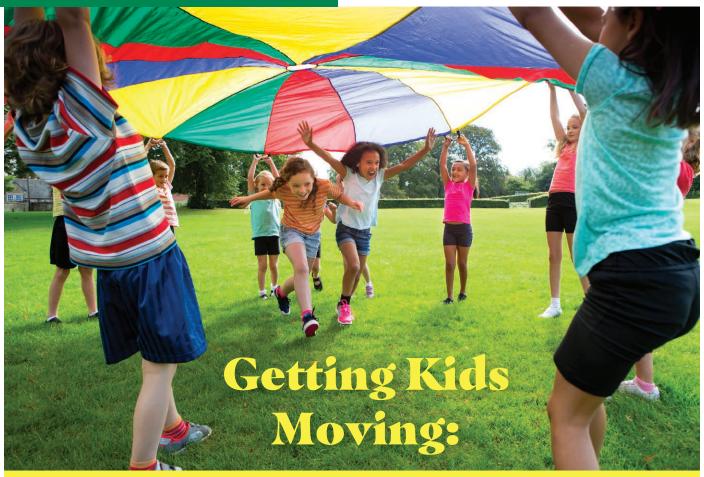
THEORY INTO PRACTICE

Column Editor: Anthony Parish



A Schoolwide Approach

By Josh Van Pelt

oday, one in three children in the United States is considered overweight or obese (Kriemler et al., 2010). This problem is on the rise due to a decrease in physical activity, which has led to a variety of health-related concerns. Changes in healthy behaviors are rarely seen from childhood to adulthood. There is therefore more emphasis on promoting and teaching healthy and active lifestyle choices at an earlier age. The lack of regular physical activity increases the risk for children having severe health problems later in life, such as cardiovascular disease, type 2 diabetes, high blood pressure and high cholesterol levels (Simons-Morton, Parcel, Baranowski, Forthofer, & O'Hara, 1991). Additionally, other types of health concerns can also be connected to this reduction in physical activity, including overall decreases in physical fitness, psychological-related issues, and bone-density health. With the advent of modern medicine, the 20th century has seen a shift in public health concerns from infectious diseases to chronic diseases stemming from the lack of physical activity (Kimm & Obarzanek, 2002).

In taking a deeper look at the reasons for the decrease in physical activity, factors related to environment and advanced technology seem to be heavy causal factors. There is little doubt that readily accessible electronic and screen-based entertainment now consumes a significant amount of children's leisure time (Dollman, Norton, Norton, & Cleland, 2005). Data has shown that children ages five to 14 years old are watching more than 20 hours of television each week and that the advancement in computers and tablets is only compounding screentime numbers. The physical environment also plays a partial role in the decrease of physical activity because space for children to move around outside is being jeopardized by continued urban sprawl. Because of this increased congestion, parents are concerned for their children's safety when they are performing simple activities like riding a bike, running or playing active games such as football, basketball, soccer, etc.

Getting children moving definitely leads to increased health benefits not only during the early developmental years, but into early adulthood too (Timmons, Naylor, & Pfeiffer, 2007; Zahner et al., 2006). Even with the rise in sedentary behavior, surveys completed by children have shown that participation in physical activity is still something they enjoy doing (Dollman et al., 2005). A better delivery method for the promotion of physical activity and its benefits may be what is needed to turn around these prevalent unhealthy trends. With students spending most of their daily hours at school, it only makes sense that the school is in a pivotal position to change children's present sedentary lifestyle (Zahner et al., 2006). Physical education programs in schools provide a great venue for substantive change; administrators can review the nature of the overall curriculum and reflect on those activities that guide teaching (Datar & Sturm, 2004).

Nationally, physical education contact hours are decreasing due to budget constraints, overcrowding, and a curricular increase in traditional academic time. To combat the reduction of physical education in the school curriculum, Kriemler et al. (2010) suggested that adding a multicomponent intervention program to the daily school process can be an effective method for getting children to move more, not only during the regular school day but also before and after school.

A comprehensive school physical activity program (CS-PAP) utilizes the strengths of a multicomponent approach to create physically active opportunities throughout the school day in order to meet the nationally recommended 60 minutes of physical activity per day. Such a program also promotes the development of knowledge, skills and confidence needed to make a lifetime commitment to being physically active (Burns, Brusseau, & Hannon, 2015). In a CSPAP, physical education sits at the center and provides the foundation for the entire process. Physical education class provides an opportunity for each child to learn. The content is age-appropriate and is driven by assessment to monitor the learning that is taking place. Before-school and after-school programs are provided for continued physical engagement during typical sedentary times at school. Students can practice what they are learning in physical education, continue working toward

their daily movement time, and be mentally ready for a day of learning and engagement in activities that lead to a healthy, fulfilling life (Carlson et al., 2008). During school hours, students are given physical activity breaks in a variety of settings such as recess and in the classroom. Teachers prepare lessons that specifically integrate physical activity within core subject areas to promote a physically active environment. In addition to physical activity integration, teachers also provide random physical activity breaks throughout the day such as marching or running in place, stretching, squats or running multiple laps around the classroom to get kids moving during mini breaks (Burns et al., 2015).

A CSPAP works to provide additional physically active opportunities that incorporate staff, families and the community. To support a physically active environment, attention must be given to addressing the health of the staff and providing ways for them to engage in wellness programs that promote and improve their personal health. Through this support, staff can also become more involved in supporting each component of the CSPAP and can create an environment that naturally advocates for the importance of being active (Sallis et al., 2001). This support enables the staff to become positive role models for students as they commit to better health practices themselves. Research has shown that students are more likely to participate in daily physical activity if their parents and siblings also show an interest (Van Sluijs, McMinn, & Griffin, 2007). Providing school-based physical activity programs in the evenings allows families to become active together and experience the positive health benefits associated with daily exercise. Involvement with organizations in the community through a CSPAP allows for additional resources to support the health initiatives at school, while also bringing awareness to the various activities available within the community.

A comprehensive approach that utilizes multiple avenues to maximize opportunities to provide physical activity for students at school is a must. Studies have shown how valuable such an approach is to improving the amount of time a student is engaged in physical activity, not only during a day but during an entire week. Our nation is facing an obesity-related health epidemic that is increasing the propensity of people to suffer from chronic diseases later in life. Although research has shown the benefits of being involved in daily physical activity, many people are not choosing to make it a part of their daily practice. Research also has shown us that establishing lifelong healthy eating and exercise habits at an early age helps us to continue these habits throughout adulthood. A comprehensive school physical activity program harnesses a strong social and culturally supportive environment as it takes into consideration each component that can support the establishment of a healthy, active lifestyle at an early age.

References

Burns, R., Brusseau, T. A., & Hannon, J. (2015). Effect of a comprehensive school physical activity program on school day step counts in children. Journal of Physical Activity, 12, 1536-1542. doi:10.1123/ jpah.214-0578

- Carlson, S. A., Fulton, J. E., Lee, S. M., Maynard, L. M., Brown, D. R., Kohl, H. W., III, & Dietz, W. H. (2008). Physical education and academic achievement in elementary school: Data from the Early Childhood Longitudinal Study. American Journal of Public Health, 98, 721-727. doi:10.2105/AJPH.2007.117176
- Datar, A., & Sturm, R. (2004). Physical education in elementary school and body mass index: Evidence from the Early Childhood Longitudinal Study. American Journal of Public Health, 94, 1501-1506. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/ PMC1448481
- Dollman, J., Norton, K., Norton, L., & Cleland, V. (2005). Evidence for secular trends in children's physical activity behaviour. British Journal of Sports Medicine, 39, 892-897. doi:10.1136/bjsm.2004.016675
- Kimm, Y. S., & Obarzanek, E. (2002). Childhood obesity: A new pandemic of the new millennium. Pediatrics, 110, 1003-1007. doi:10.1542/peds.110.5.1003
- Kriemler, S., Zahner, L., Schindler, C., Meyer, U., Hartmann, T., Hebestreit, H., & Puder, J. J. (2010). Effect of school based physical activity programme (KISS) on fitness and adiposity in primary schoolchildren: Cluster randomised controlled trial. BMJ, 340, c785. doi:10.1136/bmj.c785
- Sallis, J. F., Conway, T. L., Prochaska, J. J., McKenzie, T. L., Marshall, S. J., & Brown, M. (2001). The association of school environments with youth physical activity. American Journal of Public Health, 91, 618-620. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/ar ticles/PMC1446652
- Simons-Morton, B. G., Parcel, G. S., Baranowski, T., Forthofer, R., & O'Hara, N. M. (1991). Promoting physical activity and a healthful diet among children: Results of a school-based intervention study. American Journal of Public Health, 81, 986-991. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1405714
- Timmons, B. W., Naylor, P., & Pfeiffer, K. A. (2007). Physical activity for preschool children - how much and how? Canadian Journal of Public Health, 98(Suppl. 2), 122-134. doi:10.1139/H07-112
- Van Sluijs, E. M. F., McMinn, A. M., & Griffin, S. J. (2007). Effectiveness of interventions to promote physical activity in children and adolescents: Systematic review of controlled trials. BMJ, 335, 703. doi:10.1136/bmj.39320.843947.BE

Zahner, L., Puder, J. J., Roth, R., Schmid, M., Guldimann, R., Pühse, U., & Kriemler, S. (2006). A school-based physical activity program to improve health and fitness in children aged 6-13 years ("Kinder-Sportstudie KISS"): Study design of a randomized controlled trial [ISRCTN15360785]. BMC Public Health, 6, 147. doi:10.1186/1471-2458-6-147

Josh Van Pelt (kvanpelt@cn.edu) is a physical education teacher in the Knox County School District in Knoxville, TN, and a health and wellness professional learning specialist lecturer at Carson Newman University in Jefferson City, TN.

Submissions Welcome!

Readers are encouraged to send "Theory into Practice" submissions to column editor Anthony Parish at anthony.parish@armstrong.edu.

The purpose of the *Strategies* column "Theory into Practice" is to distill high quality research into understandable and succinct information and to identify key resources to help teachers and coaches improve professional practice and provide high quality programs. Each column (1,000-1,300 words or roughly four typed, double-spaced pages) summarizes research findings about a timely topic of interest to the readership to enable practitioners to apply research, knowledge and evidence-based practice in physical education and sports.

Advertiser Index

SHAPE American Publications	Inside front cover
SHAPE America National Convention & Expo	Inside back cover
Skate in School	Back cover