Implications for Practitioners

COMPREHENSIVE SCHOOL PHYSICAL ACTIVITY PROGRAM (CSPAP)

Research to Practice Literature Review

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RESEARCH IMPLICATIONS

The majority of evidence that currently exists related to multicomponent approaches to school PA promotion falls into the PE+1 category, meaning physical education (PE) plus one additional CSPAP component area. As the number of components increases, the volume of evidence decreases. This is not surprising, as it is more challenging to implement all five component areas, and more difficult to evaluate the outcomes associated with more complex interventions.

Quality PE is the cornerstone of CSPAP. The most common PE interventions in the literature included: (1) implementing an evidence-based PE curriculum such as Sports, Play, and Active Recreation for Kids (SPARK), the Exemplary Physical Education Curriculum (EPEC), or Dynamic Physical Education; and (2) training PE teachers to maximize the amount of moderate to vigorous physical activity (MVPA) provided during PE lessons. Some studies increased the weekly amount of time allocated for PE, but these studies rarely achieved the 150 minutes recommended at the elementary level or 225 minutes at secondary level.

Beyond PE, the second most common CSPAP component implemented was PA during the school day. Interventions typically included classroom PA breaks, enhanced/extended recess, or both. Classroom PA breaks lasted 2-10 minutes in duration and teachers were often offered informational resources (activity ideas, technology) or training on how to integrate movement into the classroom. The most common recess interventions included the provision of additional equipment, adult-led games, and/or providing extra recess periods throughout the school day.

Family/community engagement and before/after school interventions were only conducted in a small sub-sample of studies. The most common interventions for family and community engagement were sending informational newsletters home to parents or assigning PA-related homework. Before and after school interventions included structured PA programs such as Healthy Kids Club or Build our Kids Success (BOKS).

The least implemented CSPAP component beyond PE was staff involvement. Intervention strategies in this area included healthy tips of the day, a healthy living newsletter, health messaging posted throughout the school, role modeling for youth, and a 30-day pedometer challenge.

Not surprisingly, the most frequent health outcome identified in the literature was increased PA levels, with most studies demonstrating some form of positive effect. Other health outcomes included improved body mass index (BMI), cardiovascular endurance, and motor skills. Only three studies examined academic outcomes associated with multicomponent approaches. They reported benefits for on-task behavior in the classroom and improved performance on math and language arts assessments. Similar to other systematic reviews, the findings of this review suggest CSPAPs are effective in promoting PA in schools and can result in a variety of other positive outcomes for youth.

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