



Physical literacy and Comprehensive School Physical Activity Programs



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ABSTRACT

Objective: The purpose of this paper is to make a case for Comprehensive School Physical Activity Program (CSPAP) to be the organizational framework for providing physical activity opportunities for children that is most likely to result in physical literacy.

Method: Beginning in 2010, the authors used multiple search engines to ascertain the existent literature surrounding physical literacy and physical activity interventions to identify common approaches to providing physically activity in and around school. Grounded in the Health Belief Model and the idea that physical literacy is a desired outcome of physical education, publications focused on each of the components of the CSPAP were synthesized to describe evidence-based practice.

Results: There is adequate evidence to suggest that quality physical education, before/after school, during school, staff involvement, and family and community engagement can serve as logical points of intervention to provide increased opportunities for physical activity participation leading to physical literacy among children.

Conclusions: Since only 6% of all children participate in daily physical education classes and only six states offer K-12 physical education, the implementation of CSPAP may be the most logical avenue for providing greater opportunities for physical activity engagement that fosters physical literacy as a health-oriented educational goal.

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The prevalence of sedentary behaviors among youth has led to an increase in unhealthy risk factors in children that predicate a call for change (World Health Organization, [WHO], 2002). In the United States, the number of inactive youth has grown such that 63% of adolescents do not meet the daily physical activity guidelines of 60 min of moderate to vigorous physical activity (MVPA; Centers for Disease Control and Prevention [CDC], 2010). These trends will negatively influence the current health care system (\$344 billion in obesity-related medical expenses by 2018) if preventative interventions are not imminent (United Health Foundation, American Public Health Association and Partnerships for Prevention, 2009). Morbidity and mortality values drive public policy and health recommendations; however, few statistics resonate with the public, as the consequence of unhealthy behaviors will not be evident until well into the future. Therefore, it is prudent to focus on the immediate benefits of physical activity such as improved mental health (Tomprowski et al., 2011), enhanced cognitive performance (Hillman et al., 2012; Kamijo et al., 2011), and increased odds that a school will achieve exemplary/recognized school status within the state (Welk et al., 2010), as healthy children learn better (Basch, 2011).

Although most health agencies suggest that schools, and more specifically physical education teachers, should assume strong roles in promoting physical activity (CDC, 1997; Koplan, Liverman, and Kraak, 2005; Pate et al., 2006; U.S. Department of Health and Human Services [USDHHS], 1998; WHO, 2000), physical education programs alone do not provide enough moderate to vigorous physical activity (MVPA) to meet daily health-related recommendations (Coe et al., 2006; McKenzie et al., 2000; Pate, O'Neill, and McIver, 2011). Despite parental support, only six states require physical education in all grades from kindergarten through high school (NASPE and American Heart Association, 2010). Moreover, exemptions/waivers, reductions in contact time, increases in class size, and a lack of accountability plague physical education programming, thus creating a sense of confusion and a lack of clarity surrounding the importance of and actual practice related to physical education. In many states, contrary to empirical evidence and despite the notion that student health is academic, physical education is the underserved academic subject matter (Basch, 2011; Marx et al., 1998).

Physical literacy is a disposition that establishes purposeful physical activity as an integral part of daily living. Over time, the definition of physical literacy has evolved to emphasize an embodiment encompassing motivation, confidence, and perceptions of competence connected with participation in physical activity (Whitehead, 2001, 2007) and is an educational standard of physical education (Mandigo

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et al., 2009). Further, the intent of this orientation is beyond simply being able to define or explain the concept of a healthful life, but to enable an individual to actualize his/her inherent potential of embracing and exhibiting healthy living. Since the emphasis of physical literacy is on maximizing individual attributes, it is achievable for all, regardless of initial skill set or fitness level (Whitehead, 2010). As such, the purpose of this paper is to make a case for physical literacy as the desired outcome of the Comprehensive School Physical Activity Program (CSPAP) framework, which is centered on quality physical education.

Physical literacy

The term physical literacy is directed toward exhibiting a healthy lifestyle through the growth of competent movers by emphasizing the development of the whole child. Like other forms of literacy, physical literacy has far-reaching applications as it is not only about understanding and engaging in physical activity, but also about expressing health habits and actualizing capabilities. Specifically, physical literacy is the embodiment of personal well-being and positive relationships across the lifespan that includes self and social awareness, self-regulation, and responsible decision-making (Whitehead, 2007). Thus, physical literacy encompasses all of the components of being a physically educated person, and extends into the application of these skills. (See Fig. 1.)

There are three primary reasons why health promoters and educators need to employ the term physical literacy over existing terms: (a) health is individual, (b) health status fluctuates, and (c) humans must actively and conscientiously pursue a positive health status. If health is maximizing functional and metabolic efficiency, then it is both personal and individual because of our unique psychosocial and physiologic make up. Further, health is a constant work in progress. An individual could have a blood screening that suggests that his or her biomarkers are within normal range with a low risk for disease, but once that individual eats a double cheeseburger for lunch, those indicators of health change. Reducing the risk of disease is a continual process and does not guarantee longevity. Access to information and knowledge of the benefits of physical activity do not have the same health benefits as actually being physically active.

For physical literacy to be attainable for each individual, the characteristics of motor ability, the rate of engagement in physical activity, and physical fitness must be differentiated. Specifically, if someone is

sedentary it is suggested that they identify physical activities that are enjoyable but require low intensity engagement, whereas an individual who is intermittently physically active would exhibit a higher level of readiness for more physically demanding experiences. Given the individualized nature of instruction, physical education teachers will likely have to employ various instructional strategies to track student progress toward their goals. This emphasis on differentiation seems disassociated with standards-based academic achievement, given that all students must demonstrate requisite skills (i.e., math facts). However, the known relationships between health and academic achievement suggest that these ideas are tightly intertwined and must simultaneously be addressed for quality of life to be maintained.

Given the paucity of research on physical literacy, few limitations have been identified; however, one potential limitation is that self-actualization of physical literacy is elusive (Whitehead, 2007). Although the underlying belief is that physical literacy is a learned behavior that is sustainable and consistent, individuals are continually faced with health-related decisions. The onslaught of negative advertisement and ease of access to unhealthy choices might make physical literacy susceptible to relapse or germination of negative behavior change. For this reason, maximizing school-based opportunities for youth to develop competencies in physical literacy is profoundly needed. Despite this limitation, the authors strongly encourage that physical literacy become the frame of reference for achievement resulting from participation in quality physical education and school-wide physical activity programming.

Comprehensive School Physical Activity Programs (CSPAP)

When physical activity is enjoyable and developmentally appropriate, and the selection of activities is driven by student interest, school-based interventions using a coordinated health model are plausible and an effective means of producing health benefits (Corbin, 2002). Specifically, coordinated models, such as the CSPAP, which is grounded in the Health Belief Model and includes quality physical education as the centerpiece of the implementation, have been endorsed to address the developmental needs of children. Given the current health status and the known association with academic achievement (Chaddock et al., 2013; Donnelly and Lambourne, 2011; Kamijo et al., 2012), the implementation of such coordinated approach seems to have far-reaching potential encompassing both physical and cognitive health.

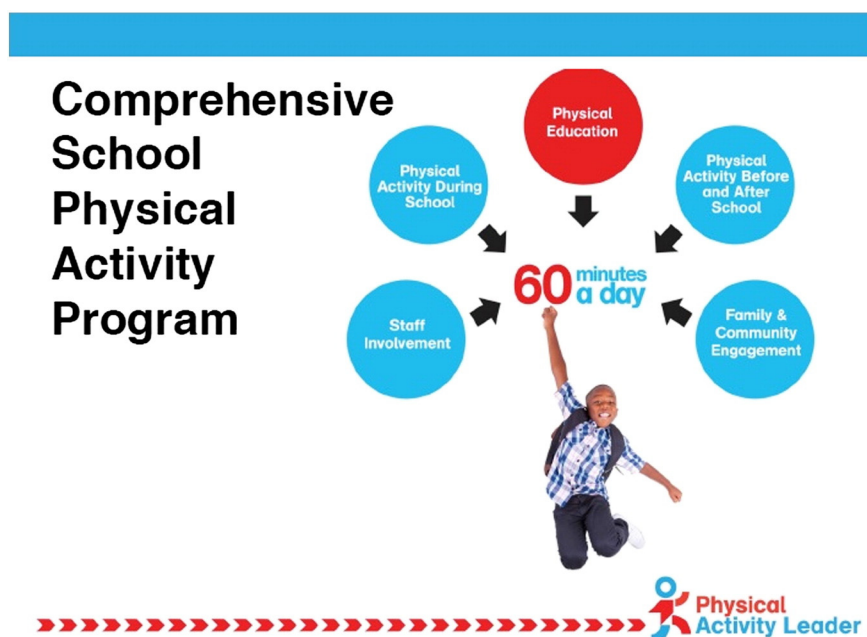


Fig. 1. Comprehensive School Physical Activity Program.

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