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Professor David Kirk is Professor of Education at the University of Strathclyde.

For communication, please email: david.kirk@strath.ac.uk

David Kirk

Physical Education-as-Health Promotion: Recent developments and future issues

Health and wellbeing have become increasingly visible within physical education discourse globally in the past two to three decades. Historically, health has been present in discourse about physical education since, for example in Britain, at least the beginning of compulsory mass schooling in the late 19th century (eg. Kirk, 1992). The emergence of a notion of physical education-as-sport-techniques in the UK in the 30 years period following the end of WW2 resulted for a time in a sport-based rationale dominating arguments for physical education's place in the school curriculum (Kirk, 2010). Since the 1980s, however, with the development of a scientific field of exercise science and medicine in universities and the emergence of the 'new health consciousness' (Crawford, 1980) in society more generally, a health-based rationale has been advocated, increasingly within the context of combating the so-called 'obesity crisis' and other diseases associated with a sedentary lifestyle (Kirk, 2006).

I will argue in this paper that health is increasingly becoming the leading justification for physical education in schools, from a policy perspective at least if not in school practice. I will evidence this claim with reference to selected recent national curriculum and policy developments, and also to advocacy from academic researchers. Within this context, the identification from the early 1990s of sedentary behaviour as a risk factor for a range of preventable diseases has raised to prominence the place of Moderate to Vigorous Physical Activity (MVPA) in physical education programmes. I argue that this development has been strongly framed by the New Public Health (NPH) and supported a concept of physical education-as-health-promotion. I note advocates' admission of limited impact of this concept on

the practice of physical education, however, and the space this has opened up for alternative ways of thinking about the physical education, health and wellbeing relationship, in particular from a salutogenic perspective. I conclude with two caveats on my initial observation that health and wellbeing have become increasingly visible as a means of framing physical education's place in the school curriculum that suggest the need for careful analysis of trends outside of education and health, such as the growing influence of digital technology in both fields.

Physical education and contemporary interest in health and wellbeing

A trend over at least the past two decades has been towards linking physical education to or locating it within health as a curriculum area or topic. Some recent examples include the Australian (National) Curriculum, where the subject is known as Health and Physical Education (ACARA, 2015), as it is also in the Canadian State of Ontario (Ontario Public Service, 2015). In Scotland, physical education is located within a larger curriculum area called Health and Wellbeing (Education Scotland, 2017). Even where the title physical education remains, health forms a significant part of the rationale for its place within curriculum documents and policies (eg. SHAPE America, 2014; Ministry of Education Singapore, 2014).

In each of these cases, physical fitness and physical activity are the two key health-related concepts that make the connection between physical education and health. In the Australian curriculum, the health-related learning outcomes are located in a sub-strand called Understanding Movement and a further sub-strand, Fitness and Physical Activity. Learning outcomes for Fitness and Physical Activity are stated for pupils from

Foundation through to Year 10. For Ontario, Physical Fitness is located in a curriculum strand called Active Living. Physical Fitness is described in relatively specific terms in the Ontario syllabus as follows:

Daily physical activity (DPA) is a mandatory component of daily instruction for students in Ontario and is included as a curriculum expectation in health and physical education for every grade within this section of the strand. This learning expectation requires students to actively engage in sustained moderate to vigorous physical activity, including appropriate warm-up and cool-down activities, to the best of their ability for a minimum of twenty minutes every day. All students, including students with special education needs, are required to have the opportunity to participate in DPA during instructional time. The goal of daily physical activity is to instil the habit of activity and enable all elementary students to be active on a daily basis in order to maintain or enhance their physical fitness, their overall health and wellness, and their ability and readiness to learn. (Ontario Public Service, 2015, p. 26)

In the case of the national Curriculum for Excellence in Scotland, Physical Fitness is one of four Significant Aspects of Learning in physical education. Here the focus is on stamina, speed, core stability and strength, and flexibility developed progressively from early years to secondary school. In the US, the Shape America standards include: 'The physically literate individual demonstrates the knowledge and skills to achieve and maintain a health-enhancing level of physical activity and fitness' as Standard 3 of five standards. Three aspects of this standard are listed for kindergarten through to grade 8: physical activity knowledge; engages in physical activity; and fitness knowledge. In the case of Singapore, two goals of six within a Physical Health and Fitness strand refer to 'Goal 5: Acquire and maintain health-enhancing fitness through regular participation in physical activities' and 'Goal 6: Enjoy and value the benefits of living a physically active and healthy life' (Ministry of Education, 2014, p. 132).

In addition to these national curriculum developments, there has been no shortage of

advocacy for a health focus in physical education over the past two decades, nor indeed examples of forms of health-related, enhancing or optimizing physical education. McConnell (2005) developed a curriculum model for Fitness Education, while Haerens *et al.* (2011) propose a pedagogical model for health-based physical education. Metzler *et al.* (2013) have developed an instructional model for Health-Optimizing Physical Education. Working within a conventional multi-activity form of physical education within the national curriculum for England, Harris (2000) identified seven guiding principles for an inclusive form of health-related physical education. She argues that exercise can be a positive and enjoyable experience, that exercise is for all, and that everyone can benefit from exercise. Moreover, everyone can be good at exercise, everyone can find the right kind of exercise to suit them, exercise is for life, and excellence in health-related exercise is maintaining an active way of life (Harris, 2000, p. 18).

The New Public Health and physical education-as-health promotion

While each of these health-related models are proposed to co-exist alongside forms of physical education with learning outcomes for skill learning, playing sport, aesthetic movement experience, and so on, McKenzie & Sallis and colleagues (eg. Sallis & McKenzie, 1991; Sallis *et al.*, 2012) have long advocated a sole public health focus for physical education through the development of a range of evidence-based programmes such as SPARK (McKenzie, Sallis, & Rosengard, 2009). Sallis & McKenzie (1991) were early advocates for a shift in focus to physical activity as the core concept connecting physical education to the New Public Health (NPH) (Tulchinsky & Varavikova, 2009). Within the NPH, school physical education is viewed as one of a range of public services that can be coordinated to promote health. Sallis & McKenzie (1991) argued that physical educators should have a public health role as members of teams alongside health educators, psychologists, dieticians and exercise physiologists.

The familiarity of their argument today should not cause us to miss its significance in the early 1990s when the sport-technique based rationale dominated school physical education programmes. This familiarity rests on their use of

the language of risk factors for disease, an important feature of the NPH and the new field of health promotion. They argued that regular physical activity could reduce the risk factors for Cardio-Vascular Disease (CVD), and for childhood obesity, which they identified at that time as an emerging problem in the US (Sallis & McKenzie, 1991, p. 125). While they saw other health-related benefits from physical activity, the prevention of CVD was in their view the main target for a public health oriented physical education. This way of thinking about the relationship between physical activity-focused physical education and health arguably rests on the concept of exercise-is-medicine (Jette & Vertinsky, 2001).

Throughout the 1990s and first decade of the 21st century, the 'obesity crisis' increasingly provided a frame of reference for school physical education and has proved irresistible, with exercise-is-medicine its underpinning logic. Physical activity, most often expressed in the notion of MVPA, comes with a recommended daily 'dose' of up to 60 minutes. Increasingly over the past decade or more, optimising MVPA has come to be viewed as something of a gold standard for physical education lessons (Fairclough & Stratton, 2005). Despite the dominance of this notion of physical education-as-health promotion, McKenzie reported in 2009 that physical education was 'the pill not taken' in the fight against diseases relating to sedentary lifestyles (McKenzie & Lounsbury, 2009); this metaphor drawn directly from the notion of exercise-is-medicine.

Are there alternative ways of thinking about physical education, health and wellbeing? A salutogenic approach

This notion of physical education-as-health promotion informed by the NPH has been identified as resting on a pathogenic view of health (Quennerstedt, 2008). As a childhood obesity crisis has emerged, the disease-specific nature of much pathogenic health care has become evident, solidified around health-related or optimizing physical education's role in promoting physical activity. Given this context, Crawford (1980) was prescient in his insight that calls for regular exercise as a central aspect of the new health consciousness was effectively a medicalization of everyday life. If exercise-is-

medicine and physical activity-based physical education is 'the pill not taken', then the 'disease' it targets and seeks to prevent is obesity.

Kickbush (2017) argues that it is a pathogenic disease prevention view of health promotion that dominates current curriculum and policy developments in education globally. Despite its dominance as a way of thinking about physical education, health and wellbeing, by its advocates' own account, this pathogenic approach has met limited success (McKenzie & Lounsbury, 2009). These limitations have been further exposed by the growing awareness of mental health issues among young people (eg. Kenny *et al.*, 2018; Kerner *et al.*, 2018). Within this context, salutogenesis has emerged as a possible alternative way of thinking.

Salutogenesis draws on the work of Antonovsky (1996). Antonovsky challenges the suitability of a pathogenic concept of health, built around reducing risk factors for disease, as a theoretical basis for health promotion. Salutogenesis begins with the observation that human beings live in heterostasis, not homeostasis, and that no-one is ever completely healthy at any point in time, but is more or less healthy. From this starting point, Antonovsky asks, how do we use health promotion to help people to remain as healthy as possible? He asks how we identify *salutary* factors that actively promote health rather than factors that merely reduce risk.

Salutogenesis has begun to influence thinking about health in physical education. In an advocacy paper, Quennerstedt (2008) argued that salutogenesis offered health and physical educators a wider and more positive perspective on health, and on how movement activities can enrich people's lives rather than merely reduce the risk of illness. Jakobsson (2014) employed a salutogenic lens to investigate teenagers' reasons for continuing to participate in Swedish sports clubs. In Australia, McCuaig *et al.* (2013) and McCuaig & Quennerstedt (2018) have investigated the application of a salutogenic approach to the development of the Australian HPE curriculum. In this context, they argue that a salutogenic perspective allows curriculum developers to promote a 'strengths-based' in contrast to a pathogenic 'deficit' approach to health. Pedagogically, this work has emphasised, consistent with Antonovsky's notion of Sense of

Coherence (SOC), how health and physical educators might help address adolescent mental health issues, by problem-solving through inquiry, the identification of resources and assets for healthy living, and empowerment and self-determination by listening to student voices. McCuaig and Quennerstedt (2018) propose that salutogenesis makes possible a focus on the pedagogy of how young people can come to lead 'the good life'.

The trend towards health-related physical education: two caveats

We might conclude, based on developments over the past two decades or more, that health does currently appear to occupy an important and prominent place within physical education. Indeed, it might be argued that physical education is well into a process of being relocated within the curriculum to a health education and promotion context, as a contributor to a public health agenda and within a predominantly pathogenic perspective. While a range of terminology exists, there are common threads in curriculum policy and development. Commonalities are the use of the same or similar concepts such as active living, health-related fitness, exercise, and physical activity, to articulate physical education's relationship with health. Two caveats are nevertheless appropriate in concluding this paper.

The first is an observation by Kilborn, Lorusso & Francis (2016) of conflict between stated curriculum aims and content. These researchers analysed the curriculum policy documents of all 10 Canadian provinces. The stated aims of all policies are concerned with health and fitness, however, they note that the content is predominantly concerned with movement skills, reflecting the continuing dominance of sports and games in physical education (Kirk, 2010). While their analysis concerns Canada alone, we might wonder whether it has relevance elsewhere.

A second is Gard's (2014) view that the more closely physical educators align themselves with a public health agenda, the more likely they are to be held to account for their claims that physical activity can, for example, reduce the risk of obesity, and therefore to be found out to be *ineffective* in achieving such a health-related goal. Furthermore, when digital technology is added,

which he coins 'eHPE', physical educators may be venturing down a path that eventually makes them redundant, since machine-based programmes (eg. exergames), he argues, may be much less expensive than teachers and much more effective in terms of health-related results.

Even if this doesn't happen, Gard suggests physical educators should be careful what they wish for when they advocate enthusiastically for the use of technology and a health focus in their subject. He points to *Fitnessgram* as an example of the marriage of state education, public health and private business and the narrowing of the curriculum that only teaches what is easy to measure. Sallis *et al.* have also made this point recently:

Two main goals of 'health-related physical education' (as coined in 1991) were to (a) prepare youth for a lifetime of physical activity, and (b) provide them with physical activity during physical education classes. The former goal (...) although important and health-related, is difficult to evaluate and has limited evidence to support its validity (...) The second goal represented an immediate, tangible outcome from participating in physical education. (Sallis *et al.*, 2012, p.126)

Pressed to provide evidence of our effectiveness, the implication of the observation of Sallis *et al.* is that we should prioritise the more easily measured and immediate goal, of optimising MVPA, while, perhaps, merely hoping for the best for the eventual achievement of the former. As Gard points out, this choice, pragmatic though it may be, sets school physical education in a particular relationship with health, as a means of reducing the risk of sedentariness-related diseases through physical activity, physical education-as-health promotion. Faced with new challenges centred on young people's mental health, this may not be the best way forward for physical education.

These two caveats qualify the too ready-conclusion that physical education is currently framed within a health-related rationale. But the trend nevertheless is clear. In curriculum development, policy and advocacy terms, at least, if not in practice, physical education is viewed as a component of health education and promotion within the school curriculum.

Conclusion

Scientific discoveries have provided new insights into the nature of the physical and physiological effects of physical activity. At the turn of the 20th century in the Global North, physical educators were confronted with undernourished and emaciated bodies among the working classes and the spectre of intergenerational physical deterioration. As the 20th century progressed and the curative and preventative arms of medicine became increasingly effective, stunted growth and undernourishment were of diminishing concern in the countries of the Global North (Kirk, 1992). Mid-20th century scientific discoveries about the effects of exercise on bodily strength and endurance opened a new vista for physical educators, beyond the therapeutic role of exercise, to a focus on physical fitness. As the challenge shifted in the 1970s and 1980s from *under* to *over*-nourishment, this knowledge found further application in relation to reducing the risks of coronary heart disease and obesity.

Throughout this process, and running through the trends I have discussed, the emphasis on the physical and physiological within the relationship between physical education and health has remained. As a form of disease prevention, physical education's contribution to health has been embedded in the body's physical functioning. This is a continuity over time that is at first look disguised by the discontinuities in practice, as the content of physical education changed from free-standing gymnastics to games and sports to MVPA. It is however of considerable importance in understanding the residual effects of past practices on the present (Williams, 1977), particularly in terms of resistance to alternative conceptions of the relationship between physical education and health. This continuity may make it difficult for advocates of a salutogenic concept of health promotion, for example, to find acceptance for the new pedagogical strategies that are implicit in this approach.

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