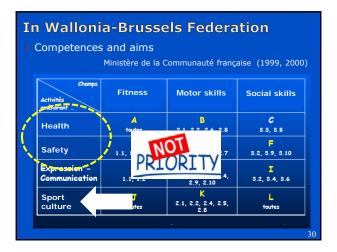


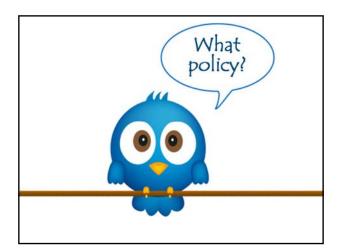


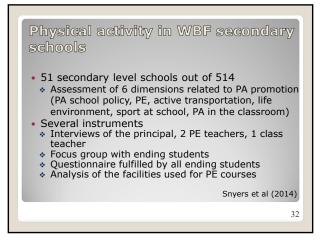


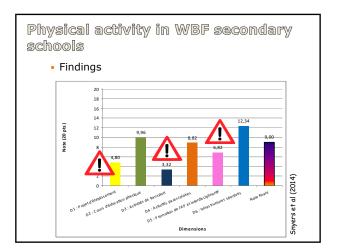












Role of the school in the promotion of an active lifestyle

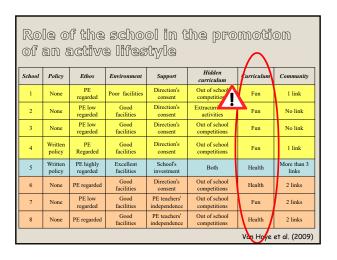
• Van Hoye, Motter & Cloes (2009)

• Analysis of 4 secondary level schools in Wallonia, 1 in England and 3 in the German speaking community of Belgium

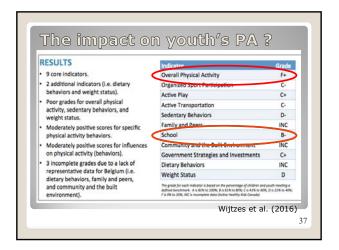
• All schools were well reputed for their involvement in sport/physical activity

• Reference to the model of Cale (1997)

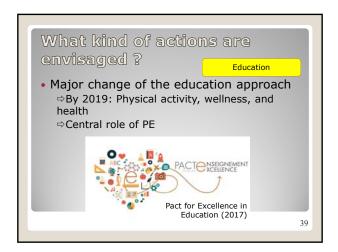
• 7 dimensions (school policy, school ethos, environment, care & support, community links, informal curriculum, curriculum)

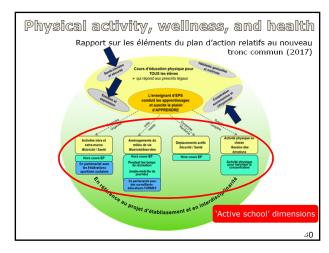


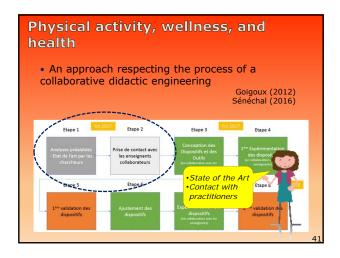


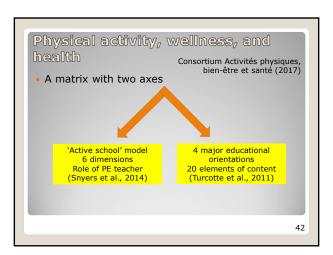












Physical activity, wellness, and health

Consortium Activités physiques, bien-être et santé (2017)

• Dimensions of PA at school

⇒ School policy

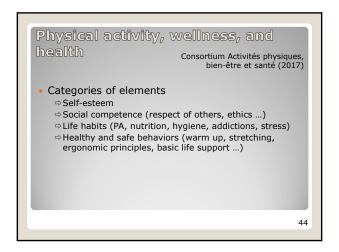
⇒ Quality physical education

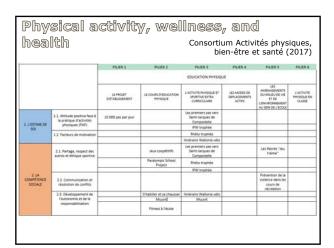
⇒ Extra curricular sports and physical activity

⇒ Active transportation

⇒ Life environment (recesses, spaces)

⇒ Physical activity in the classroom







The concept of societal transfer

Cloes (2017)

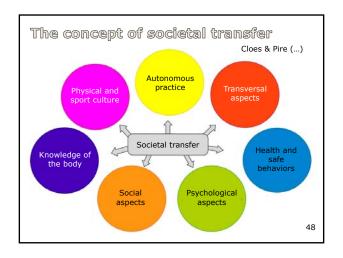
• What's PE(HE) brings to students that they will be able to use in their daily lives, throughout their lives

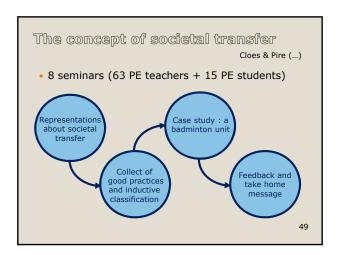
• PE(HE) 'added value' in the short-, mid-, and long-term

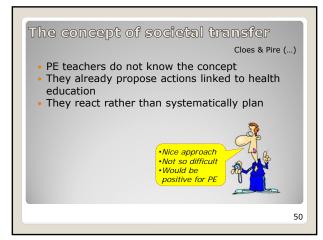
⇒ Physical literacy
⇒ Accountability
⇒ Quality PE

• 5th level within the Personal and Social Responsibility model (Hellison, 1995)

• 'Didactic transposition' (Amade-Escot, 2006)







Is it possible to teach health in
PE?

• Four pedagogical gaps in health/PA in PE
(Haerens, 2012)

• Lack of pedagogical intervention studies with
regard to HBPE (focus on motor competence
or MVPA; emphasis on sport rather on leisure
activities)

• 'Pedagogy of obesity' (very limited studies)
• Issue of the transfer (lack of interaction
between PE and community/home)

• Sedentary behavior (considered as an
independent health risk behavior)

Conditions to teach health in PE

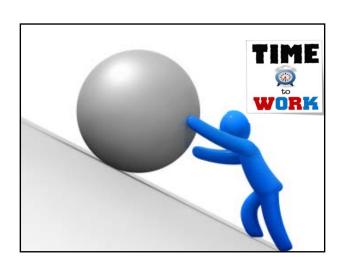
• Development of a Pedagogical Model for Health-Based Physical Education (Haerens et al., 2011)

• Requires that teachers' beliefs about teaching and learning in PE are oriented toward selfactualization and social reconstruction

• Needs the prominence of the affective domain (valuing physical active) in planning for learning

Goal: getting youngsters to value and enjoy physical activity for life so that they are (autonomously) motivated to become/remain active outside PE

Conclusion
In Europe, HE is now part of the curriculum in a growing number of countries
PE teachers are regularly in charge of that topic, mainly at secondary school level
Most of the time, it is 'limited' to PA promotion
In the French speaking part of Belgium, HE is becoming more consistent
Tools are developed in order to prepare PE teachers (as well as other actors) to implement projects aiming to educate youths for lifelong healthy lifestyle (not only PA)







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