119 - THE ROLE OF PHYSICAL EDUCATION IN PUBLIC POLICY FOR HEALTH PROMOTION

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"Não é das leis a culpa nos nossos males. De leis não é que necessitamos, para os corrigir. Mente, ou ignora as nossas instituições, quem disse que precisamos de leis, a fim de proteger a liberdade. Desconhece-os, ou falta cientemente à evidência delas, quem sustentar que carecemos de leis, para manter a ordem. Nem para a defesa da autoridade, nem para a do direito, se há mister, neste país, de textos completos na clareza, na previdência e na sanção. O que nos míngua, é o homem, a consciência, a cultura do dever, a capacidade cívica, a inteireza moral dos costumes. E, dada essa lacuna, todas as leis são inúteis na tentativa de prevenir opressão, ou a anarquia." (RUI BARBOSA, 1899).

Consider the role of physical education in public policies for health promotion is not a random challenge. To better define the strategic points and fruitful actions that represent the contribution of physical education in public policy is necessary that initially portrayed some aspects of current public health context and that is regards the playing field of physical education in the society.

According Ferriani & Gomes (1997), when they write about the contradictions and challenges of school health, both health and disease are configured from certain benchmarks linked to social and states which in turn can be influenced by environmental factors geographic, cultural, religious, political etc.. Therefore, it is reasonable to infer that we think about the role of physical education in public policy for health promotion will have to deal with a complex process that involves health and disease.

Roughly speaking, what has called the class of physical education for a more fruitful integration in the field of public policy for health promotion, has been the relationship of epidemiological data with the possibilities of preventive actions and even palliative in population health. As Pitanga (2004), about the epidemiology of physical activity, exercise and health determinants provide an epidemiological overview of the frequency, distribution and types of human disease at various times, parts of the earth's surface, relating them to the genetics, environment and lifestyle of the population. Whereas the world population was a staggering population growth from the Industrial Revolution in England (eighteenth century) but is now close to 7 billion people, we can say that the facilities of technological development and the large concentration of people in urban areas have contributed to statistics unfavorable to the health of the population. In Brazil, according to IBGE (2002) are about 80% of the population living in cities.

Thus, the very concept of health promotion has rethought its etiology in a Conference on Health Promotion, when the formalization of the Ottawa Charter in Canada in 1986. The new paradigm was characterized by a focus on enabling the community to act with greater autonomy in the process of improving their quality of life and health, including the control of activities. Therefore, for the WHO (1986), health promotion is characterized as a process of engagement with people to increase control over and improve health.

At this point the conversation will make three more precise questions about the role of physical education in public policies for health promotion: a) What has been the effective representation of physical education in this field? b) What types of promotion activities have been developed for Physical Education in Public Health? c) What types of health promotion strategies could be discussed by the area of Physical Education in Public Health?

Castellani Filho (2002), in the book "Educational Policy and Physical Education," points out that for decades the Physical Education had its social recognition compromised by the lack of background not attributed to it a meaningless and socially relevant. Today, due to sedentary lifestyle and chronic non-communicable diseases (NCCD) Physical Education has been acclaimed to give their contribution to society on the various possibilities of action within their knowledge. The WHO (2003), through the Department of Health Policy estimated that about 70% of the population was sedentary lifestyle, which is to say that 50% of NCCD are attributed to lifestyle where there is a prevalence of inactivity as major risk factor.

In 2001, the Ministry of Health in partnership with the Pan American Health Organization (PAHO), the National Council of Health Secretaries (CONASS), National Congress of Municipal Health (CONASEMS), National Cancer Institute (INCA) and Center for the Study of Physical Fitness Laboratory of São Caetano do Sul (CELAFISCS) established the Program for Promotion of Physical Activity, also known as "Agita Brazil" and coordinated by the Department of Health Policy Objectives of the program were working prevention and control of the NCCD, articulating, promoting and implementing projects of moderate physical activity, regular character, facing the people of sedentary habits. This program was developed through the states, municipalities, the National Health System (SUS), academic centers and various other segments of civil society. The National Programme for the Promotion of Physical Activity, or Agita Brazil (2002), which sought to spread widely in the country the relationship between physical activity and its contribution to the quality of life. Through the reports of the Faculty of Public Health, University of Sao Paulo, Brazil has stirred many positive results such as the participation of 537 municipalities and the training of multipliers 2214. However, one question needs to be clarified: Why adherence to physical activity are not fully consolidated in our society? That is, strategies for health promotion physical education should discuss the definition of public health policies?

In this context, Tavares (1993), to discuss the organizational culture and anthropological approach to change, demonstrates the similarities and differences between culture change and culture change. Perhaps at this point it resides, in large part, the difficulties of establishing a more meaningful context of Physical Education in the imaginary and social practice. So what Tavares proposes is a culture that defines the change itself is the state of being of things, people, processes, places, etc.., Ie, an inseparable binomial stay / mutation that provides a security situation in constant change , characterizes this culture of change. In this line of reasoning, the role of physical education in public policy for health promotion would be to work early on in schools, families, workplaces and wherever a social group is established, the articulation of its fundamental assumptions, so to create, maintain and strengthen the habit of regular physical activity, independently or not the individuals in society.

McElroy (2002), when analyzing physical education in the United States of America, says that studies indicate greater investment in education of children and adolescents by the acquisition of knowledge, attitudes and habits that are useful to live in

health in adulthood . She believes that the social role of physical education must be reshaped. In fact, the modern lifestyle has affected the health condition of people, where inactivity is increasing statistics of chronic diseases that experts say is a problem that can be minimized with intervention programs in schools of physical education for health. For this, we must restructure the role of physical education in schools by reviewing the system of evaluation of school performance, the adequacy of the curriculum and a culture of entertainment-oriented physical activity, public awareness of the risks of a sedentary lifestyle (obesity and risk crown), education of teachers of physical education specialists in health promotion, among other adjustments that roam the incorporation of new values to an ancient culture. The author argues that children adapt to healthy behaviors early in life tend to maintain these behaviors throughout childhood and adulthood. In fact physical education as it has been developed in the traditional model of curriculum that enhances the intrinsically competitive and individual achievement in sports and games, was incompetent to make individuals aware of and responsible for the maintenance of physical activity, even after finished the school year, considering that today approximately 70% of deaths from all causes are still attributed to physical inactivity.

Thus, considering that every child must spend much of his life at school, McElroy makes clear that the challenge is laid. Making sense socially utility to physical education becoming intrinsically motivated children to develop activities on their own, even in the situation of graduates. And overcome the paradox of modernizing the physical education just at the point in our history when the fitness and sports seem to be more popular than ever.

Changing the culture of the stigma that education is inefficient in its proposal precisely because historically it favors the fittest and strongest genetically distanced himself from the contents that are now seen as necessary to combat the diseases arising from lack of regular physical activity .

In the end, physical activity programs can only be effective if children become intrinsically motivated to develop self-employment.

Historically, the Brazilian Physical Education has developed its social projects much more tied to the objectives of mass sport and leisure purposes than actually impacting positively on population health. Castellani Filho (2002) programs of sports and leisure developed in Brazil have been directed exclusively to young people either at school, now trying to cover all age groups, but with an absolute lack of budget and financial resources. Therefore, their objectivity is lost in the experiences of governments and electoral and popular culture that ends up down in the opposite of what is thought to be essential for the acquisition of healthy habits to society.

According to Article 3 of Law 8080 of 1990 of the Ministry of Health, health has a number of factors and conditions characterized by food, shelter, sanitation, transportation, environment, employment, income, education, leisure and essential services . Thus, some basic needs inherent in man as happiness, joy and pleasure are intermingled with the determinants of health. This implies that health promotion refers to much larger changes of a structural nature, including political and economic actions that could hardly happen in the actions of health education. Thus, physical education is to have at least two key roles in their social context. The first one would include in their business school, clubs, associations and work spaces leading activity and increasing the level of awareness of people about the importance of staying physically active throughout life. A second aspect concerns the role of responsible citizen representation in policy and legislative bodies that define the destiny of the nation's budgets.

According to Smith et al (1992), the system of capitalist production was consolidated in the nineteenth century, the interests of a dominant minority of their needs to acquire wealth, generate more income, expanding consumption, assets and ensure the power to keep which occupies a privileged position in society and quality of life built at the expense of "exploitation" of the working class. In the meantime, if the working class of physical education and positions do not require the condition to show its potential runs the risk of not setting the social context as an area of fundamental importance for health promotion and reduction of diseases hypokinetic origin.

Finally, this reading of the role of physical education in public policy for the promotion of health shows that health is not an isolated social sphere. Inserts in other instances that run through power relations in the same way that the whole society. In this context, imbued with the same needs and desires of historical change, we're always being confronted with various interests: political, economic and others.

Thus, public policies for health promotion can not be thought of only as of their questions. Awareness of the importance of health activities that add people motivates us to further these studies, says Bernardo Kliksberg (2000), this process is influenced by the ability to proper functioning of life of individuals and groups, through the mediation of interests and factors mobilizing commitment and adherence to the collective actions of individuals, a process that constitutes one of the factors improving the quality of life, for impacts to overcome prejudices, breakdown of social inequalities and mobilizing the individual self-esteem and collective as well as the organization of individuals and groups to fight and co-responsible for improvements in living conditions.

In summary, the reflection carried out showed that the innovations have been experienced by people centered policies, which are points of departure and arrival, lived. Historical experiences involving civility, desires, motivations, demands, and political struggles of the subject.

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THE ROLE OF PHYSICAL EDUCATION IN PUBLIC POLICY FOR HEALTH PROMOTION

ABSTRACT:

This paper has reviewed the literature in order to reflect on the role of physical education in public policies for health promotion. It was found that the epidemiological data highlight the need for preventive and palliative up in the field of population health. It was concluded that the role of physical education in public policy for health promotion would be to work early on in schools, families, workplaces and wherever a social group is established, the articulation of its fundamental assumptions in order to create, maintain and strengthen the habit of regular physical activity, independently or not being restricted by the dependence of the political will of some individuals in society.

LE RÔLE DE L'ÉDUCATION PHYSIQUE EN POLITIQUE PUBLIQUE POUR LA PROMOTION DE LA SANTÉ

RÉSUMÉ:

Cet article a passé en revue la littérature afin de réfléchir sur le rôle de l'éducation physique dans les politiques publiques pour la promotion de la santé. Il a été constaté que les données épidémiologiques soulignent la nécessité d'préventifs et palliatifs dans le domaine de la santé de la population. Il a été conclu que le rôle de l'éducation physique dans les politiques publiques pour la promotion de la santé serait de travailler très tôt dans les écoles, les familles, les lieux de travail et partout où un groupe social est établi, l'articulation de ses hypothèses fondamentales, afin de créer, maintenir et renforcer l'habitude de l'activité physique régulière, indépendamment ou non être limité par la dépendance de la volonté politique de certains individus dans la société.

EL PAPEL DE LA EDUCACIÓN FÍSICA EN LA POLÍTICA PÚBLICA PARA LA PROMOCIÓN DE LA SALUD

RESUMEN:

Este artículo ha revisado la literatura con el fin de reflexionar sobre el papel de la educación física en las políticas públicas para la promoción de la salud. Se encontró que los datos epidemiológicos destacan la necesidad de prevención y los cuidados paliativos en el campo de la salud de la población. Se concluyó que el papel de la educación física en las políticas públicas para la promoción de la salud sería la de trabajar desde el principio en las escuelas, familias, lugares de trabajo y donde un grupo social se ha establecido, la articulación de sus supuestos fundamentales con el fin de crear, mantener y fortalecer los hábitos de actividad física regular, de forma independiente o no estar limitado por la dependencia de la voluntad política de algunos individuos en la sociedad.

O PAPEL DA EDUCAÇÃO FÍSICA NAS POLÍTICAS PÚBLICAS PARA A PROMOÇÃO DA SAÚDE

RESUMO:

Este artigo fez uma revisão bibliográfica com o objetivo de refletir sobre o papel da Educação Física nas políticas públicas para a promoção da saúde. Verificou-se que os dados epidemiológicos evidenciam a necessidade de ações preventivas e até paleativas no campo da saúde populacional. Concluiu-se que o papel da Educação Física nas políticas públicas para promoção da saúde seria trabalhar, desde cedo, nas escolas, famílias, locais de trabalho e onde quer que um grupo social se estabeleça, a articulação de seus pressupostos fundamentadores, de forma a criar, manter e fortalecer o hábito da atividade física regular, de forma autônoma ou não ficando restrita pela dependência da vontade política de alguns indivíduos da sociedade.