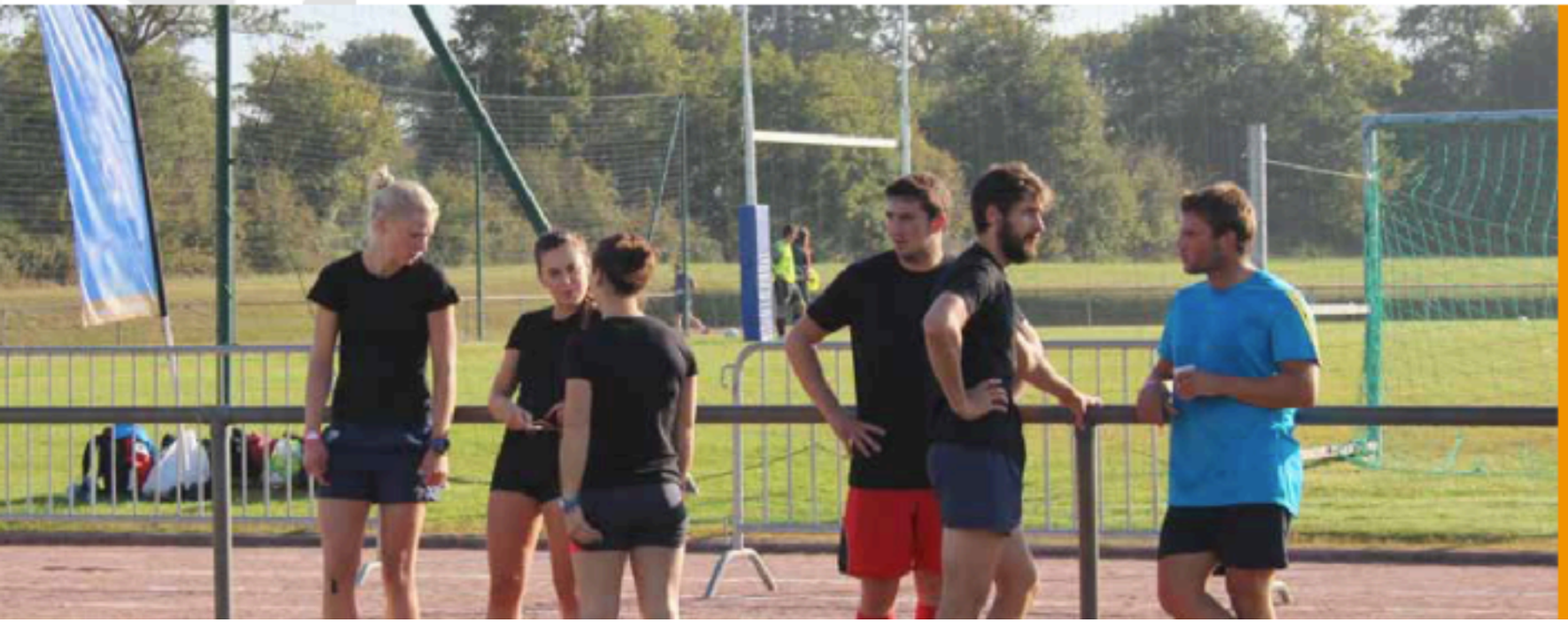
Les sciences aiment l'EPS

Jeudi 31 janvier 2019
de 08h30 à 17h00



5e édition de la journée annuelle organisée par le département 2SEP de l'ENS Rennes

L'EPS face aux « décrocheurs » de l'activité physique.

académie Rennes | UNIVERSITÉ RENNES 2

Atelier « La pertinence et l'utilité des tests de condition physique en EPS et à l'Ecole »

Alexis Le Faucheur & David Matelot

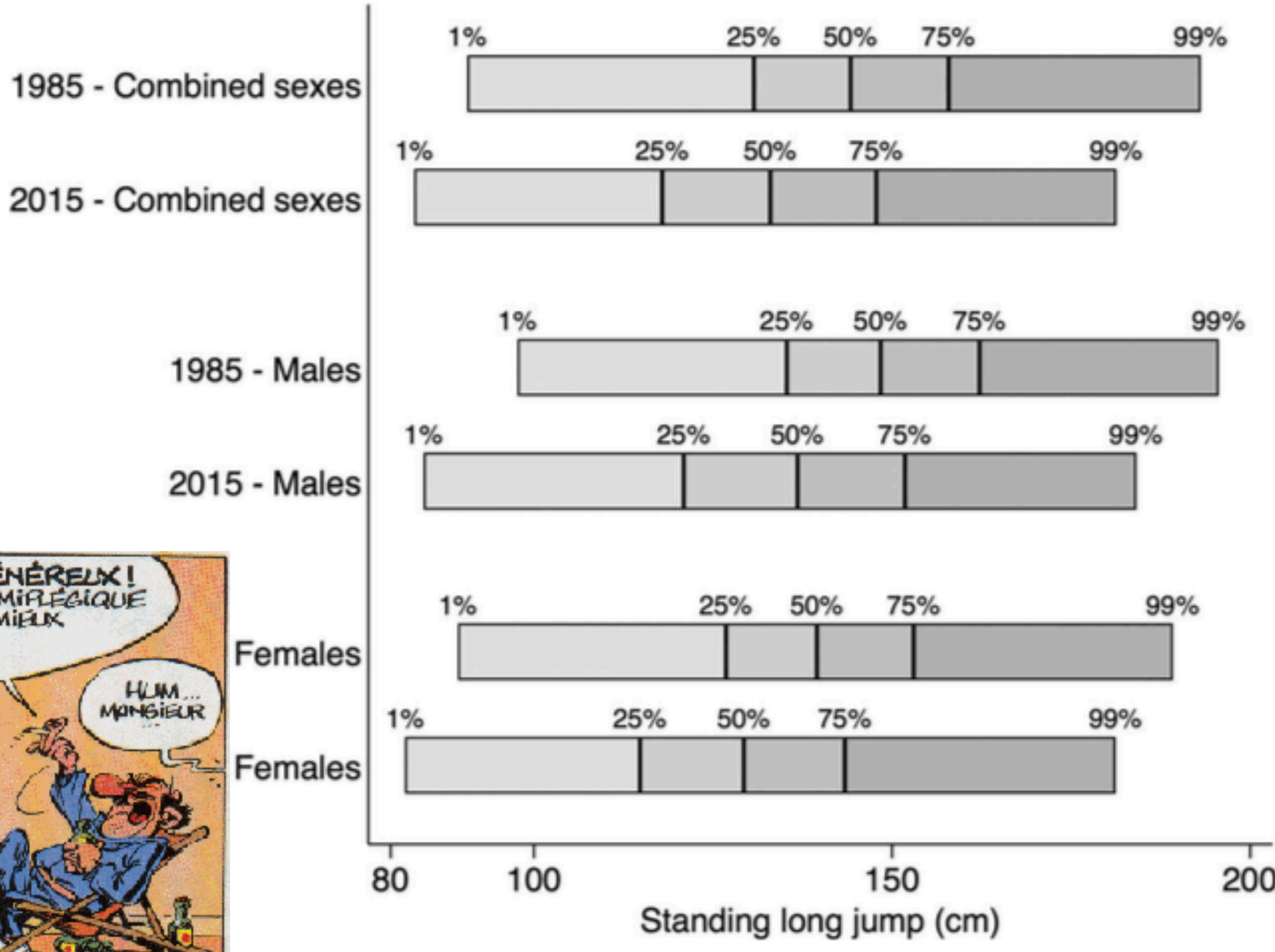
L’intérêt des tests pour avoir un suivi objectif

Les Tests Physiques pour « savoir où on en est »

The great leap backward: changes in the jumping performance of Australian children aged 11–12-years between 1985 and 2015

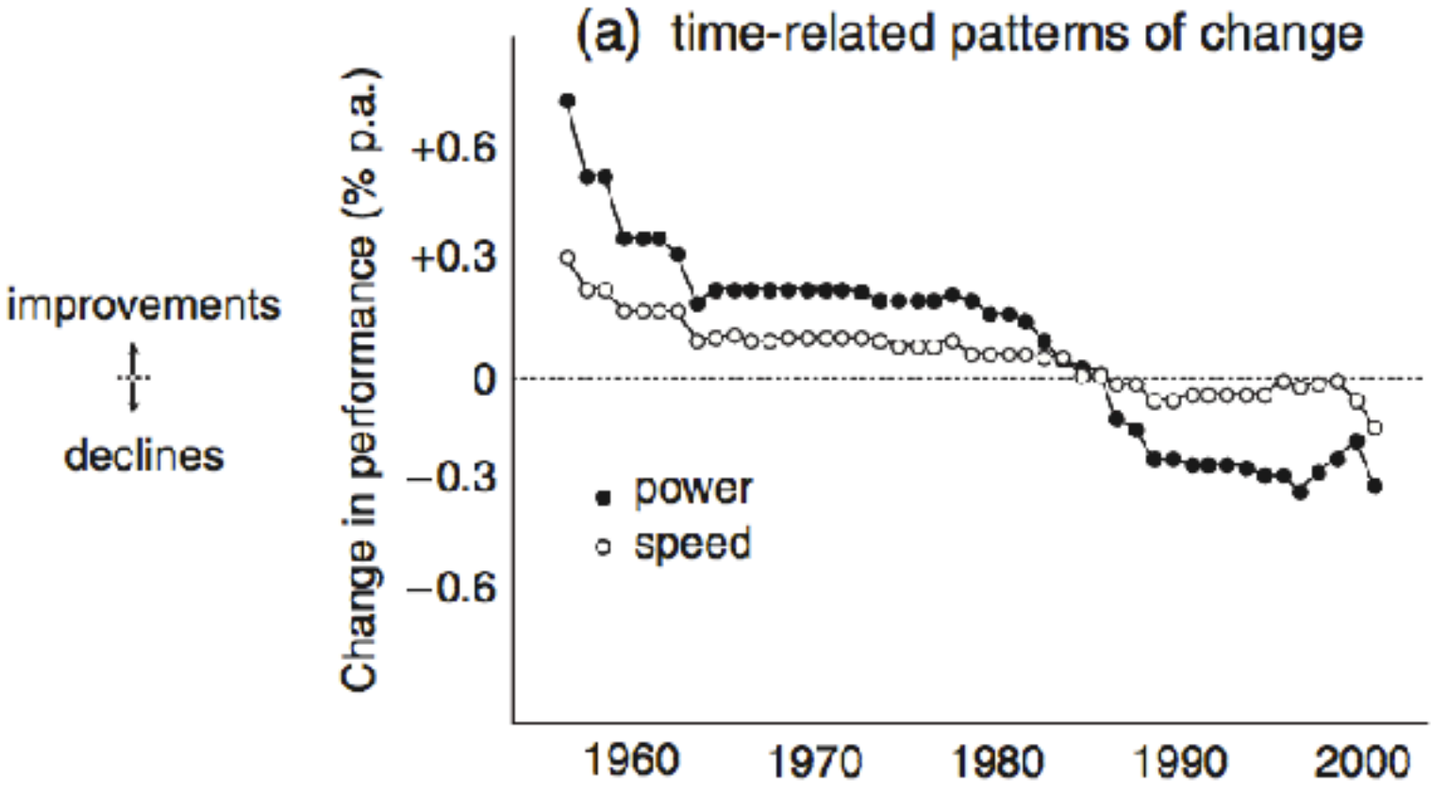
Brooklyn J. Fraser[a], Leigh Blizzard[a], Grant R. Tomkinson[b,c], Kate Lycett[d,e], Melissa Wake[d], David Burgner[d,e,f], Sarath Ranganathan[d,e], Markus Juonala[g,h], Terence Dwyer[a,i], Alison J. Venn[a], Tim Olds*[b,d] and Costan G. Magnussen[*a,j]

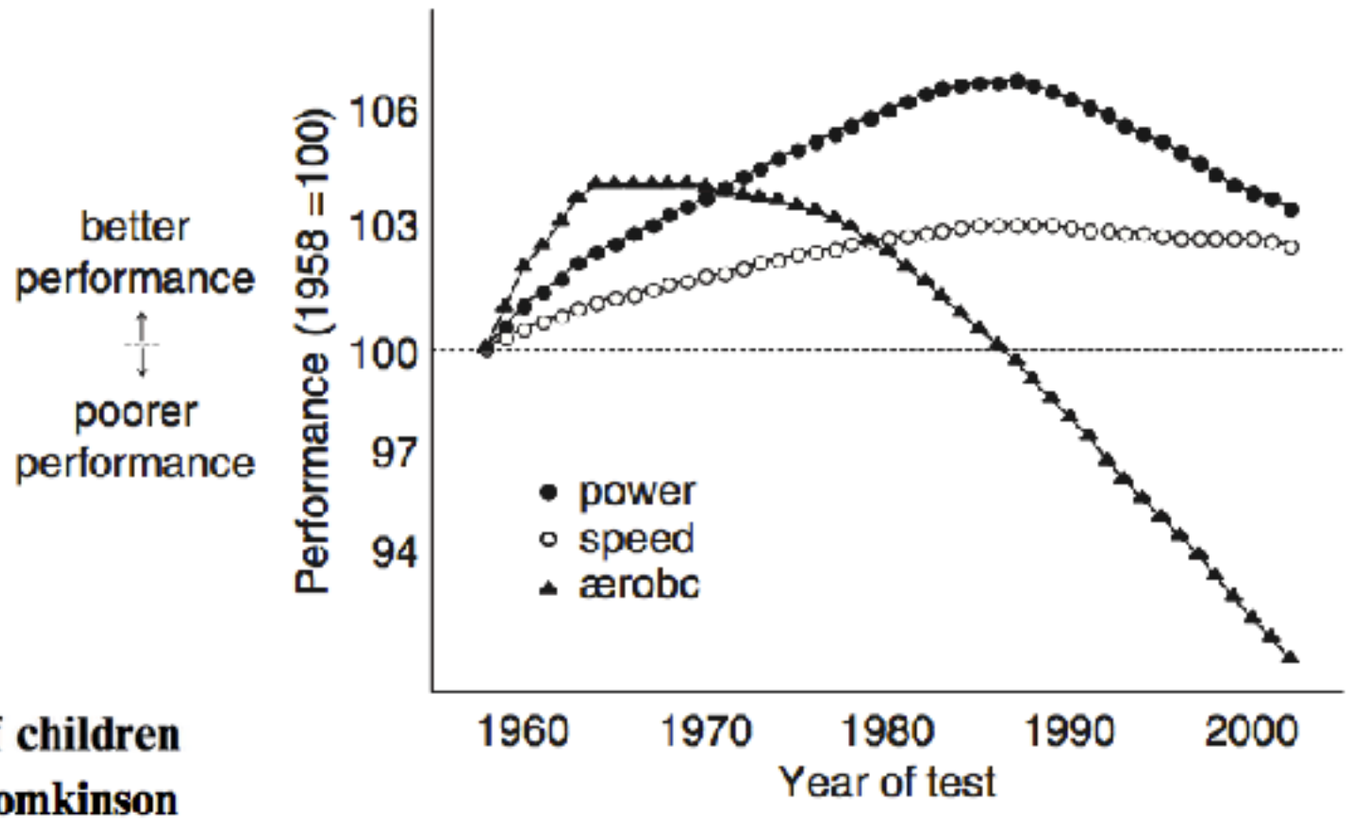
Comparaison des résultats de saut en longueur chez des enfants australiens de 11-12 ans entre 1985 (1967 enfants) et 2015 (1765 enfants).



Les Tests Physiques pour « savoir où on en est »

Méta-analyse de 32 études ayant analysé l'évolution des résultats aux tests de puissance et de vitesse chez les jeunes de 6 à 19 ans dans 27 pays entre 1958 et 2003 (respectivement 20 et 28 millions de sujets pour la puissance et la vitesse).





Scand J Med Sci Sports 2007: 17: 497–507
Printed in Singapore . All rights reserved
DOI: 10.1111/j.1600-0838.2006.00569.x

Global changes in anaerobic fitness test performance of children and adolescents (1958–2003)

G. R. Tomkinson

Les Tests Physiques pour « savoir où on en est »

REVIEW ARTICLE

Secular Trends in the Performance of Children and Adolescents (1980–2000)

An Analysis of 55 Studies of the 20m Shuttle Run Test in 11 Countries

Grant R. Tomkinson,[1] Luc A. Léger,[2] Tim S. Olds[1] and Georges Cazorla[3]

Analyse des résultats de 55 « rapports » ayant utilisé le test navette 20 m chez des jeunes de 6 à 19 ans entre 1981 et 2000 (129 882 jeunes dans 11 pays)

Chute des résultats dans la majorité des pays, avec en moyenne de 0,43% par an de baisse pendant les 20 ans.

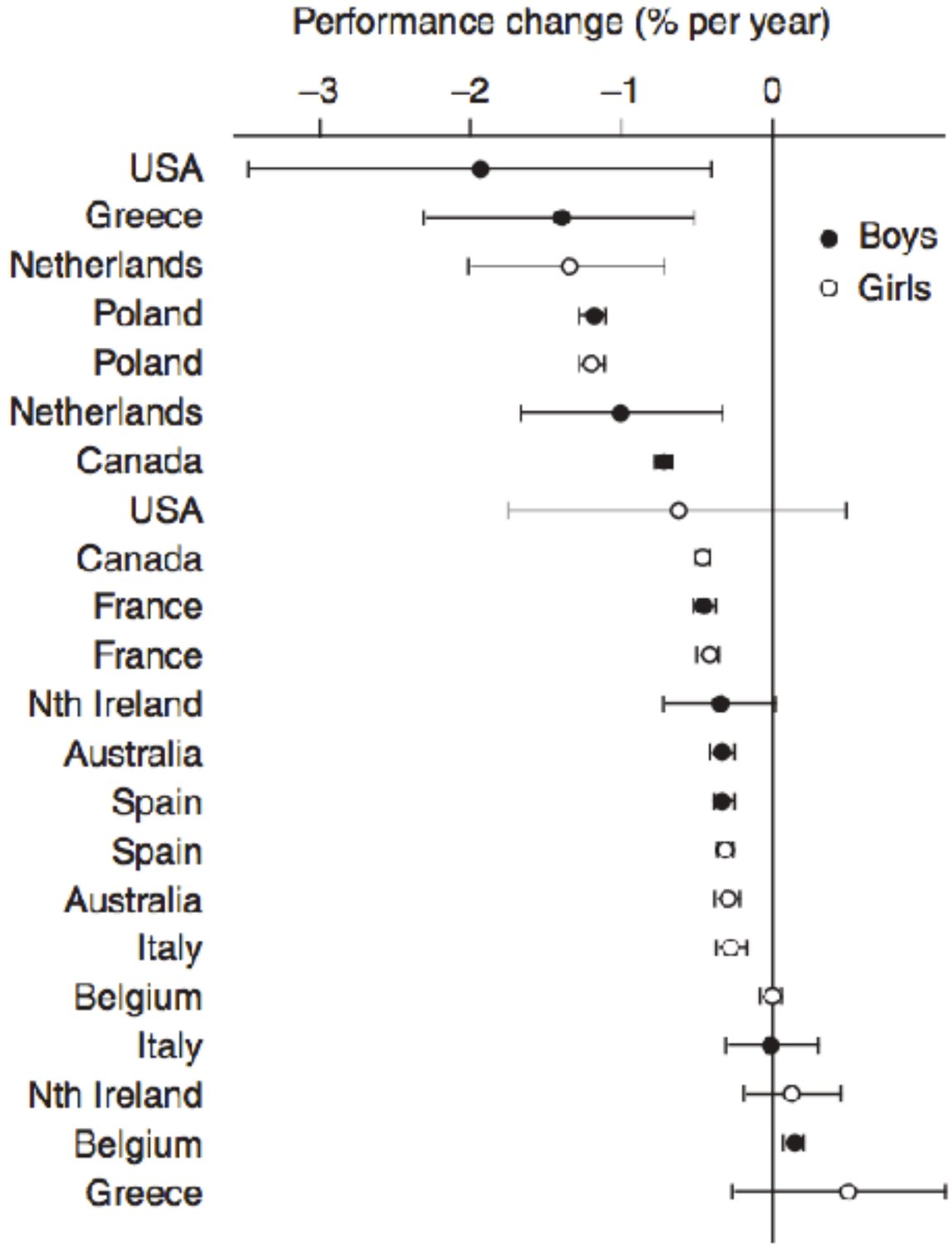


Fig. 3. Sample-weighted mean rates of change in performance (% per year) for boys and girls from the 11 countries where rates of change were calculated. The error bars show the 95% confidence intervals.

Quelles actions je peux mettre en place à l’Ecole pour améliorer la condition physique de mes élèves ?

Quels programmes marchent le mieux ?

Sports Med
DOI 10.1007/s40279-016-0480-6

SYSTEMATIC REVIEW

School-Based Interventions to Improve Cardiorespiratory Fitness in Adolescents: Systematic Review with Meta-analysis

Giseli Minatto[1] · Valter Cordeiro Barbosa Filho[2] · Juliane Berria[1] · Edio Luiz Petroski[1]

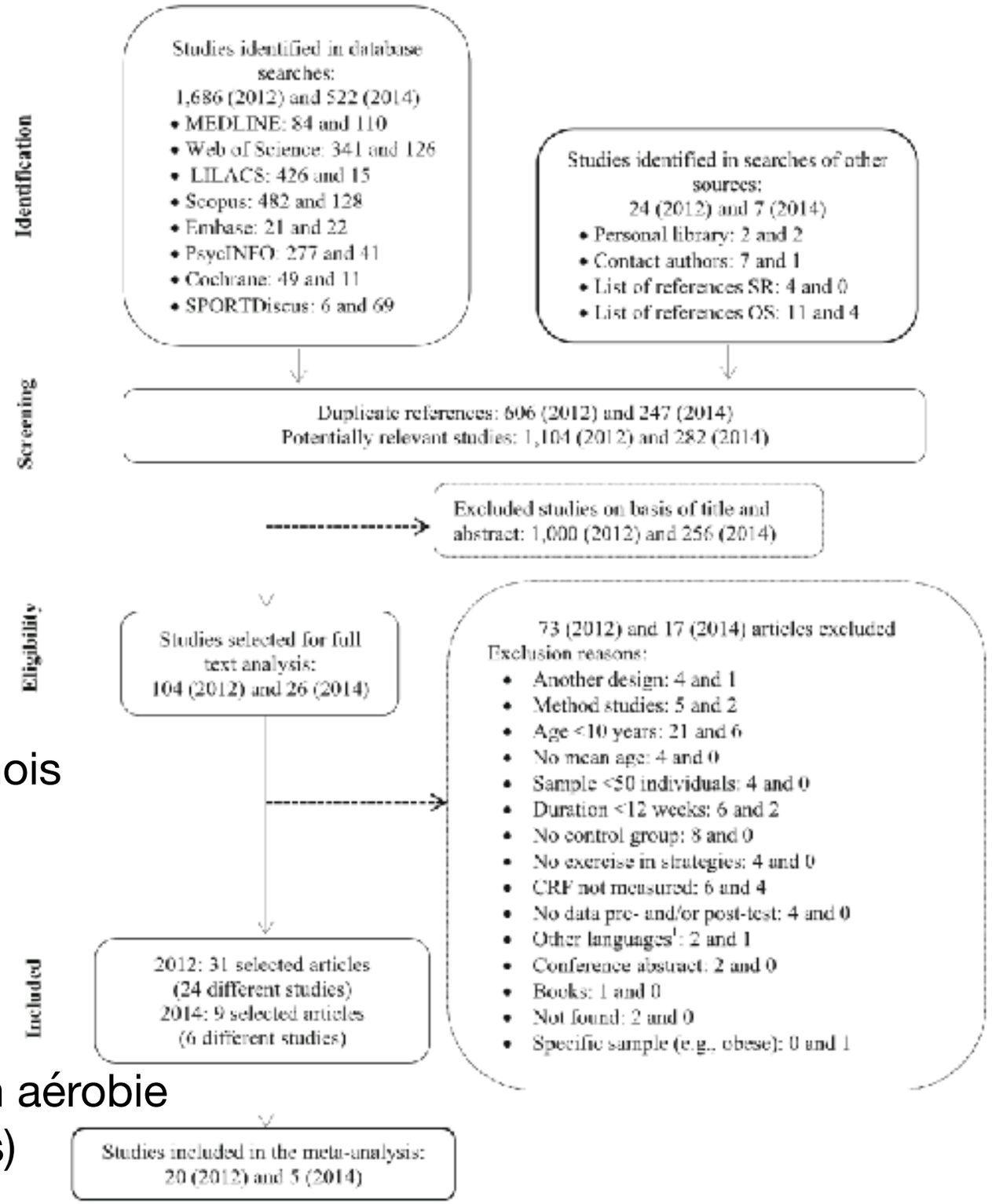
Analyse de 28 programmes d'intervention à l'école (10-19 ans) visant à améliorer les paramètres cardio-respiratoires des jeunes.

19 études sur 10-12 ans
7 sur 13-15 ans
4 sur 16-19 ans

Séances de 30 à 60 min
1 à 3 fois par semaine
Pendant 12 semaines à 3 mois

- Modification du *Curriculum* de l'EP
- Augmentation du nombre d'heures d'EP ou ajout de temps de pratique supplémentaires
- Travail sur les récréations actives

6 programmes ont proposé un entrainement en aérobie et en force (uniquement aérobie pour les autres)
5 études ont contacté ou impliqué les familles
7 études ont contrôlé l'intensité (% du max)



Quels programmes marchent le mieux ?

Table 1 Characteristics of studies related to experimental design and results presented

Identification of study					Experimental design				Results	
Authors	Location	Priority of CRF	Type of exercise (predominant)	Intensity	Session duration	Times weekly	Length	Indicator of CRF	Results by sex	Follow-up
RCT										
Bayne-Smith et al. [8]	North America	Primary	Aerobic and resistance	50–70 % of 1 MR	30 min	5 times	12 weeks	VO_{2max}	F	No
Bonhauser et al. [9]	South America	Primary	Aerobic	ND	90 min	3 times	120 weeks	VO_{2max}[a]	MF	No
Bronikowski et al. [10]	Europe	Secondary	ND	ND	ND	ND	60 weeks	Minutes	M/F	15 months
Dorgo et al. [12]	North America	Primary	Resistance Aerobic and resistance	MRT: ND MRT + E: 60 % of predicted HRmax	80 min	3 times	18 weeks	Minutes	MF	No
Dwyer et al. [14]	Australia	Primary	Skills: ND Fitness: ND	ND	Skills: 75 min Fitness: 75 min	3 times	14 weeks	VO_{2max}	M/F	2 years
Flores et al. [16]	North America	Primary	Aerobic	ND	50 min	3 times	12 weeks	Minutes	MF	No
Lindgren et al. [25]	Europe	Secondary	ND	Moderate level	Exercise: 45 min	2 times	26 weeks	VO_{2max}	F	No
Robbins et al. [30]	North America	Primary	Aerobic	ND	90 min	5 times	6 months	Laps	F	No
Vandongen et al. [34]	Australia	Primary	Aerobic	150–170 bpm	30 min	6 times	45 weeks (9 months)	Laps	M/F	No
Young et al. [36]	North America	Secondary	Aerobic	ND	45 min	5 times	8 months	HR	F	No
Cluster RCT										
Aburto et al. [7]	South America	Primary	ND	ND	50 min	2 times	6 months	Metres	MF	No
Christiansen et al. [11, 69]	Europe	Primary	Aerobic	ND	ND	ND	2 years	Metres	MF	No
Jago et al. [20, 60]	North America	Primary	ND	ND	ND	ND	2.5 years	Laps	M/F	No
Jansen et al. [21, 62]	Europe	Secondary	Aerobic	ND	ND	3 times	1 school year (~8 months)	Laps	MF	No
Reed et al. [29, 64, 65]	North America	Primary	ND	ND	PE class: 40 min PA in the classroom: 15 min/day	PE class: 2 times PA in the classroom: 5 times	11 months	Laps	MF	6 months
Singh et al. [32, 67]	Europe	Primary	ND	ND	2 hours weekly of additional PA	ND	8 months	Laps	M/F	No

Table 1 continued

Identification of study					Experimental design				Results	
Authors	Location	Priority of CRF	Type of exercise (predominant)	Intensity	Session duration	Times weekly	Length	Indicator of CRF	Results by sex	Follow-up
Walter et al. [35]	Europe	Primary	Aerobic and resistance	ND	Excercise: 45 min	1 time	1 year	VO_{2max}[a]	MF	No
N-RCT										
Dunton et al. [13, 61]	North America	Primary	Aerobic	ND	60 min	4 times	9 months	VO_{2peak}[a]	F	No
Farias et al. [15]	South America	Primary	Aerobic	>55 % of reserve HRmax	60 min	2 times	1 school year	Metres	M/F	No
Gao et al. [17, 68]	North America	Primary	Aerobic	ND	30 min	3 times	1 year	Minutes	MF	No
Halfon and Bronner [18]	Asia	Primary	Aerobic	ND	4 units: Primary: 5 min; Secondary: 7 min; Tertiary: 9 min; Quaternary: 10 min	1 time	16 weeks	Seconds	M/F	No
Herrick et al. [19, 66]	North America	Primary	Aerobic	ND	30 min	3 times	5 months	VO_{2max}	MF	No
Kain et al. [22]	South America	Primary	ND	ND	PA: 90 min/week; active break: 15 min/day	1 time	6 months	Stages	M/F	No
Kargafard et al. [23]	Asia	Primary	Aerobic	ND	90 min (60–70 min of oriented PA)	2 times	12 weeks	VO_{2max}	F	No
Knox et al. [24, 63]	Australia	Primary	Aerobic	130 bpm	60 min	2 times	18 weeks	Laps	MF	No
Pesce et al. [27]	Europe	Primary	Aerobic	ND	60 min	1 time	8 months	Stages	MF	No
Perry et al. [26]	North America	Primary	Aerobic and resistance	Aerobic: 60–75 % of predicted HRmax Resistance: 8–12 MR	Aerobic: 40–45 min Resistance: 20–30 min	1 time	6 months	HR	MF	No
Reed et al. [28]	North America	Secondary	Aerobic	ND	45 min	5 times	6 months	Minutes	M/F	No
Schneider et al. [31, 61]	North America	Primary	Aerobic	120 bpm	60 min	5 times	3 school years	VO_{2max}[a]	F	No
Stock et al. [33]	North America	Primary	Aerobic	ND	30 min	2 times	10 months	Metres	MF	No

bpm beats per minute, *CRF* cardiorespiratory fitness, *F* female only, *HR* heart rate, *HRmax* maximum heart rate, *MF* male and female together, *M/F* male and female separately, *MR* maximal repetition, *MRT* manual resistance training, *MRT + E* MRT and a cardiovascular endurance training segment in every class session, *ND* not described, *N-RCT* non-randomized controlled trial, *PA* physical activity, *PE* physical education, *RCT* randomized controlled trial, VO_{2max} maximal oxygen consumption, VO_{2peak} peak oxygen consumption

[a] Maximal test of CRF

Quels programmes marchent le mieux ?

Pas d'effet dans 14 études sur 28
Petite amélioration dans 6
Effet Moyen pour 5 et
Amélioration importante pour 3.

Tout faire à l'Ecole semble plus efficace que de demander de faire des activité dans les familles

Les études qui combinent
<u>Aérobie et Force</u>
semblent plus efficaces que celles ciblant l'Aérobie seule

Les études qui contrôlent l'intensité de l'activité ne semblent pas plus efficace que les autres

Les études dont la durée de chaque intervention est > 60 min semblent plus efficaces

Les études focalisées sur les filles n'ont pas montré d'effet

La durée de l'EP scolaire « classique » ne suffit pas

Study or Subgroup	Experimental Mean	SD	Total	Control Mean	SD	Total	Weight	Std. Mean Difference IV, Random, 95% CI
Your							3.6%	-0.16 [-0.44, 0.12]
Stoc							3.6%	-0.03 [-0.32, 0.26]
Chri							3.8%	0.01 [-0.13, 0.14]
Jago							3.8%	0.01 [-0.05, 0.07]
Sing							3.8%	0.05 [-0.08, 0.17]
Jans							3.8%	0.06 [-0.05, 0.17]
Karg							3.6%	0.11 [-0.18, 0.39]
Bayne-Smith et al. [8]	2	3.292	285	1.5	3.767	102	3.7%	0.15 [-0.08, 0.37]
Knox et al. [24]	-1	13	69	-3	8	43	3.5%	0.17 [-0.21, 0.56]
Pesc							3.5%	0.19 [-0.16, 0.54]
Vand							3.7%	0.20 [-0.02, 0.43]
Dwy							3.7%	0.23 [0.02, 0.45]
Vand							3.7%	0.26 [0.03, 0.48]
Herr							3.4%	0.26 [-0.14, 0.66]
Schneider et al. [31]	0.98	6.607	63	-0.86	5.531	59	3.5%	0.30 [-0.06, 0.66]
Farias et al. [15]	83.87	302.01	186	-8.2	310.56	197	3.7%	0.30 [0.10, 0.50]
Dunt							3.5%	0.42 [0.07, 0.77]
Walt							3.6%	0.44 [0.13, 0.74]
Kain							3.8%	0.45 [0.37, 0.53]
Robl							3.1%	0.51 [-0.04, 1.06]
Flore							3.3%	0.53 [0.08, 0.97]
Gao							3.6%	0.55 [0.29, 0.81]
Ree							3.6%	0.60 [0.33, 0.88]
Bronikowski et al. [10]	1.15	2.617	71	-0.8	2.603	66	3.5%	0.74 [0.40, 1.09]
Dwyer et al. 'Fitness' [14]	2.42	1.815	168	1.24	1.24	161	3.7%	0.75 [0.53, 0.98]
Dorg							3.4%	3.50 [3.11, 3.90]
Perr							3.1%	3.96 [3.42, 4.51]
Dorg							3.2%	5.73 [5.20, 6.26]
Tota							**0.0%**	**0.68 [0.45, 0.90]**

Heterogeneity: Tau² = 0.34; Chi² = 1028.73, df = 27 (P < 0.00001); I² = 97%
Test for overall effect: Z = 5.92 (P < 0.00001)

-4 -2 0 2 4
Favours [control] Favours [intervention]

Fig. 2 pirato and ex the effect size and 95 % confidence interval (95 % CI) for each study included in the meta-analysis, and overall average of SMDs (with

95 % CI). *df* degrees of freedom, *Fit* fitness, *IV* inverse variance, *MRT* manual resistance training, *MRT + E* MRT and a cardiovascular endurance training segment in every class session, *SN* school nutrition, *Std* standardized

Une EPS focalisée sur le développement « foncier »

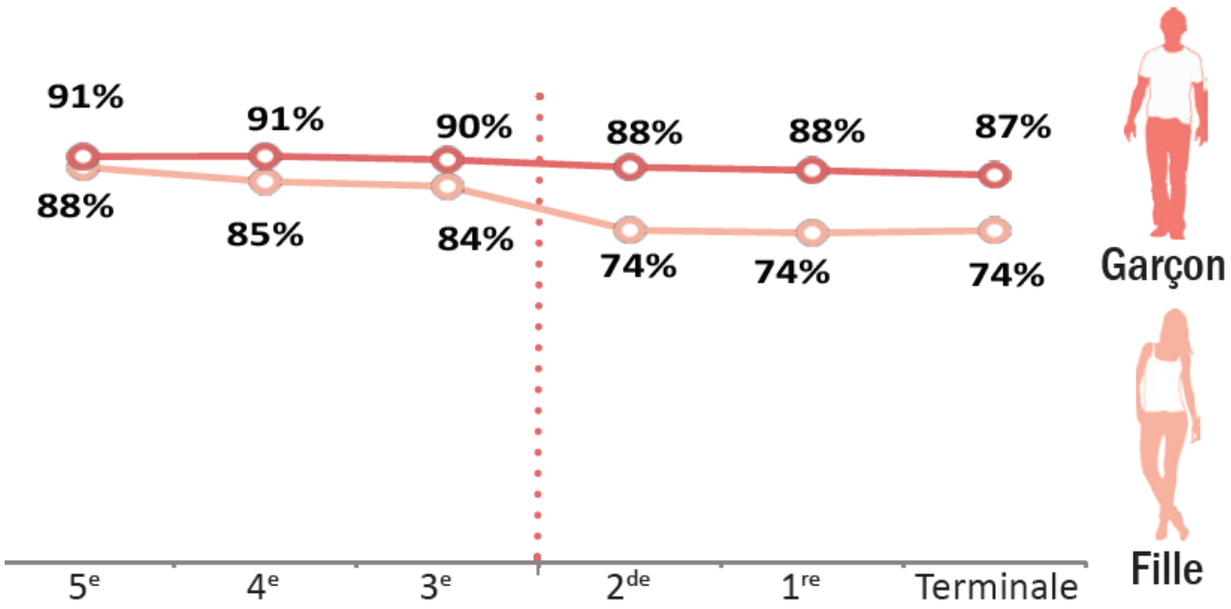
C. Gindre, Revue EPS 286 de 2000

F. Lab, Revue EPS 258 de 1996

Utiliser les tests physiques pour « cibler » les élèves « à risque » ?

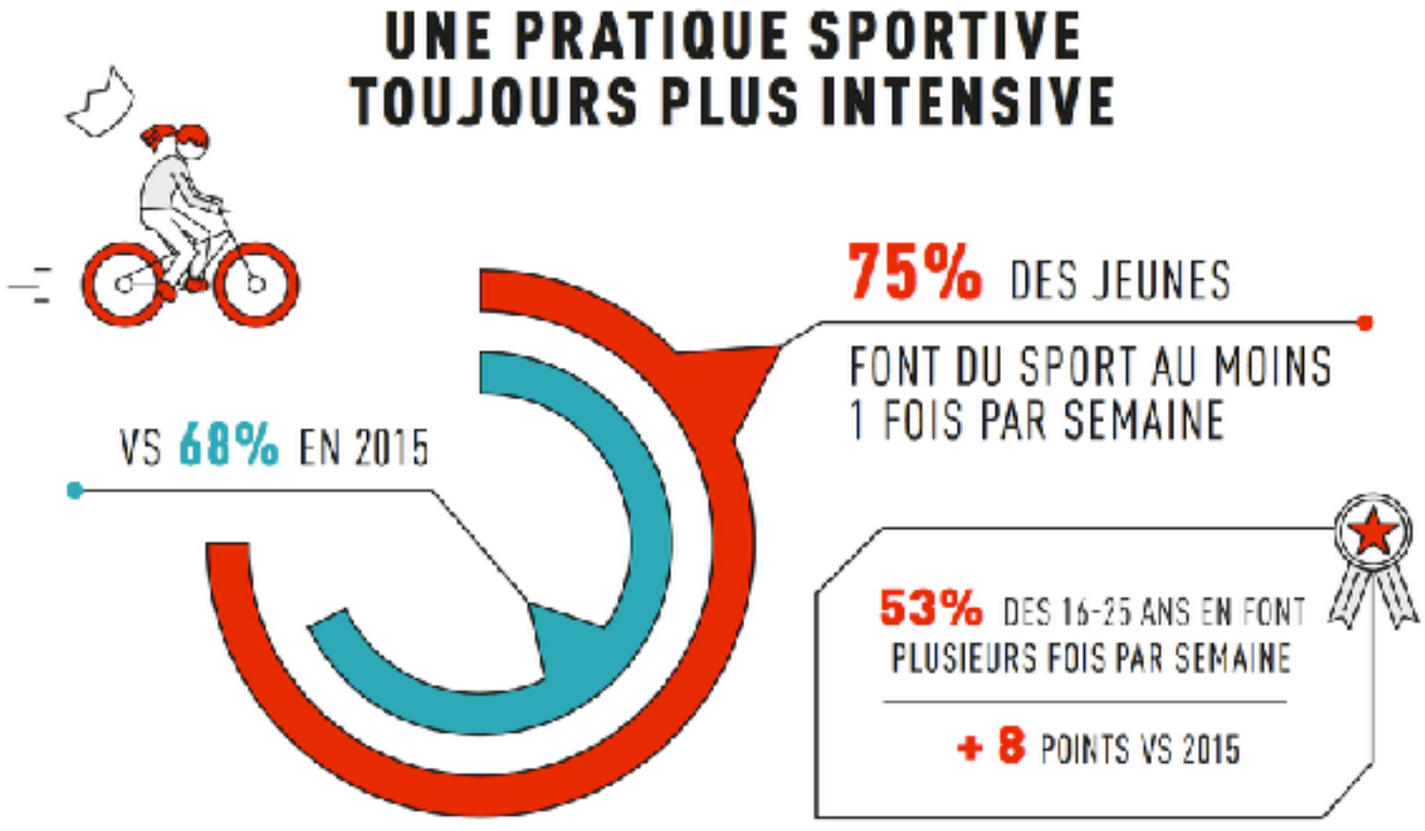
25% des élèves seraient à risque

Pratique d'une activité hebdomadaire physique ou sportive, en dehors du sport à l'école, selon le sexe et le niveau



La santé des jeunes en Bretagne en 2017 - Exploitation ORS Bretagne.

Enquête publiée en Janvier 2019 par « L'observatoire des pratiques sportives des 16-25 ans », crée en 2016 par l'UCPA, la FAGE et l'UNEF



Les tests physiques me permettent de les identifier

Quelle devrait être la « ligne rouge » sous laquelle les enfants et adolescents ne devraient pas se situer en terme d'aptitude cardiorespiratoire ?

- **< 42 and 35 mL/kg/min pour les garçons et les filles, respectivement.**
- **Soit < de 6 et 3 paliers réalisés au test de course navette pour les garçons et les filles, âgés de 15 ans, respectivement.**
- **Ces seuils permettent d'identifier les enfants et adolescents qui pourraient bénéficier d'un programme de prévention cardiovasculaire.**

Ruiz et al., Br J Sports Med. 2016

Les tests physiques me permettent de les identifier…

PLOS ONE | August 1, 2018

Cardiorespiratory fitness in children: Evidence for criterion-referenced cut-points

Diego Augusto Santos Silva[1,2☯], Justin J. Lang[1,3☯], Joel D. Barnes[1☯], Grant R. Tomkinson[4,5☯], Mark S. Tremblay[1☯*]

Methods

A total of 8,740 children aged 10.1±1.2 were recruited from 11 sites across Canada. CRF was assessed using 20mSRT reported as running speed at the last completed stage, number of completed laps and predicted $\dot{V}O_{2peak}$, which was estimated at the age by sex level using the Léger et al. and FitnessGram equations. Body mass index and waist circumference z-scores were used to identify obesity. Receiver operating characteristic (ROC) curves and logistic regression determined the discriminatory ability of CRF for predicting obesity.

Results

20mSRT had satisfactory predictive ability to detect obesity estimated by BMI, WC, and BMI and WC combined (area under the curve [AUC]>0.65). The FitnessGram equation (AUC>0.71) presented somewhat higher discriminatory power for obesity than the equation of Léger et al. (AUC>0.67) at most ages. Sensitivity was strong (>70%) for all age- and sex-specific cut-points, with optimal cut-points in 8- to 12-year-olds for obesity identified as 39 mL•kg^{-1}•min^{-1} (laps: 15; speed: 9.0 km/h) and 41 mL•kg-^{1}•min^{-1} (laps: 15–17; speed: 9.0 km/h) for girls and boys, respectively.

8-12 ans

9 km/h

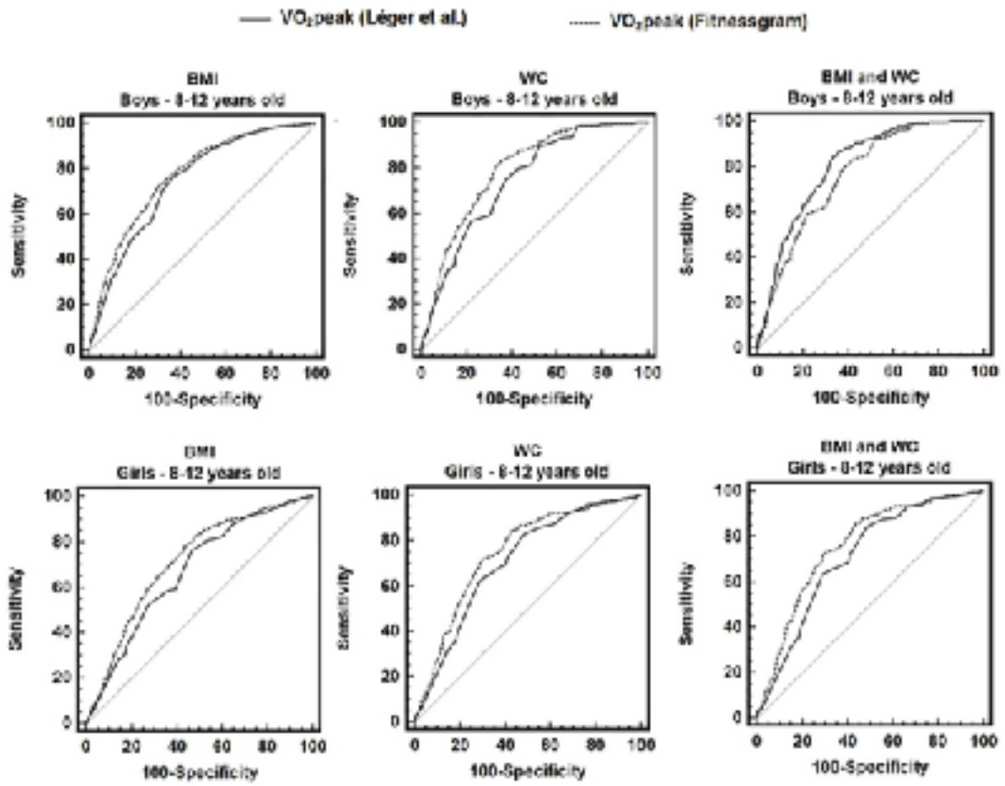


Fig 1. Receiver operating characteristic curve of VO_{2peak} estimated by the Léger et al. and FitnessGram equations to detect obesity in boys and girls according to body mass index (BMI), waist circumference (WC), and the combination between BMI and WC.

Du coup on cible les petits gros ?

RESEARCH ARTICLE Open Access

A randomized controlled trial on a multicomponent intervention for overweight school-aged children – Copenhagen, Denmark

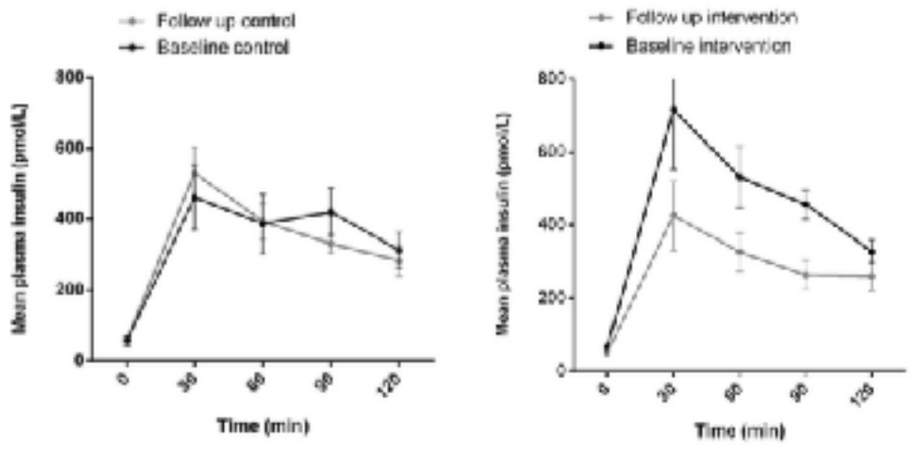
Nina Majlund Harder-Lauridsen[1*], Nina Marie Birk[1], Mathias Ried-Larsen[1], Anders Juul[2], Lars Bo Andersen[3], Bente Klarlund Pedersen[1] and Rikke Krogh-Madsen[1]

Background: Obesity amongst children is a growing problem worldwide. In contrast to adults, little is known on the effects of controlled weight loss on components of the metabolic syndrome in children. The primary aim of the study was to evaluate the effects of a 20-week exercise and diet guidance intervention on body mass index (BMI) in a group of overweight children. Our hypothesis was an observed reduction in BMI and secondarily in body fat content, insulin insensitivity, and other components of the metabolic syndrome in the intervention group.

Methods: School children from Copenhagen were randomly allocated to an intervention group (n = 19) or a control group (n = 19). Anthropometric assessment, whole body dual-energy X-ray absorptiometry scan, two hours oral glucose tolerance test, steps measured by pedometer, and fitness tests were measured at baseline and at 20 weeks.

Results: Thirty-seven children (30 girls) participated at baseline, aged 8.7 ± 0.9 years with a BMI of 21.8 ± 3.7 kg/m^2 (mean ± SD), and 36 children completed the study. The intervention group decreased their BMI (the intervention effect is the difference in change between the groups adjusted for the respective baseline values (DELTA) = −2.0 kg/m^2, 95% CI: −2.5; −1.5, P <0.001), total body mass (DELTA = −4.0 kg, 95% CI: −4.9; −3.0, P <0.001), and fat mass (DELTA = −3.3 kg, 95% CI: −4.2; −2.7, P <0.001) compared to the control group after the intervention. The intervention group displayed decreased waist, hip and waist-to-height ratio (WHtR) (all three variables; P <0.001), area under curve for plasma insulin (P <0.05), and increased mean and minimum steps/day (P <0.05 and P <0.01, respectively).

Conclusions: The multicomponent intervention had significant favorable effects on BMI, weight, WHtR, mean and minimum steps/day, and fat mass. In addition, similar beneficial metabolic effects were found in the children as shown in adults, e.g. increase in peripheral insulin sensitivity.



the health of children. Parents with overweight children (n = 867) were invited to participate in early evening information meetings about the intervention program and the tests at Rigshospitalet. All the potential participants attending the information meetings were screened for inclusion.

Inclusion criteria was overweight defined as a BMI above the 90% percentile (thus also including obesity which is defined as a BMI above the 99% percentile) on the BMI curve (guidelines from the Danish Paediatric Society on age- and gender specific BMI curves) [20] at inclusion

Intervention

The intervention was conducted by a private association, and was initiated the week after baseline measurements. The intervention consisted of a) 60 minutes weekly group training session of the children at schools close to the children's residences, b) 90 minutes weekly group training session of the children, their parents, and siblings at a municipal fitness club, c) individual nutritional guidance and coaching of the children and their families (twice during the program), and d) common cooking and dining with the children and their families (twice during the program). The weekly training session for the children alone began with a 15 minute talk about the past week and the well-being of the children, followed by 45 minutes of continual exercise, games, and dancing. The weekly training

PREVENTING CHRONIC DISEASE
PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY
Volume 14, E142 DECEMBER 2017

ORIGINAL RESEARCH

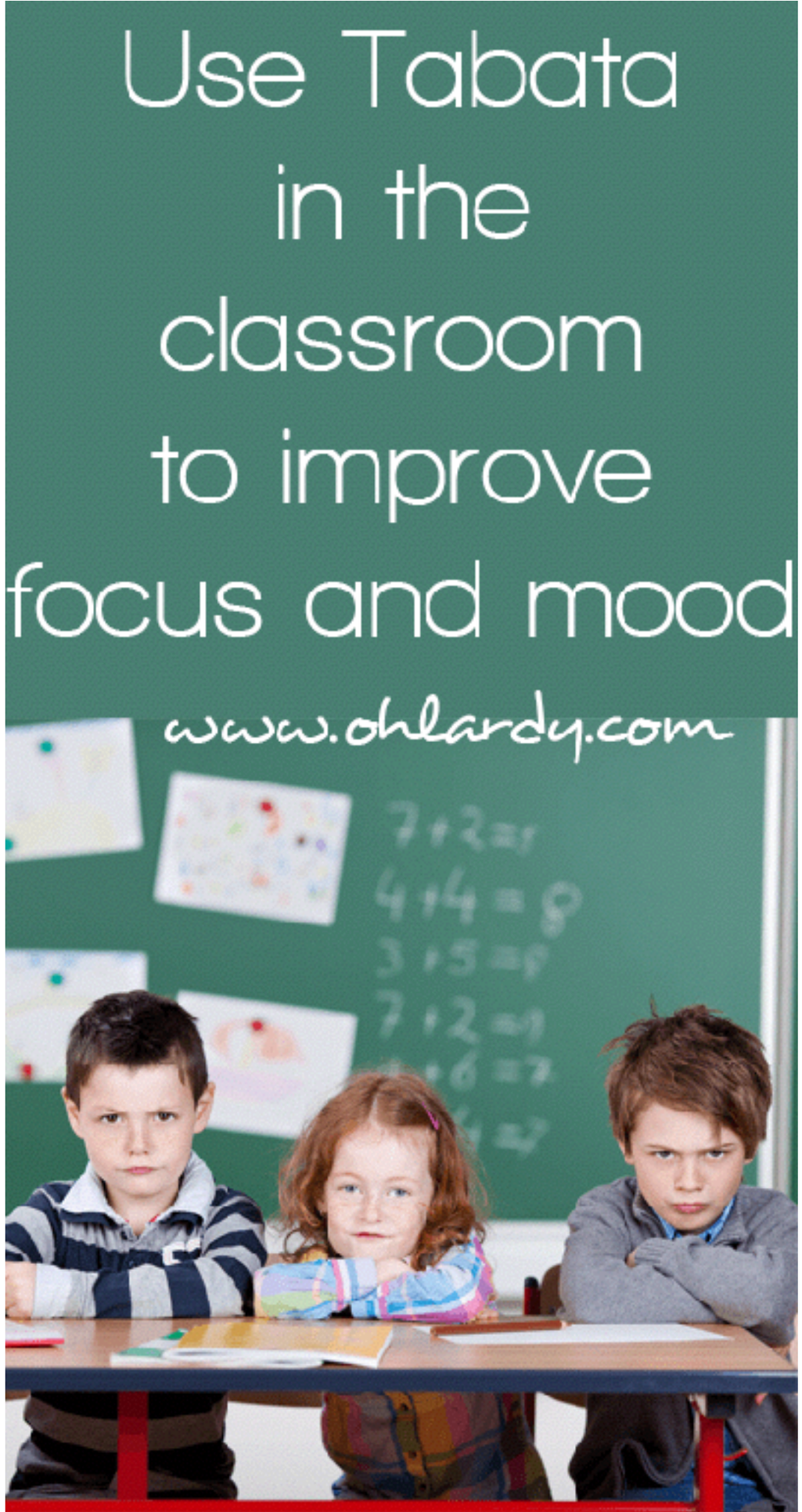
Obesity Prevention Interventions in US Public Schools: Are Schools Using Programs That Promote Weight Stigma?

Erica L. Kenney, ScD[1]; Suzanne Wintner, MSW, MPH[2]; Rebekka M. Lee, ScD[1]; S. Bryn Austin, ScD[1,3]

Results

Slightly less than half (n = 117, 47.4%) of schools offered any obesity prevention program. Only 17 (6.9%) reported using a pre-developed program, and 7 (2.8%) reported using a program with evidence for effectiveness. Thirty-seven schools (15.0%) reported developing intervention programs that focused primarily on individual students' or staff members' weight rather than nutrition or physical activity; 28 schools (11.3% of overall) used staff weight-loss competitions. School administrators who reported implementing a program were more likely to describe having a program champion and adequate buy-in from staff, families, and students. Lack of funding, training, and time were widely reported as barriers to implementation. Few administrators used educational (n = 12, 10.3%) or scientific (n = 6, 5.1%) literature for wellness program decision making.

Et en dehors des cours d’EPS,
qu’est-ce que je peux faire ?



Health

4-MINUTE FAT-BLASTING TABATA WORKOUT

No equipment needed!

SQUAT JUMPS 20 Seconds

REST 10 Seconds

PUSH-UPS 20 Seconds

REST 10 Seconds

BURPEES 20 Seconds

REST 10 Seconds

SIT-UPS 20 Seconds

REST 10 Seconds

SQUAT JUMPS 20 Seconds

REST 10 Seconds

PUSH-UPS 20 Seconds

REST 10 Seconds

BURPEES 20 Seconds

REST 10 Seconds

SIT-UPS 20 Seconds

REST 10 Seconds

The aim of the Daily Mile is to improve the physical, emotional and social health and wellbeing of our children .

The Daily Mile™

The Daily Mile is not PE, cross-country or sport. It is physical, emotional, social and mental Health and Wellbeing.

When: Every Monday, Wednesday and Thursday at Break Time

Who with: Meet Mr Kendall, Mr Senior or Mr Feighan at the start point.

Where: First Astro-Turf near Changing Rooms.

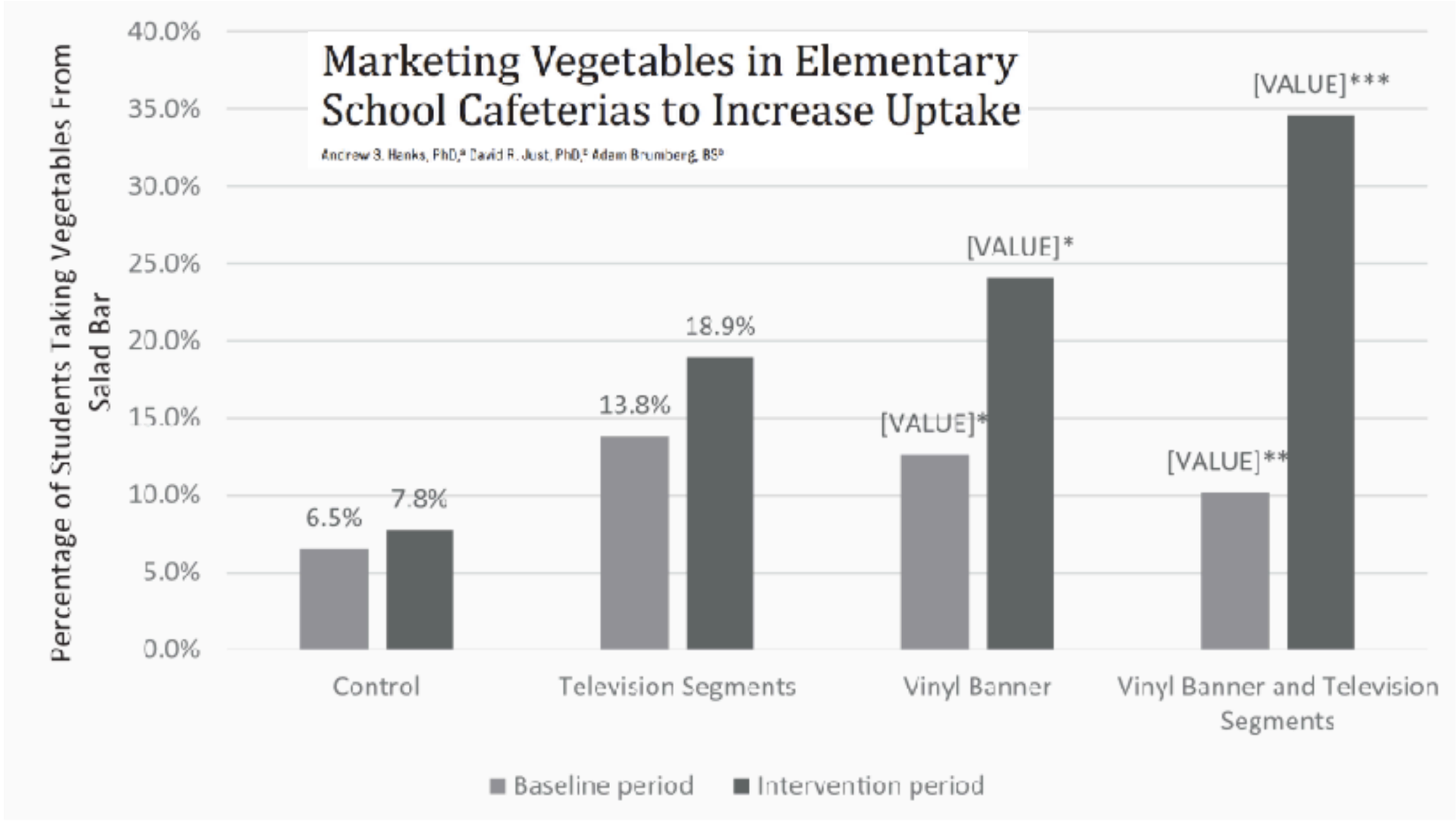
How Far: 9 Laps of the yellow football pitch = 1 Mile

Weekly rewards given in Assembly for children who take part, try hard and have fun.

You can Run, Jog, or Walk. Its up to you.


PEDIBUS

C’est l’école Anatole-France, à Louviers, qui a été choisie pour mener ce test, sur deux ans. Il a été proposé aux enfants (et à leur parents), d’emprunter, à partir du 3 janvier 2017, le **S’Cool** bus pour aller à l’école.



WHAT'S KNOWN ON THIS SUBJECT: Children do not eat enough fruits and vegetables and are often inundated with advertisements for less nutritious foods. In fact, many experts have called for bans on food advertising to children.

WHAT THIS STUDY ADDS: This research builds on previous work that illustrates how branded media that appeal to children can lead both boys and girls to take more fresh vegetables.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

indulgently.[3] How can we make healthy foods just as appealing as more classically indulgent and unhealthy foods? Because healthy foods are routinely labeled with fewer appealing descriptors than standard foods,[1] this study tested whether labeling vegetables with the flavorful, exciting, and indulgent descriptors typically reserved for less healthy foods could increase vegetable consumption.

Methods | The study was conducted in a large university cafeteria serving a mean (SD) 607 (52) diners per weekday lunch (52.5% undergraduate students, 32.5% graduate students, 15.1% staff/other). The Stanford University institutional review board approved this study and waived informed consent. Data were collected each weekday for the 2016 autumn academic quarter (n = 46 days). Each day, one featured vegetable was randomly labeled in 1 of 4 ways: basic, healthy restrictive, healthy positive, or indulgent (Table). No changes were made to how the vegetables were prepared or served. Each day research assistants discretely recorded the number of diners selecting the vegetable and weighed the mass of vegetables taken from the serving bowl. We predicted that vegetables labeled with in-

Association Between Indulgent Descriptions and Vegetable Consumption: Twisted Carrots and Dynamite Beets

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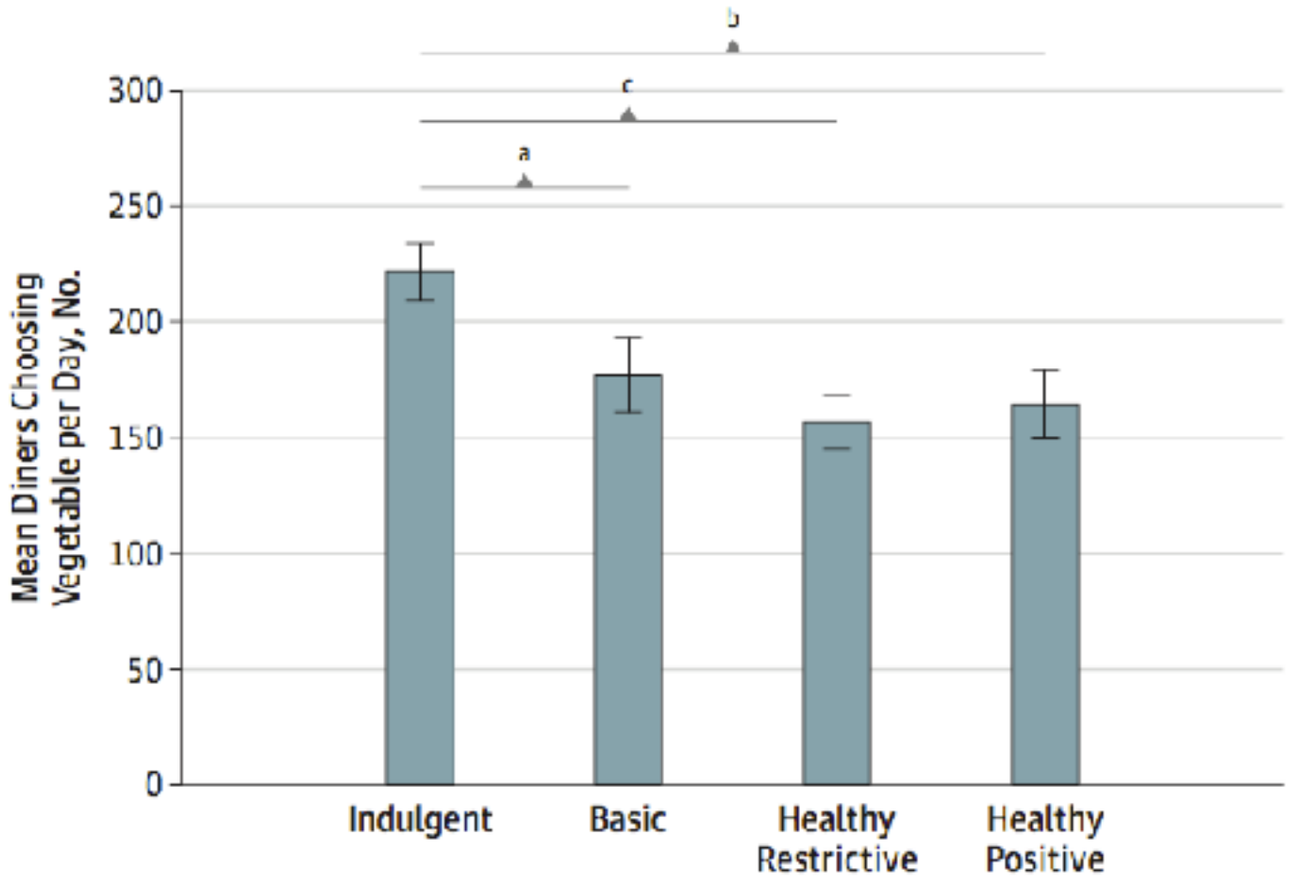


Table. Example Vegetable Descriptions by Condition

Indulgent	Basic	Healthy Restrictive	Healthy Positive
Dynamite chili and tangy lime-seasoned beets	Beets	Lighter-choice beets with no added sugar	High-antioxidant beets
Rich buttery roasted sweet corn	Corn	Reduced-sodium corn	Vitamin-rich corn
Sweet sizzlin' green beans and crispy shallots	Green beans	Light 'n' low-carb green beans and shallots	Healthy energy-boosting green beans and shallots
Zesty ginger-turmeric sweet potatoes	Sweet potatoes	Cholesterol-free sweet potatoes	Wholesome sweet potato superfood
Twisted garlic-ginger butternut squash wedges	Butternut squash	Butternut squash with no added sugar	Antioxidant-rich butternut squash
Slow-roasted caramelized zucchini bites	Zucchini	Lighter-choice zucchini	Nutritious green zucchini
Tangy ginger bok choy and banzai shiitake mushrooms	Bok choy and mushrooms	Low-sodium bok choy and mushrooms	Wholesome bok choy and mushrooms
Twisted citrus-glazed carrots	Carrots	Carrots with sugar-free citrus dressing	Smart-choice vitamin C citrus carrots

60 questions sur : alimentation et activité physique, activités de loisirs, consommation de substances addictogènes, santé sexuelle, violences et blessures, culture familiale, culture des pairs, santé positive, environnement scolaire, inégalités sociales.

For over 30 years HBSC has been a pioneer cross-national study gaining insight into young people's well-being, health behaviours and their social context. This research collaboration with the WHO Regional Office for Europe is conducted **every four years in 48 countries and regions across Europe and North America**. With adolescents making about one sixth of the world's population, HBSC uses its findings to inform policy and practice to improve the lives of millions of young people.

Youth Risk Behavior Surveillance System (YRBSS)

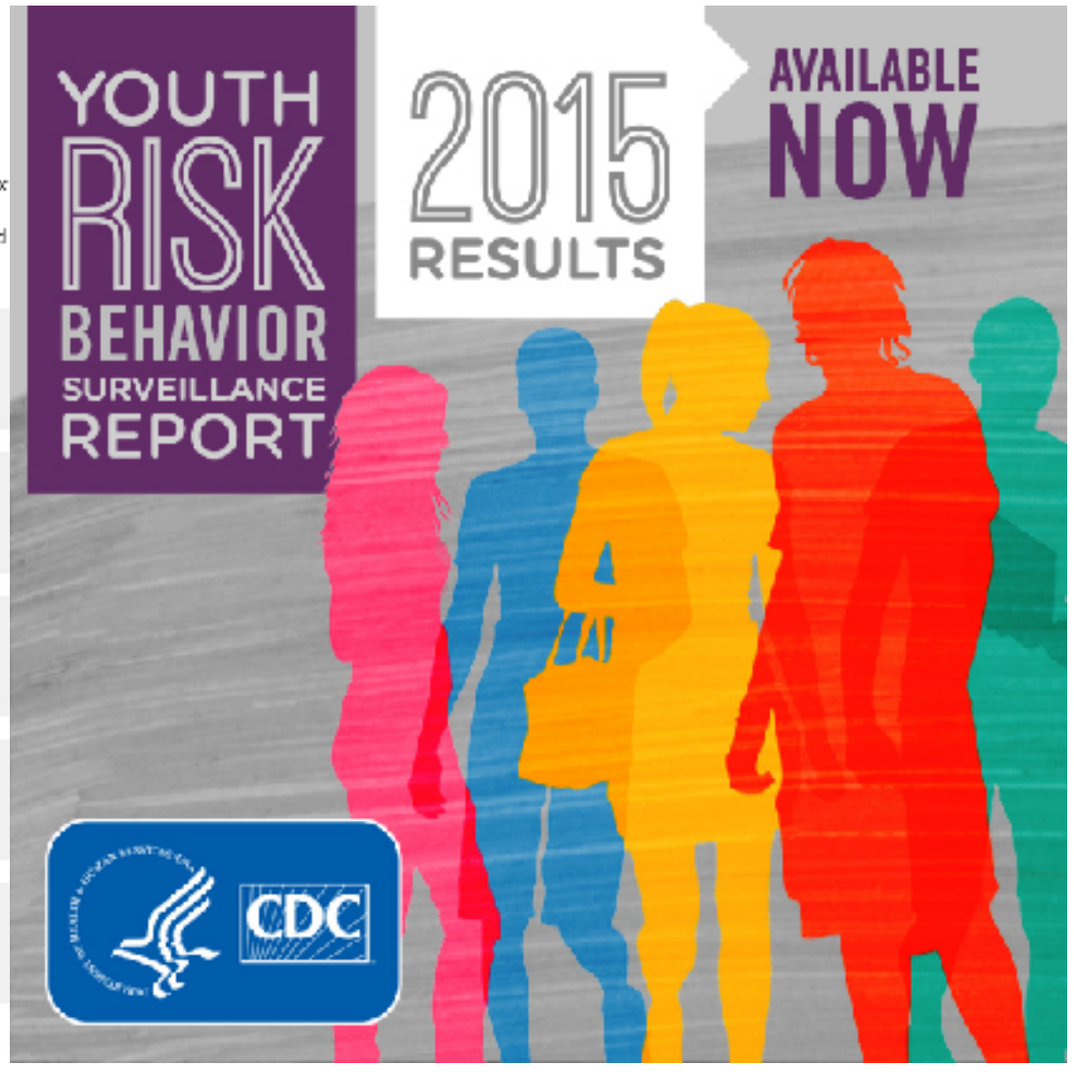
NEW 2017 YRBS Data and Results are Now Available!

The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults, including—

- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors related to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

YRBSS also measures the prevalence of obesity and asthma and other health-related behaviors plus sexual identity and sex

YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted education and health agencies and tribal governments.



CREPS BZH

Centre **R**essource des **E**coles **P**romotrices de **S**anté en **B**retagne

Ce centre ressource devrait voir le jour prochainement.
Un des objectifs est de mutualiser les initiatives trop souvent méconnues des enseignants d'EPS en matière de promotion de la santé.
Un autre objectif est de proposer des ressources aux enseignants qui souhaitent s'engager dans un programme de promotion de la santé.