



Getting active about physical education

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The history of epidemics," observed the German pathologist Rudolf Virchow, "is the history of disturbances in human culture."¹ Canada's family physicians, who witness daily the consequences of a gorging, sedentary society, would probably agree with Virchow's observation.

Patterns of daily physical activity and food intake have changed dramatically over the past 50 years. Society has changed from having physical activity in the workplace (and on the family farm) to inactivity in our modern, automated communities where foods high in fat and calories are readily available and consumed in excess.

This cultural shift is reflected in the rising incidence of obesity, diabetes, cardiovascular problems, osteoporosis, and other predictable diseases of a sedentary civilization. The implications of such social transformation are as depressing as they are profound. They suggest that many health problems of the future will be of society's own making but therefore, fortunately, are largely preventable. And therein lies the challenge.

Physical activity declining in the youth

Nowhere have the changes in physical activity been more startling or disturbing than among Canada's youth. Fishburne² noted that 60% of Canadian children do not meet the fitness standards for their age groups. He further noted that children today expend 400% less energy than did their counterparts of 40 years ago.² What Canadian parents have not been dismayed by the degree to which their children remain transfixed and immobile before computer or TV screens? How much more concerned would they be if they knew the typical Canadian youngster watched 26 hours of TV per week and spent less than 3 hours in health-enhancing physical activity?

How many of us are aware that the Canadian Fitness and Life Research Institute noted in 1997 that two thirds of Canada's children are not active enough to lay an appropriate foundation for their future health? How troubled are we by the evidence that shows one quarter of grade 2 pupils cannot touch their toes or that only 9% of boys and 3% of girls between the ages of 10 and 19 participate in sports? How concerned are we by the evidence

that 40% of Canadian children already possess one major risk factor for cardiovascular disease: a sedentary lifestyle?³ Should we be disturbed by the fact that obesity has increased by more than 50% among Canadian children between the ages of 6 and 11 and by 400% among those 12 to 17?⁴

This information together with the fact that school-based physical and health education programs are no longer a meaningful part of the mandated school curriculum in any Canadian jurisdiction stands out as an appalling failure of public policy—a failing that Canada's family physicians should address.

Developing good exercise habits

Every community in this country has schools equipped with spaces and equipment for physical education. That they are underused and that all students do not consistently and continually benefit from the skills and experience of physical education teachers is troubling and unfortunate. Physical and health education programs provide youngsters with opportunities to develop knowledge, attitudes, and behaviours central to active, healthy lifestyles. The influence of daily physical activity on self-esteem, self-concept, depressive symptoms, and anxiety or stress has been clearly documented.⁵ Evidence continues to show the positive correlation between adolescent physical activity and bone health.^{6,7}

In Finland, Telama and colleagues⁸ demonstrated that participating in sport and physical education programs was the best predictor of physical activity in young adulthood. Trudeau and colleagues⁹ suggest that "...daily physical education at the primary school level has a significant long-term effect on the exercise habits of women...." The implications for community health seem obvious. The US Surgeon General has noted:

[C]hildhood and adolescence may ... be pivotal times for preventing sedentary behavior among adults by maintaining the habits of physical activity throughout the school years. School-based interventions have been shown to be successful in increasing physical activity levels. With evidence that success in this arena is possible, every effort should be made to encourage schools to require daily physical education in each grade and to promote physical activities that can be enjoyed throughout life.¹⁰

Start at the bottom

As the College of Family Physicians of Canada (CFPC) demonstrates that its members are "getting active about inactivity," Canada's family physicians

will be asked to address a range of issues with their patients and, at a broader level, within their communities. Is it possible to counter the adverse effects of societal trends toward greater inactivity that influence community health? All important advances in public health have required innovative and determined responses to changing social circumstances, often in the face of what seemed to be overwhelming odds.

Those responses have always required of physicians and their organizations activity that can be described only as political: activity designed to influence positively the social environment and thereby facilitate health; activity requiring sensitive and thoughtful leadership; activity that is most successful at the local level and that harnesses the credibility, sensitivity, and expertise of medical practitioners; and activity in keeping with the highest standards of the profession and consistent with the strategies that have led to programs of immunization, seat belt legislation, environmental controls, and other examples of intelligent public policy.


Community is where it's at

What can community practitioners do to improve declining levels of activity among youth and disappearing programs of physical education in the schools? Given that success "consists of doing ordinary things extraordinarily well," it seems intuitive that simple, straightforward initiatives are likely to be the most successful. Raising the issue at the community level is a good place to start. What is the status of physical education in your community's schools? Talking to teachers, principals, and school boards and supporting high-quality physical education programs will show educators, administrators, and politicians that you are concerned.

A formal statement or communication from a local medical society to school boards and administrators will signify more deep-seated support, as will the participation of the local Medical Officer of Health. At the provincial and national level, the CFPC should be forthright and forceful in calling for policy changes to make physical education an important element of the curriculum of all Canadian schools. Politicians speak loudly and often of the need for disease prevention but ignore their own responsibilities for developing and maintaining healthy public policies. The unfortunate state of school-based physical education and health programs is a case in point. The epidemiologic reality of

physical inactivity in our community is nothing short of a public health disaster.

As Canada's family physicians begin to address the problem of physical inactivity, a strategic and cost-effective approach involves using our influence to ensure high-quality, school-based physical education programs for all. Such programs will ultimately be far more powerful determinants of active lifestyles (and the health benefits that follow) than all the activity counseling we can provide to our patients.

Our active support of high-quality physical education must be a central component of a broader approach to developing a community in which a healthy, active population serves as a Canadian cultural trademark! 

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