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Physical Education's Contribution to Health and Wellness: Part 1[1]

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Introduction

Physical education has the potential to positively contribute to the health and wellness of children and youth, and healthy children perform better in school. The benefits of participation in physical education are more than just physical; they are more holistic in nature and are intended to foster the social, emotional, and cognitive development of the child as well. The outcomes of a quality physical education program are closely aligned with the three dimensions that characterize the World Health Organization's (WHO) definition of health: "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity" (1946, p.1). The positive

[1] This is the first of a two-part article. This first article presents information on the current state of student wellness in Canada. The second article discusses the potential positive contribution physical education can have on children and youth's health and wellness.

perspective of health noted in this definition along with the inclusion of the mental and social dimensions has lead to the use of the term 'wellness,' which is seen as more holistic in nature. Today, the terms 'health', 'wellness', and 'well-being' are often used interchangeably. In some instances, wellness is used more broadly to include dimensions such as psychological/emotional, intellectual, spiritual, occupational, environmental, economic, cultural, climate, as well as governance and social justice (Foster, Keller, McKee, & Ostry, 2011) in addition to the WHO's original three dimensions (physical, mental, and social).

It is imperative that educators consider and foster each child's well being as the health and wellness of each child greatly impacts their ability to learn. An extensive review of the research on the impact of health and health behaviours on educational outcomes concluded, "...the evidence we found provides overwhelming support for the relationship between childhood and adolescent health and educational outcomes" (Suhrcke, and de Paz Nieves, 2011, p.29). Basically, the better one's health, the better chance the person will perform well in school.

The Health Status of Canadians

Noting the positive relationship that exists between health and education, it is important to take a look at the health of Canadians. Agencies and organizations that regularly track and evaluate the health and well being of Canadians report there is ample room for improvement. A recent UNICEF (2013) report

card that compared 29 of the world's advanced economies on five dimensions of child well-being[2] ranked Canada 17th out of 29. With respect to the physical dimension of well being, every year Active Healthy Kids Canada (AHKC) releases a national report card on the activity levels, patterns, and opportunities for children and youth to be active in Canada. Overall physical activity levels were awarded an 'F' grade (for the sixth consecutive year in row). Explanations for the failing grade included very few children and youth (only 7%) accruing 60 minutes of daily physical activity but many averaging almost 8 hours of daily screen time, and few if any schools offering daily physical education. The low levels of activity can be a contributing factor to children's increasing weights. The *Obesity in Canada* report found that the obesity rate among children and youth have increased 2.5 times over the last decade (PHAC & NIHI, 2011). This is a concern because the extra weight gained during childhood and adolescents often remain with the individual into adulthood, increasing the risks for heart disease and stroke and developing high blood pressure or Type 2 diabetes" (Heart & Stroke Foundation, n.d.).

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[2] The five dimensions of well-being are: 1) material well being (rates of poverty, deprivation and family affluence); 2) health and safety (rates of infant mortality, birth weight, and child death); 3) education (rates of participation and international test scores); 4) behaviours and risks (body weight, eating and exercise, smoking, alcohol use, etc.); and 4) housing and environment (rooms per person, multiple housing problems, homicide rate and air pollution).

Conclusion

As several reports have indicated, clearly there is reason to be concerned about the health and well being of today's children and youth. The use of the word 'crisis' is being used more and more in the literature to describe the current health status of young Canadians. Since health status is directly linked to the achievement of educational outcomes (Suhrcke, & de Paz Nieves, 2011) and the literature is suggesting there is a health 'crisis' in progress that is likely to get worse if action is not taken, schools and teachers need to look for ways to foster positive health at school. One simple way is to ensure all students engage in positive movement experiences every day. This can be accomplished through participation in a quality, daily, physical education program.

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