151 - PHYSICAL EDUCATION PRE-SERVICE TEACHERS: HEALTH-AND ACTIVE LIFE STYLE APTITUDE

STEFANIA CAZZOLI[1]
FEDERICA GALLO[2]
1 - Physical Education, University of Turin, Italy - Fiep Europe President APA Section
2 - S.C. Epidemiology 2 , CPO Piedmont - AO Città della salute e della Scienza, Turin, Italy
stefania.cazzoli@libero.it

BACKGROUND

The World Health Organization (WHO) challenged active life style for non communicable diseases (NCDs).

The Physical inactivity is one of risk factor for global mortality (6% of deaths globally).

Physical inactivity became the fourth leading risk factor after high blood pressure (13%), tobacco use (9%) and high blood glucose (6%); these factors together with and overweight/obesity are responsible for 5% of NCDs (WHO, 2009).

The inactivity levels are increasing in many countries and they can cause onset of the following diseases: cardiovascular disease (30%), diabetes (27%) and cancer (21-25%).

To hell overcoming this matter the WHO wrote some important documents: Global strategy for diet and Physical Activity (2004) and Global strategy for Physical Activity (2010-2013) based on Global Recommendations on Physical Activity for Health (GRPAH. It is guidelines on "the dose-response relationship between physical activity and health benefits" (WHO, 2010).

The health prevention outcomes:

cardio respiratory health (coronary heart disease, cardiovascular disease, stroke and hypertension); metabolic health (obesity and diabetes); musculoskeletal health (bone health, osteoporosis); cancer (breast and colon cancer); functional health and prevention of falls and trauma; depression.

The aims survey on PA gave scientific evidence for:

• health policy (inform national physical activity policies and other public health interventions);

• health governance (provide the starting point to the establishment of goals and objectives for physical activity promotion at national level);

• health management (foster inter- intersectoral collaboration and contribute to setting up national goals and objectives regarding physical activity promotion);

• health empowerment (provide a foundation for physical activity promotion initiatives and participation) ;

• health funding (justify the allocation of resources to physical activity promotion interventions);

• health networking (create a framework for joint action for all other relevant stakeholders around the same goal;

• health innovation (provide an evidence-based document that enables all relevant stakeholders to transfer policy into action with the allocation of the appropriate resources);

• health prevention (facilitate national surveillance and monitoring mechanisms to monitor population levels of physical activity) .(WHO, 2010)

OBJECTIVE(s)

The study aim is to assess primary school teachers' aptitude and self-perception of their health status.

Active Life style and behavior were investigated by motivation and health/ Physical Activity self-perception in pre-service school teachers working with students aged 6-11 years for implementation of evidence-based practice depends on successful behaviour change interventions (COM-B system, 2011).

METHODS

The investigation sample was 158 pre-service primary school teachers, aged 23 (+_ 2), female 98%, in the academy years 2009/2010 in Piedmont (Italy) through a questionnaire containing items on health self-perception.

Data were collected through 11 questions on health self-perception from: F36; PSDQ- Physical Self Description Questionnaire; Self-efficacy Questionnaire.

In detail questions focused on:

1.	Current self –perception of health status
2.	Current self –perception of health status compared to the previus years
3.	Self perception in daily activities
4.	Eventual problems at work or in everyday activities due to health status
5.	Eventual problems at work or in everyday activities due to mental status
6.	Physical pain
7.	Emotional status
8.	Health self perception in respect of other people
9.	Quantitive/intensity physical activity performing
10	Quality physical activity performing
11.	Limitation in physical activity

Average differences were calculated in order to investigate their health awareness, both at physical and emotional level, and their health self-perception in respect of other people.

Comparisons were performed taking into account both physical and emotional status. In detail, descriptive analyses were performed through calculation and evaluation of percentage differences in health self-perception.

RESULTS

The results showed a high teachers' health self-perception, as 41.67% rated their health as very good and 49.36 % as good, and nobody said it was poor (Figure 1).

The majority of teachers (60.51%) reported that their health was similar to the previous year (Figure 2). Nevertheless, about half felt themselves partially limited or strongly limited, 42.04% and 7.01% respectively, when performing hard physical

activities; while nearly all (91.08%) encountered no problems in performing moderate physical activities.

As far as self-perception towards other people is concerned two aspects were assessed, i.e. teachers physical and/or emotional status and its presence in everyday life. Nearly half of the teachers (47.77%) thought their physical/emotional status, in the four weeks previous questionnaire filling, influenced to some extent their relation towards other people, at home, at work or during leisure time (Figure 3). Moreover, 54.19% perceived this aspect as regularly present in their life (Figure 4).

Figure 1 – General health self-perception

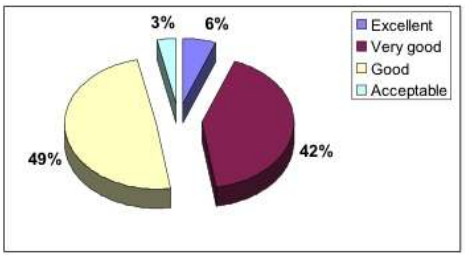


Figure 2 – Health self-perception compared to the previous year

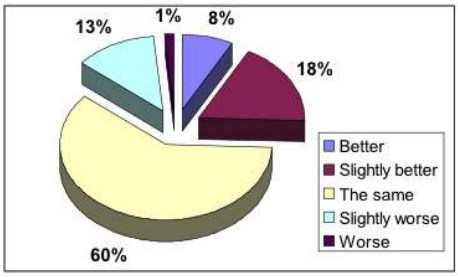


Figure 3 – Health self-perception towards other people

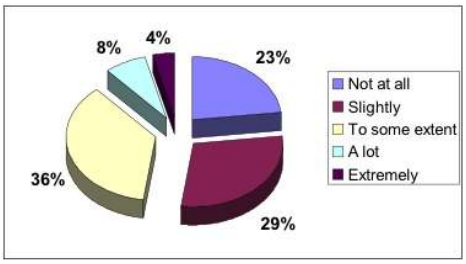
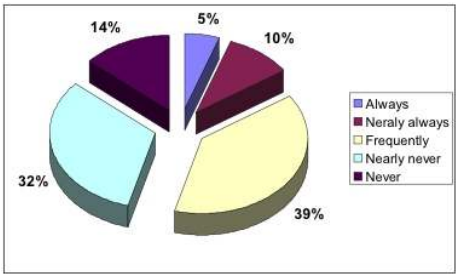


Figure 4 – Presence of Health self-perception towards other people



CONCLUSIONS

The data showed a slight ambiguity in the teachers' health self-perception, as the generalist Physical Education teachers rated their physical and emotional status as high. Actually, most of the teachers rated their physical and emotional status as good, but about half of them showed difficulties in performing hard physical activities and they also stated that their health status influenced their work/social life to some extent.

The positive health self-perception was the first step for improve active life style. Following steps maybe will improve the knowledge, the healthy skills and performed physical activities by multi-system action project:

- develop and implement national guidelines on physical activity for health;
- introduce transport policies that promote active and safe methods of travelling to and from schools and workplaces, such as walking or cycling;
- ensure that physical environments support safe active commuting, and create space for recreational activity. (WHA61.14, 2008)

The positive teachers' aptitude versus physical activity will be important for the process of teaching and learning healthy education in schools versus the active life style in the perspective of long life activity based on evidence and give indication about volume of PA (i.e. frequency, duration, intensity, type and total amount of PA).

The scientific evidence provides fundamental health. From the meta-analysis supported the PA recommendations aims: increase physical fitness (cardio-respiratory fitness and muscular strength), reduced Body Max Index (BMI), for decreasing cardiovascular and metabolic disease risk profiles and enhanced bone health and reduced symptoms of depression. (Janssen I, Leblanc, 2009; PAGAC 2008).

The multi-systemic active life style project was also an opportunity for multidisciplinary learning from biology, natural science, medicine.. knowledge versus life competence.

The PA guide-line was based on evidence from multidisciplinary field: the anatomy and physiology were the theory/knowledge, the cardio-respiratory fitness and muscular strength program were the competence for health prevention and well being. The psychology was the theory, the self-esteem, self-efficacy , critical thinking... were the competence versus autonomy and motivation to prevention and well being.

This aspect is worthy further research as it can affect the message they disseminate to students on the importance of Physical Activity best practices in Physical Education curricula, to promote active life style from the school to the society and in the long life perspective.

All the students (aged 3-19) attended at the school, and the PE was opportunity for all the students to learn and involved in PA best practices.

The students will the adults of the future, today are becoming tomorrow, today teaching are stemming the long life learning.

REFERENCES

1. WHO Handbook for guideline development, October 2009. Geneva, World Health Organization, 2009.

2. Interventions on diet and physical activity: what works: summary report. Geneva, World Health Organization, 2009.

3. Global health risks: mortality and burden of disease attributable to selected major risks. Geneva, World Health Organization, 2009.

4. 2008–2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. Geneva, World Health Organization, 2008

5. The global burden of disease: 2004 update. World Health Organization, Geneva, 2008.

6. World report on child injury prevention. World Health Organization, UNICEF, 2008

7. A guide for population-based approaches to increasing levels of physical activity: implementation of the WHO Global Strategy on Diet, Physical Activity and Health. Geneva, World Health Organization, 2007.

8. Preventing chronic diseases: a vital investment. Geneva, World Health Organization, 2005.

9. Resolution WHA57.17. Global Strategy on Diet, Physical Activity and Health. In: Fiftyseventh World Health Assembly, Geneva, 17–22 May 2004. Resolutions and decisions, annexes. Geneva, World Health Organization, 2004.

10. World Health Report 2002: Reducing risks, promoting healthy life. Geneva, World Health Organization, 2002

11.. Cazzoli S. The physical activity and health: the world health organization, in Labudova J. Antala B. Healthy active life style and physical education, Fiep 2011

12 Liukkonen J. and all Phycology for physical educators, 2nd edition Human Kinetics 2007

13 Cazzoli S., Gallo F., Maletto Physical Education Teacher In Primary School: Aptitude Towards Health And Physical Activity For Improve The Students Active Life Style.,proceding book abstract Conference ICSEMIS Glasgow 2012

14. Cazzoli, Gallo, Maletto, Health baptitude in PE teachers, Scientific Communications of the 7th FIEP European Congress 2012-1r Congrés Català de l'Educació Física i de l'Esport

13. Michie S., Van Stralen M., West R. (2011)The behaviour change wheel: A new method for characterising and designing behaviour change interventions, Implementation Science 2011, 6:42

PHYSICAL EDUCATION PRE-SERVICE TEACHERS: HEALTH-AND ACTIVE LIFE STYLE APTITUDE

The World Health Organization (WHO) challenged active life style for non communicable diseases (NCDs).

The Physical inactivity is one of risk factor for global mortality (6% of deaths globally).

Physical inactivity became the fourth leading risk factor after high blood pressure (13%), tobacco use (9%) and high blood glucose (6%); these factors together with and overweight/obesity are responsible for 5% of NCDs (WHO, 2009).

The inactivity levels are increasing in many countries and they can cause onset of the following diseases: cardiovascular disease (30%), diabetes (27%) and cancer (21-25%).

To hell overcoming this matter the WHO wrote some important documents: Global strategy for diet and Physical Activity (2004) and Global strategy for Physical Activity (2010-2013) based on Global Recommendations on Physical Activity for Health (GRPAH. It is guidelines on “the dose-response relationship between physical activity and health benefits” (WHO, 2010).

The health prevention outcomes:

cardio respiratory health (coronary heart disease, cardiovascular disease, stroke and hypertension); metabolic health (obesity and diabetes); musculoskeletal health (bone health, osteoporosis); cancer (breast and colon cancer); functional health and prevention of falls and trauma; depression.

The aims survey on PA gave scientific evidence for:

• health policy (inform national physical activity policies and other public health interventions);

• health governance (provide the starting point to the establishment of goals and objectives for physical activity promotion at national level);

• health management (foster inter- intersectoral collaboration and contribute to setting up national goals and objectives regarding physical activity promotion);

• health empowerment (provide a foundation for physical activity promotion initiatives and participation) ;

• health funding (justify the allocation of resources to physical activity promotion interventions);

• health networking (create a framework for joint action for all other relevant stakeholders around the same goal;

• health innovation (provide an evidence-based document that enables all relevant stakeholders to transfer policy into action with the allocation of the appropriate resources);

• health prevention (facilitate national surveillance and monitoring mechanisms to monitor population levels of physical activity) .(WHO, 2010)

ÉDUCATION PHYSIQUE FUTURS ENSEIGNANTS: LA SANTÉ ET LE STYLE DE VIE ACTIF D'APTITUDE

L'Organisation mondiale de la Santé (OMS) a contesté le style de vie actif pour les maladies non transmissibles (MNT).

L'inactivité physique est un des facteurs de risque de mortalité globale (6% des décès dans le monde).

L'inactivité physique est devenu le quatrième facteur de risque important après l'hypertension artérielle (13%), la consommation de tabac (9%) et une glycémie élevée (6%); ces facteurs ainsi que et le surpoids / l'obésité sont responsables de 5% des maladies non transmissibles (OMS, 2009).

Les niveaux d'inactivité sont en augmentation dans de nombreux pays et ils peuvent causer l'apparition des maladies suivantes: maladies cardio-vasculaires (30%), le diabète (27%) et le cancer (21-25%).

Au diable surmonter cette affaire, l'OMS a écrit quelques documents importants: la stratégie mondiale pour l'alimentation et l'activité physique (2004) et de la stratégie mondiale pour l'activité physique (2010-2013) fondées sur les Recommandations mondiales sur l'activité physique pour la santé (GRPAH. Il est des lignes directrices sur " la relation dose-réponse entre l'activité physique et bienfaits pour la santé »(OMS, 2010).

Les résultats de prévention de la santé:

cardio respiratoire de santé (maladies coronariennes, les maladies cardiovasculaires, les AVC et l'hypertension), la santé métabolique (obésité et diabète), la santé musculo-squelettique (santé des os, ostéoporose), le cancer (du sein et le cancer du côlon), la santé fonctionnelle et la prévention des chutes et des traumatismes; dépression.

L'enquête vise à PA a donné des preuves scientifiques pour:

• la politique de santé (informer les politiques nationales en matière d'activité physique et d'autres interventions de santé publique);

• gouvernance de la santé (fournir le point de départ pour l'établissement de buts et d'objectifs pour la promotion de l'activité physique au niveau national);

• gestion de la santé (favoriser la collaboration intersectorielle entre et contribuer à la mise en place d'objectifs nationaux en matière de promotion de l'activité physique);

• autonomisation de la santé (fournir une base pour des initiatives de promotion de l'activité physique et la participation);

• financement de la santé (justifier l'allocation des ressources aux interventions promotion de l'activité physique);

Mise en réseau de la santé • (créer un cadre d'action commun pour toutes les autres parties prenantes dans le même but;

• l'innovation en santé (fournir un document fondée sur des preuves qui permet à tous les acteurs concernés de transférer politique dans l'action avec l'allocation des ressources appropriées);

• prévention de la santé (faciliter la surveillance nationale et des mécanismes de suivi pour surveiller les niveaux d'activité physique de la population). (OMS, 2010)

EDUCACIÓN FÍSICA DE SERVICIOS PRE-DOCENTES: LA SALUD Y ESTILO DE VIDA ACTIVO APTITUD

La Organización Mundial de la Salud (OMS) desafió estilo de vida activo para las enfermedades no transmisibles (ENT).

La inactividad física es uno de los factores de riesgo para la mortalidad mundial (6% de las muertes a nivel mundial).

La inactividad física se convirtió en el cuarto factor de riesgo más importante después de la presión arterial alta (13%), el consumo de tabaco (9%) y la glucosa sanguínea elevada (6%); estos factores, junto con la obesidad y el sobrepeso / son responsables del 5% de las enfermedades no transmisibles (OMS, 2009).

Los niveles de inactividad están aumentando en muchos países y que pueden causar el comienzo de las siguientes enfermedades: enfermedades cardiovasculares (30%), la diabetes (27%) y cáncer (21-25%).

A la mierda la superación de este tema el que escribió algunos documentos importantes: Estrategia Mundial sobre Régimen Alimentario y Actividad Física (2004) y la estrategia Global de la Actividad Física (2010-2013) basada en las Recomendaciones Mundiales sobre Actividad Física para la Salud (GRPAH. Es directrices sobre " la relación dosis-respuesta entre la actividad física y los beneficios para la salud "(OMS, 2010).

Los resultados de la prevención de la salud:

cardio respiratorio salud (enfermedad coronaria, enfermedad cardiovascular, accidente cerebrovascular e hipertensión), la salud metabólica (diabetes y obesidad), salud musculoesquelética (salud de los huesos, osteoporosis), cáncer (de mama y el cáncer de colon), la salud funcional y la prevención de caídas y traumatismos; la depresión.

El estudio tiene en PA dio evidencia científica para:

• la política de salud (informar las políticas nacionales de la actividad física y otras intervenciones de salud pública);

• La salud de gobierno (el punto de partida para el establecimiento de metas y objetivos para la promoción de la actividad física a nivel nacional);

• Gestión de la Salud (Foster entre la colaboración intersectorial y contribuir al establecimiento de metas y objetivos nacionales en materia de promoción de actividad física);

• Salud empoderamiento (proporcionar una base para las iniciativas de promoción de la actividad física y la participación);

• financiación de la salud (justificar la asignación de recursos a las intervenciones de promoción de la actividad física);

• Salud networking (creación de un marco para la acción conjunta de todos los demás interesados pertinentes en todo el mismo objetivo;

• Salud de la innovación (proporcionar un documento basado en la evidencia que permite a todas las partes interesadas para transferir la política a la acción con la asignación de los recursos adecuados);

• prevención de la salud (facilitar la vigilancia nacional y los mecanismos de seguimiento para monitorear los niveles de actividad física de la población). (OMS, 2010)

EDUCAÇÃO FÍSICA PRÉ-ATENDIMENTO PROFESSORES: SAÚDE E APTIDÃO ESTILO ATIVO DE VIDA

A Organização Mundial de Saúde (OMS) desafiou estilo de vida ativo para as doenças não transmissíveis (DNT).

A inatividade física é um dos fatores de risco para mortalidade global (6% das mortes no mundo todo).

A inatividade física tornou-se o quarto fator de risco principal, após a pressão arterial elevada (13%), uso de tabaco (9%) e glicemia elevada (6%); esses fatores, juntamente com e sobrepeso / obesidade são responsáveis por 5% das doenças não transmissíveis (OMS, 2009).

Os níveis de inactividade estão a aumentar em muitos países e podem causar aparecimento das seguintes doenças: doença cardiovascular (30%), a diabetes (27%) e do cancro (21-25%).

Para o inferno superar esta questão, a que escreveu alguns documentos importantes: Estratégia Global para Dieta, Atividade Física (2004) e Estratégia Global de Atividade Física (2010-2013) com base em Recomendações Globais sobre Atividade Física para a Saúde (GRPAH. É orientações sobre " a relação dose-resposta entre atividade física e benefícios para a saúde "(OMS, 2010).

Os resultados de prevenção de saúde:

cardio saúde respiratória (doença cardíaca coronária, doença cardiovascular, acidente vascular cerebral e

hipertensão); saúde metabólica (obesidade e diabetes); saúde músculo-esquelética (saúde dos ossos, osteoporose), câncer (de mama e câncer de cólon); funcional de saúde e prevenção de quedas e traumas; depressão.

A pesquisa visa a PA deu evidência científica para:

• política de saúde (informar as políticas nacionais de atividade física e outras intervenções de saúde pública);

• saúde governança (fornecer o ponto de partida para o estabelecimento de metas e objetivos para a promoção da atividade física em nível nacional);

• gestão da saúde (fomentar a colaboração inter-intersetorial e contribuir para a criação de metas e objetivos nacionais em matéria de promoção da atividade física);

• saúde empoderamento (fornecer uma base para iniciativas de promoção de atividade física e de participação);

• o financiamento da saúde (justificar a alocação de recursos para intervenções de promoção de atividade física);

• rede de saúde (criar um quadro de acção conjunta para todos os interessados em torno do mesmo objetivo;

• inovação em saúde (fornecer um documento com base em provas que permite que todos os interessados de transferir a política em ação com a alocação dos recursos necessários);

• prevenção da saúde (facilitar a vigilância nacional e mecanismos de monitoramento para monitorar os níveis populacionais de atividade física). (OMS, 2010)