Possibilities and Pitfalls of a Public Health Agenda for Physical Education

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The 1996 Surgeon General’s Report (SGR), *Physical Activity and Health*, was one of the more significant U.S. federal documents to outline national priorities for health and physical activity. In this monograph Marlene Tappe and Charlene Burgeson and Stephen Cone remind us that *Physical Activity and Health* was the third in a series of Surgeon General reports focused on the health of the U.S. population over the last 40 years. The first was the 1960 SG report titled *Tobacco and Health* and the second, published in 1988, focused on *Nutrition and Health*. Of the three, the 1996 report has had most relevance to the physical education profession because it spoke directly to our primary concern, physical activity or human movement.

The editors’ decision to devote a *Journal of Teaching in Physical Education* monograph to a critique of the relationships between physical education, physical activity, and public health using the 1996 SGR as a watershed was insightful. Sport pedagogists and public-health professionals alike can benefit. Their invitations to the lead authors from the U.S. and the U.K. to write about these relationships globally and the implications for physical education and teacher education have resulted in a thought-provoking monograph. These authors represent U.S. leaders of professional organizations as well as a diversity of national and international scholars from subdisciplines in our field including sociology, epidemiology, exercise physiology, and sport pedagogy. All have brought to their task expertise and passion for quality physical activity and/or physical education.

The authors were charged to respond to the following four questions:

a) What, historically, has the role of physical education been in physical activity and public health?

b) What impact, if any, do you perceive the Surgeon General’s Report, *Physical Activity and Health*, has had on physical education programs?

c) What impact should the role of physical education have on public health and physical activity?

d) What should teacher education programs in physical education be doing to prepare teachers, given the current role of physical education?

Unique Contributions of the Authors

Each of these articles provides a unique contribution to the core issue raised by this monograph: the relationships between physical education, physical activity,
and public health and implications for physical education and teacher education. I thank them all.

Cone’s manuscript is a personal and political view reminding readers of physical education’s potential in the education of young children and why teachers should be better respected and supported to achieve this potential.

Evans and his colleagues make their most important contribution helping us think differently about the so-called obesity epidemic globally and the etiology of obesity as a value-laden rather than neutral construction.

Fardy and his colleagues provide evidence of their success with the PATH program in improving the fitness levels and heart-health knowledge of New York City high school students. They also make very good points about the political skills needed by teachers to help them connect to parents and the local community in the promotion of physical activity.

Fox and his colleagues’ ideas on the Active School concept are very valuable as is their explanations of educational, political, and environmental factors that impact physical education’s potential in promoting high levels of physical activity among children and youth.

McKenzie and Kahan’s contribution is in their clear advocacy for a health-related physical education and ideas to improve teacher preparation in order to better promote higher levels of physical activity both in and outside school among children and youth.

Tappe and Burgeson’s contribution is their detailed review of major policy reports and initiatives in the U.S., especially since the 1996 SGR, highlighting the role for school physical education in these initiatives.

Trost’s contributions are his critique of what he sees as questionable assumptions underlying physical education programs internationally and how a refocused teacher education program can and should promote physical activity as its important contribution to the public health agenda.

I was asked to react to the authors’ ideas and raise issues as deemed relevant. In preparation, I reviewed national and some international policies and reports related to physical education and public health. This provided me an opportunity, as I hope it will you, for a careful analysis of the relationships between physical education, physical activity, and public health and the appropriate roles for physical education and teacher education in this contemporary discourse. The monograph should stimulate debate about the goals of physical education, the means of getting there, and the costs and benefits in taking one perspective or another (Anderson, 2002; Locke, 2001). For the purposes of this article, I have divided my response to the authors’ ideas into two sections. The first section is a question-by-question summary and commentary on the authors’ ideas. The second section amplifies what I see as key tensions in our profession as we struggle to clarify the goals and delivery of physical education given the current political, economic, educational, and sociocultural challenges globally (Arnold, 1997; Gard, 2004; Kretchmar, 1996; Locke, 2003; National Association for Sport and Physical Education [NASPE], 2004).
Summary of and Commentary on Authors’ Ideas

Historical Role of Physical Education in Physical Activity and Public Health

If you answer this question in terms of what physical education professionals promised they could deliver and have delivered in terms of a public health agenda, you could come to one conclusion. If you consider the question from the perspective of physical education’s presence and stated role in major public health initiatives and reports, you can come to another conclusion. These and other interpretations of the question may help explain the authors’ divergent views on the historical role of physical education in public health. It seems to me that over time the physical education profession has been assigned, accepted, ignored, and rejected various goals for physical education. Some goals have been educationally focused whereas others have related more to public health.

Tappe and Burgeson (2004) and Cone (2004) are quite positive about physical education’s contribution to physical activity and the public health agenda. This is informative given their leadership roles in key professional organizations (Stephen Cone was the 2003-2004 President of AAHPERD and Charlene Burgeson is current Executive Director of NASPE). Tappe and Burgeson’s chronological description of public health documents in the U.S. is a wonderful review highlighting the roles and functions school physical education is accorded in those documents. They point out how the first set of national health objectives in 1980 included an objective to increase the proportion of children and adolescents in daily school physical education. Then, in Healthy People 2000, the focus was on getting more 1st–12th graders to participate in daily school physical education and increasing physical education class time for being active in lifetime activities. Healthy People 2010 then focused on schools as the unit of analysis for daily physical education, providing baseline data and setting targets for required daily physical education.

In contrast, Fardy, Azzollini, and Herman (2004) considered physical education programs in urban schools, specifically New York City schools, and concluded that the impact of physical education on promoting physical activity has been minimal with “little focus on public health issues.” Fox, Cooper, and McKenna (2004) and Trost (2004) were more measured in their critique of physical education’s goals, describing the potential for the subject as quite good yet recognizing significant constraints to achieving that potential, including unreasonable expectations for the profession.

Thomas (2004), a teacher and advocate for physical education, recently chided her American Academy of Kinesiology and Physical Education (AAKPE) colleagues and the broader political and scholarly community about our indecision on goals and strategies to achieve them. She noted how physical education teachers are being asked (and in some places mandated) to be actively involved not only in promoting physical activity but also in the prevention and treatment of obesity and overweight among children and youth. Teachers are expected to be key participants in solving these problems despite decreasing resources to support schools and the presence of high-stakes testing. She suggested potential “sources of support (research, professional organizations, government, coalitions/foundations) often criticize schools and teachers . . . [and/or provide] . . . erroneous information and no support” (p.150). Thomas concluded that physical education teachers find themselves trying to ride to the rescue while holding on by a thread. To remedy this
situation, she asked for more consistent messages and careful interpretations of
the scientific and theoretical frameworks about physical activity. She called for
funded mandates, support rather than criticism of teachers, and the clearer identi-
fication of factors “beyond the school and teacher’s control” that have an impact
on the health and well-being of children’s health (p. 168).

Impact of Physical Activity and Health
on Physical Education Programs

Are school physical education programs different today than in the 80s and
early 90s, and if they are, in what ways can these changes be attributed to the 1996
have not changed and continue to include a continuous diet of team sports, whereas
Cone (2004) suggests there has been a significant shift from a focus on motor
skills and sports to fitness activities and individualized curricula. Fardy et al. (2004)
agree with Trost, given their experience implementing the PATH program. Like
Fardy et al., McKenzie and Kahan (2004) believe physical education teachers have
been too focused on motor skills and fitness and have not shifted sufficiently to
offering activities that promote regular physical activity during and after school.
Competitive team sports are seen as much of what is wrong with physical educa-
tion. Like all complicated issues, I suspect the truth lies somewhere in the mix. I
will return to the role of sport in physical education later in the paper.

Trost (2004) and McKenzie and Kahan (2004) present informative argu-
ments on the difficulty of answering the impact question from empirical data sets.
McKenzie and Kahan provide a brief tutorial on the Oldenburg and Parcel (2002)
model that measures the effectiveness of public health innovations. This model
includes measurements of innovation, development, dissemination, adoption, imple-
mentation, and maintenance for a public health innovation. McKenzie and Kahan
present a compelling case as to why the 1996 SGR is not a public health innova-
tion in the strict sense, and thus, its impact cannot be tested. Trost introduced the
RE-AIM framework, another tool to determine the impact of health-promotion
programs and policies in real-world settings. The low impact score for high school
physical education on public health is disappointing though understandable.

public health policies and programs (let alone SGR) have not had an impact on
high school physical education in the ways proposed given the data available. I
disagree with Trost’s (2004) conclusions of the hypothesized impact score (0.6%) for
high school physical education on public health in three ways. I take issue with
two assumptions in the hypothetical scenario. One assumption suggests that physical
education does not impact the public health agenda unless it is offered daily. This
is neither proven nor defensible as a standard. He then used the Burgeson, Wechsler,
Brener, Youth, and Spain (2001) statistic of 16.4% (percentage of the high school
population who have required high school physical education) to gain an adoption
score of 13% (16.4% of 83% = 13%). I am unable to reconcile his use of the 16.4%
statistic with Table 4 of Burgeson et al. (2001): percentage of schools requiring
physical education at 9th, 10th, 11th, and 12th grades respectively. Although there
may be overlap in schools requiring physical education in different years, the sum
of those data (34%) is considerably higher than 16.4%. No explanation is offered
in the original paper and thus creates confusion. Finally, if health class is offered
separately (which is the case in Ohio) and is required in a different grade than physical education class, should that have an impact on the public health score? Does it make sense to separate these classes for a public health impact score? There are goals, in my view, for physical education that are not direct public health goals but I will return to this later in the paper.

In contrast to Trost’s (2004) pessimistic perspective, Tappe and Burgeson (2004) make their case that physical education programs have been affected by several curricular- and professional-development initiatives funded by CDC, U.S. Department of Education, and NASPE, especially since the 1996 SGR. As one example, they document how CDC funds 23 states in order to implement Comprehensive School Health (CSH) programs focused on issues related to tobacco cessation, nutrition education, and promotion of physical activity. Ohio does not benefit from this initiative and has no staff at the state department of education to coordinate, support, and evaluate such initiatives. The Ohio legislature actually gave back $1 million to CDC because it did not want to implement part of the health education curriculum in the schools (politicians did not like the idea of teachers teaching health content with which they disagreed). In contrast, Indiana used CDC funds to train teachers to use technology to increase physical activity in elementary school physical education programs. The Carole White PEP grants should not be underestimated (despite comments to the contrary by some authors) when it comes to program change. Over 5 years $185 million has been allocated to 450 school districts and it is one of the first federal education funding programs intended directly for school physical education. As someone directly involved in two PEP programs over a 3-year period, I have seen first hand what quality professional development can do for students, teachers, and program quality. I am not sure, however, the SHPPS data could or would capture those significant programmatic changes.

Evans, Rich, and Davies (2004) assert that Physical Activity and Health and equivalent reports internationally (e.g., Wanless Report and others in the U.K. and internationally) have caused a negative shift in how we talk about children, their health, and well-being. There has been a shift from a discourse on promoting activity and health to a discourse concerned mostly with disease, weight, and obesity. Their caution should be heeded. Reading these articles over the last several weeks has changed how I read media headlines, as well as policy documents and that is a very good thing.

The Proposed Role of Physical Education in Public Health and Physical Activity

All authors agree that physical education should promote health-enhancing physical activity across the life span. Dig deeper, however, and you find much less agreement on two issues. First, definitions of health, health-enhancing lifestyles, and lifetime activities mean different things so what one chooses to teach on Monday could look very different from one author to the next. Second, with Evans and colleagues on one end of the continuum and Fardy and colleagues at the other, there are disagreements over the degree to which physical education should focus on public health goals. Evans et al. suggested that the public health agenda is not our primary responsibility and Fardy et al. suggested it as our foremost responsibility. The reader’s task is to place yourself and the other authors along this continuum.
Trost (2004) believes physical education’s role is to address the public health agenda, and he makes a very fine case for his position. He believes current physical education curricula are dominated by competitive team sports and serve the needs of athletically gifted children at the expense of less athletic children whose needs for physical activity and positive movement experiences are greater. He concludes that physical education has failed to meet public health needs and continues to offer a curriculum that contrasts with policy changes [read public health policy] at state and national levels.

There is no doubt that physical education has caught the attention of legislatures, school boards, principals, and parents with promises that we can and should make significant contributions to children’s physical fitness and healthy lifestyles. Locke (2003) suggested that a temptation in our profession is to promise that we can join the crusade for public health by attacking the problem of endemic adiposity in school children. We are to do this by providing significant amounts of moderate to vigorous physical activity (MVPA) in physical education classes, and (critically) do so in a manner that encourages adoption of such daily MVPA as an adult lifestyle. By touting our ability to accomplish such a vitally important goal, we might hope to sustain our place in the school curriculum (p.18).

Evans and his colleagues (2004) argue for a limited commitment to the public health agenda noting:

No matter how well it is configured or how much time is given to it in schools, physical education has no more capacity or responsibility to make children fit, eat well, and be thin than have math teachers the capacity or responsibility to make pupils multimillionaires . . . [Thus] to reduce the aspirations of physical education to the triumvirate of fitness, exercise, and food and to ask to be judged on these matters alone is to pursue not only illusory but also dangerous ideals. (pp. 384-385).

Locke (2003) warned us to be careful what we commit to and to make a distinction between catching the ring of public interest, on the one hand, and the wise use of the support such interest can generate, on the other hand. Public concern about children’s health allows persuasive arguments to be made about the potential contributions of physical education. Favorable public dispositions, however, come with a price tag—the expectation that we will produce the promised results (both promptly and obviously). Political advantage in the struggle for time and resources in the public school can evaporate quickly if it is not carefully attended and fed with success. To do that requires that we understand both the nature of our promise and what is required to fulfill that social contract in the school gymnasium. (p.18)

I have made my own position on the goals of physical education explicit elsewhere (O’Sullivan, 2001). In brief, I believe physical education seeks the development of reasonably skillful movers (despite Trost’s argument to the contrary) who have access to, regularly participate in, and enjoy participating in physical activity. Physical education seeks the development of physically literate movers who experience, appreciate, and actively support the inherent joys and benefits
of physical activity for everybody and are critical consumers of sport, fitness, and physical activity in their own lives, families, communities, and globally.

The Proposed Role of Physical Education Teacher Education Programs

Authors answered this question as a function of their views of the earlier question on the goals for school physical education. There were several common ideas supporting the development of specific skill sets for physical education teachers that I highlight briefly below.

Several authors advocated the revision of physical education teacher education (PETE) programs to more adequately prepare physical education majors to teach a health-based, physical activity based curriculum (Fardy et al., 2004; McKenzie & Kahan, 2004; Tappe & Burgeson, 2004; Trost, 2004). The degree to which physical education should focus on the public health agenda as distinct from an educational agenda will influence how much time and the number of experiences and courses that would be devoted to the list of items presented by Fardy and his colleagues.

There was general agreement (Fardy et al., 2004; Fox et al., 2004; McKenzie & Kahan, 2004; Trost, 2004) on the need for more epidemiological content knowledge related to physical activity and health and the determinants of physical activity for children and youth. I found McKenzie and Kahan’s views more in tune with my own than the content proposed by Fardy and his colleagues. I have observed similar problems with the courses they describe. McKenzie and Kahan are sport pedagogists, as I am, whereas Fardy has an exercise physiology background. A smaller group of authors (Evans et al., 2004; Fox et al.; Trost) explicitly noted the importance of students being critical consumers of scientific knowledge, and I agree.

Most of the authors also suggested that physical education teacher candidates should know and apply behavior-change theories during their education, although different authors had their specific favorite theories. Corbin (2002) wrote effectively on teachers as change agents and the importance of behavior-change skills in a recent Quest article. Baronowski’s (2004) review, titled “Are current health behavior change models helpful in guiding prevention of obesity?,” is informative on this issue.

A third skill set suggests teachers need more sophisticated preparation as physical activity advocates (Cone, 2004; McKenzie & Kahan, 2004; Trost, 2004). The NASPE (2001) collaboration standard (#10) for beginning teachers is very much in line with their suggestions. I agree with Fardy and his colleagues that students must learn educational politics so they understand the need to be active in professional organizations and have the skills to engage community leaders and policy makers. As Locke (2003) noted recently, “I don’t think we have distinguished ourselves by designing programs that prepare our PETE graduates for doing political work—in this instance the work of catching one of the available rings of argument and evidence that could keep us in the saddle” (p. 17). Where might those of us in teacher education learn how this can be done effectively? Locke (2001) suggested that teacher candidates study the school as a social institution and education as a primary social process with academic work supplemented by seminars (with practica) in “practical politics, group dynamics, consensus building, and conflict resolution” (p.24).
A fourth skill set is the knowledge gained from experiences working with other professionals, children, and their families in nonschool settings. If these experiences are well supervised and properly debriefed, they can be life changing. They also provide teachers with strategies to access students’ community environments and the ability to use the assets in the environment to make physical education lessons and programs meaningful to their students while promoting developmentally appropriate physical activity after school.

What I found disheartening from the recommendations on PETE programs were the silences about issues I think are important. There was nothing said about the kinds of teacher recruits we want to attract and the types of values about working with children we hope our teachers have upon successful completion of their programs. No concern seemed to be expressed for teacher recruits to have some foundational understandings of the history, philosophy, and sociology (you get sociology with Evans and his colleagues) of physical education and human movement. I don’t think it was because the authors thought PETE programs were already doing these things well. Anderson (2002) explained such omissions as “at best an ambivalence and at worst a deep indifference within kinesiology toward a passion rooted in the experience and study of movement” (p. 94). I also could not tell if the skill sets suggested by the authors applied equally to health education teachers and physical education teachers, or if they saw these preparations differently. I realize in some states in the U.S. and in some international countries, teacher certification in physical education implies knowledge of health and approval to teach health education. In Ohio and in most degree programs in Ohio, these are two very different degrees and licensures. We have two distinct sets of content standards for health and physical education nationally. What are the implications of these different identities (Brooker & Penny, 2002) on the questions raised in this monograph?

Key Tensions among Physical Education, Physical Activity, and Public Health

I now address tensions my reading of these authors provoked.

A Clash of National Agendas

The growing interest and focus on physical activity and obesity globally has seen a clash between two major national agendas in the U.S.: education objectives and public health goals. With the passage of No Child Left Behind (NCLB), the U.S. federal government has substantively increased its control and influence on education content and delivery across states, school districts, and local schools. The focus of federal education priorities has been on reading and math at the elementary level and on language arts and math at the middle school and high school level. Growing state capacity and interest in holding teachers and students accountable for content standards in academic subjects and in ensuring “high quality teachers in each school” have placed a squeeze on the school curriculum in a myriad of ways. Physical education, as one of several noncore subjects listed under NCLB legislation, is basically absent from discussions on schooling, educational reform, and education policy. Indeed, the allocation of physical education time has been
reduced in many schools and school districts. Professional development funds are focused on the core academic content and in support of academic achievement for all students.

The concern for evidence of student learning across the curriculum has highlighted attention on the question of the purpose of physical education. What is it that we expect students to learn? What is a physically educated person? What is the evidence for such learning? There has been much attention in recent years given to assessment of student learning in physical education (such as the NASPE assessment series). There is still a gap, however, between our expectations for children and youth in physical education and evidence that children and youth reach these expectations. Some of the authors have highlighted these distinctions (see Fardy et al., 2004 and Trost, 2004).

In contrast to the educational agenda, which is focused on core academic subjects (physical education not included), we have an increased interest in and attention on physical education. Other sections of the federal government see physical education’s role in support of the public health agenda and, in particular, the physical activity levels and nutritional habits of children and youth. There have been numerous reports and policy documents about the so-called obesity epidemic in the U.S. and elsewhere. Public health professionals are looking to schools as a place to intervene in order to stem the tide of the “growing legions of overweight and sedentary children and youth.” In response there has been much legislative activity (not all passed and not all enforced) recommending more time for physical education in schools and more ways to promote physical activity among children and youth in and out of school. Some of the authors of these articles support this perspective to varying degrees (Fardy et al., 2004; Fox et al., 2004; McKenzie & Kahan, 2004; Trost, 2004). Many major assumptions about this epidemic, however, have not been well critiqued. Evans and his colleagues do a good job evaluating some of this literature and questioning what they consider to be dangerous notions about what physical education can and should do in support of the public health agenda.

I don’t want to leave the impression that other authors don’t understand the complexities of the relationship between fitness, physical education, physical activity, and public health, however. Some of the authors have spoken to this in quite sophisticated terms (Fox et al.), whereas others have remained silent on the issue.

Major U.S. agencies (Centers for Disease Control and its many subdivisions), professional organizations (such as NASPE, AAHPERD, ASCM, APA), and private foundations (such as the Robert Wood Johnson Foundation) have provided funds to support interventions in schools to increase students’ activity levels and nutritional knowledge and practices. The interventions have focused on health behaviors (physical activity variables, goal setting, self-management, and self-regulation) with a shift away from activities focused on skill development and fitness. Some of the authors in this monograph have argued that national content standards focus too little on physical activity (Fardy et al., 2004) and too much on skill and personal development. Others suggest we pay too much attention to fitness rather than physical activity (Trost, 2004). Still others suggest more attention should be paid to increasing time in MVPA during physical education classes (McKenzie & Kahan, 2004), and Fox and his colleagues suggest time in physical education class is best spent promoting physical activity beyond the class.

How one answers the fundamental question of the goals of physical education has a direct implication for what teacher educators need to do to prepare teachers
for contemporary teaching assignments. What should the goals of P–12 schooling be in relation to the public health agenda? What should we be hoping students learn? To what extent should physical education address the public health agenda? How should our PETE programs be designed and delivered to focus on these goals? Using a public health focus will take your program in a specific direction. The different perspectives on physical education and teacher education as a public health agenda are covered by Fardy et al. (2004), McKenzie and Kahan (2004), and Trost (2004).

There is currently legislation and policy to support these types of efforts. Taking an educational perspective on physical education was much less obvious in this series of papers. For example, see Evans and his colleagues (2004) for consideration of an educational perspective that challenges the public health perspective. There are other scholars in the field raising similar red flags (Gard, 2004; Kretchmar, 1996; Locke, 2003), though their views are different from each other and from Evans et al. Taking most educational perspectives in the current conservative educational climate presents obstacles because policies and support structures (e.g. grant support, media) support a narrow, public health view of physical education.

It can be intoxicating to see politicians and the public health community focus their attention on physical education, placing us on the center stage of public health debates. This is especially true when we are ignored, even vilified, by some educational reformers whose focus is on narrow academic objectives. It is one of the times, again, when people in our profession look for persuasive arguments that might sustain our lifeblood—time, requirements, and resources (Lee, 2004; Locke, 2003). We have been thrashing about, looking to grab a brass ring that might keep us in the game. Beware of the prices we might have to pay. Evans and his colleagues (2004) alert us to some of those dangers.

Sport Under Siege

Most authors, with the exception to some degree of Evans et al. (2004), Fox et al. (2004), and McKenzie and Kahan (2004), suggest that higher levels of physical activity for children and youth is best achieved by a shift of focus for physical education programs. Physical education curriculum must shift focus from motor skills and physical fitness activities to physical activity and behavioral skills (Fardy et al., 2004; Fox et al.; McKenzie & Kahan; Trost, 2004). Cone (2004) agrees on the need for a “drastic change from the focus in the past, which was skill-centered and focused on sport . . . [to] devote additional time to fitness and individualized curricula” (pp. 271-272). They all, to some degree, are critical of the dominant role of sport in physical education curricula. Some suggest physical education teachers’ commitment to team sports and games is not “consistent with the public health goal of promoting lifelong physical activity” (Trost, p. 331). Interestingly, the two articles from British authors are less overtly critical of sport as a means for achieving lifelong physical activity.

There seems to be a divide in the thinking about the means to achieve lifelong physical activity between the U.S. and the U.K. and other organizations such as the World Health Organization (WHO). These differences in thinking have resulted in distinct types of interventions focused on sport in the U.K. (Norwich, 2003) and on nonsport activities in the U.S. Sport is seen in many non-U.S. environments as a key means to achieve public health goals related to obesity and
sedentary behavior. Arnold (1997) argued that sport is “best understood as a valued human practice which is inherently concerned with the moral . . . and in the context of school, no matter what other purposes it may also serve, is or should be a form of moral education” (p. xiii) but also a necessary part of a balanced and liberal curriculum.

To address declines in the levels of physical activity among children in the U.K., the government initiated policies concentrating on getting more time for physical education in schools and placing sport back at the heart of the curriculum. Its core target is to increase the percentage of 5- to 16-year olds who spend a minimum of 2 hours each week on high-quality physical education and school sport within and beyond the curriculum from 25% in 2002 to 75% by 2006. The U.K. government is investing £459 million between 2003 and 2006 in support of a national strategy for physical education and school sport (Department for Culture, Media, and Sport, 2003).

Critics of sport, however, have reason to be concerned. In its web page, Sport England (2004), an agency responsible for delivering the government’s sporting objectives, advertised their campaign as “designed to help rid the North East of lazy lifestyles [of children] and kick start the fight against rocketing obesity levels.” Such language supports the contention of Evans et al. (2004) that “dominant discursive features of the obesity literature, the cautionary voices, ambiguities, and uncertainties evident within the knowledge base of biomedical research . . . tend to be transformed unequivocally, sanitized, and cleansed, when used by state agencies” (p. 379). Still we need to be careful lest we throw the baby out with the bathwater.

Pedagogy of Getting There From Here

Although most monograph authors supported a public agenda for physical education, subtle and not-so-subtle differences emerged in the means to achieve these goals. McKenzie and Kahan (2004) focused on ensuring most physical education class time is devoted to moderate or vigorous levels of enjoyable physical activity whereas Trost (2004) and Fox et al. (2004) suggest some lesson time be devoted to activity, but substantive time should be devoted to psychological determinants of physical activity (self-monitoring, self-regulation, and goal setting as examples). Evans et al. (2004), on the other hand, is rightly concerned that we provide opportunities that ensure children leave school with a profound and critical understanding of their unique health needs (most all would be in agreement here). In addition, Evans et al. argue that time should be spent to educate children and youth in “the ways in which these [health needs] have been constructed, manipulated, and perhaps obfuscated by the interest of the health industry” (p. 386).

When the time comes for policy makers to design interventions and support programs based on research findings, nuances and uncertainties are sometimes lost, and false dichotomies between weight loss, physical activity, nutrition, and other determinants of healthy lifestyles emerge. Speaking at the last AAKPE annual meeting, Gaesser (2004) argued a “non weight-centered paradigm might be more effective for improving the health of individuals considered overweight or obese” (p. 12). Increasing physical activity or fitness is associated with greater reductions in all-cause mortality. Such a shift of thinking would risk significant resistance from the corporate weight-reduction industry and authors of various
dieting texts. We need to be careful that we understand the problems so that the solutions we present can address them. It is worth reviewing Locke’s advice here:

If your PETE program graduates are going to make truthful and compelling promises about what they can contribute, and devise prudent and effective content for their physical education classes, they must start with solid knowledge and exemplary models of effective practice. Communicating that knowledge in the form of pedagogical subject matter, and presenting those models in believable formats are the work of PETE professors. It is a daunting challenge. (Locke, 2003)

Physical education professionals ought to struggle more with questions of ends and means and try to find a balance somewhere between the health expectations, the joy, and the educational value of physical activity. For a set of well-developed perspectives, the articles in this monograph can provide an excellent structure for the debate to begin.

References


Notes

1Six of the seven lead authors were White men. It is impossible to know if similar perspectives would have been foregrounded with a different mix of authors.

2Similar clashes seem to be brewing elsewhere. See Evans et al. and Fox et al. in this monograph, and Gard’s (2004) discussion of the obesity epidemic globally.

3My thanks to Dena Deglau, my doctoral student, for helping highlight this difference.