



Commentary

Promoting physical activity in out-of-school-time programs: We built the bridge—Can we walk over it?



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ABSTRACT

This commentary describes physical activity standards for Out-of-School Time programs and argues that their widespread adoption presents important opportunities for research on their implementation and impact.

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In two other articles in this issue (Ajja et al., in this issue; Wiecha et al., in this issue), members of our team present findings from recent research on physical activity in Out-of-School Time (OST) programs. The OST umbrella includes before and after school programs and vacation camps, and engages millions of U.S. children and youth each year in a range of extracurricular activities (Afterschool Alliance, 2014). Our work, collectively and in our separate research teams, has focused on working with OST providers to improve physical activity offerings that support public health recommendations (Physical Activity Guidelines for Americans Midcourse Report Subcommittee of the President's Council on Fitness, 2012). In this commentary, we describe the trajectory for this work and the broad range of questions that still need to be answered to ensure that children of all ages and abilities are physically active. We explain how a small coalition developed OST physical activity policy standards and initiated their widespread adoption by key OST organizations, as an example of a successful collaborative response to a public health issue—childhood physical inactivity and obesity. To continue this success, we provide our thoughts on next steps in implementation and outcomes research to ensure that dissemination of the standards leads to meaningful improvements in children's physical activity.

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Public health interest in promoting childhood physical activity has been intense over the past 20 years. School-based efforts have dominated, but many of these have underperformed (Metcalfe et al., 2013), often facing significant barriers to success. Children can obtain at least half of their recommended daily levels of moderate-to-vigorous physical activity (MVPA) in OST programs, as well as bone and muscle strengthening activity, if physical activity is well planned and executed. With at least 10 million children participating in afterschool programs each year (Afterschool Alliance, 2014), OST programs clearly have enormous reach and are a promising and natural extension of school-based efforts to increase children's physical activity. Challenges specific to this setting exist nonetheless. While they have more curricular flexibility than public schools, OST programs are rarely obligated by licensing or regulation to include specific types or amounts of physical activity, and in fact state or district licensing and regulatory requirements vary greatly. In addition, there are many OST sites to reach and communicating with them en masse is difficult. OST programs are administered through a range of organizational structures and staff participation in professional networks is voluntary. Despite these challenges, great strides have occurred that place OST programs on the forefront of addressing childhood physical inactivity.

The bridge we built

Over the past 10 years, practitioners, service providers, advocates and researchers have focused intently on increasing physical activity in OST programs. While policies targeting physical activity in OST programs

have existed since 2000 (Beets, 2012b; Beets et al., 2010), a coordinated national approach was lacking until 2009, when nutrition, physical activity, and OST policy experts founded the Healthy Out-of-School Time Coalition (HOST Coalition)¹. The HOST Coalition sets its sights on creating consensus among major OST organizations on a set of science-informed healthy eating and physical activity (HEPA) standards that a range of OST settings could realistically implement (Wiecha et al., 2012). These standards focus on program practices that could favorably influence children's behavior, rather than focusing on targets for child behavior and health outcomes. Their primary intended audience is practitioners and nonprofits that support OST practice through advocacy and training. While many local, state and regional projects and national food programs had standards and guidelines for OST programs (Beets et al., 2010, 2011), no document leveraged these guidelines into an OST-specific, actionable consensus statement. The final set comprised eleven standards, five in physical activity and six in healthy eating, which are based on expert guidelines. They include content and quality standards for diet and physical activity; infrastructure standards describing requirements for staff training; program, social and environmental goals for developing and sustaining healthy environments; and exemplary best practices for each standard.

A critical marker of HOST's success was adoption of the 11 standards by the National AfterSchool Association (NAA) in 2011 (they are on line at <http://naaweb.org/resources/item/56-healthy-eating>). NAA is the principal professional organization for OST providers and its endorsement facilitated the coalition's downstream success. Subsequently, the HOST Coalition updated its primary mission to focus on disseminating and promoting the adoption of the NAA Healthy Eating and Physical Activity (HEPA) Standards, and on identifying effective strategies that providers can use to implement the standards. The HOST Coalition embeds its efforts in frameworks for diffusion of innovations and organizational change (Greenhalgh et al., 2004; Wandersman et al., 2008). OST physical activity practices have to be consistent with OST values and practices, including a focus on social support and role modeling, and avoiding any radical departure from the status quo. In addition, physical activity-specific organizational and staff capacity are prerequisites to implementing and maintaining quality physical activity practices (Beets et al., 2014).

The HOST Coalition actively promotes dissemination, adoption, implementation and sustainability of the NAA HEPA standards through its current structure. With funding from the Robert Wood Johnson Foundation, the YMCA of the USA has been able to staff the HOST Coalition. Having staff has facilitated outreach to increase membership and coordinate working committees. Membership now stands at over forty organizations, and members chair and staff the four committees (marketing and communication; advocacy; technical assistance and implementation; and research and evaluation).

HOST Coalition members have engaged in activities ranging from local trainings to large national initiatives. For example, members have presented and conducted trainings on adopting and implementing the NAA HEPA Standards at numerous professional and research conferences. Others have published peer reviewed and professional trade articles. On a national level, several initiatives are noteworthy. First, the NAA has led broad dissemination efforts through its website, conventions and publications and by facilitating research and evaluation (NAA has over 3000 members and 14,000 email subscribers). Second, the Alliance for a Healthier Generation built the standards into its Healthy Out-of-School Time (HOST) Framework which provides professional development and technical assistance to OST practitioners. Now in its third year, over 350 OST sites currently participate in the Alliance's HOST Framework using an in-person training model, and over 1000 sites participate through the Alliance's online portal. Third,

the Partnership for a Healthier America (PHA), the independent, non-partisan, non-profit organization created in conjunction with First Lady Michelle Obama's Let's Move initiative, used the standards to craft organizational commitments with several large organizations that collectively serve millions of children. YMCA of the USA's commitment to PHA in 2011 is ongoing and involves thousands of YMCA OST sites serving hundreds of thousands of children. In 2014, Boys & Girls Clubs of America and National Recreation and Parks Association made multi-year public commitments to PHA which will affect at least 5400 sites and 5 million children by 2020.

Walking over the bridge

Although great progress has been made, much work remains to be done. With the growing adoption of the NAA HEPA Standards, we have important opportunities for scholarship in physical activity and implementation science—as well as in nutrition. Now the focus turns towards the identification and implementation of effective strategies to achieve policy goals. This is the critical step connecting policy development and adoption to population impact and is arguably the most important and yet often the most difficult step to attain. We know that many OST providers are working with the standards, using a range of technical assistance and training models, but we don't yet know which approaches work best in different settings. Over the next several years, we need to find out whether the bridge we've built—the standards—is one that a majority of OST sites can walk across, whether they can stay on the other side, and whether it matters. In other words, we have to assess whether the standards can be achieved, whether doing so makes a difference in health and behavior outcomes among participating children, and whether change and impact can be sustained. Several areas of inquiry exist.

First, ongoing surveillance of policy adoption will continue to shed light on the diffusion and adoption of the NAA HEPA standards. In this regard, efforts are underway to establish a periodic national survey on adoption and implementation. Efforts to collect objective data on the quality of physical activity offerings will be an essential complement to information gathered from national surveys.

Second, numerous strategies are available for practitioners to use to increase physical activity and yet few have scientific evidence supporting their widespread endorsement (Beets, 2012a). Thus, a second line of research involves promoting the development and implementation of strategies that help providers achieve the HEPA Standards. This research should include OST providers serving children of different needs and abilities in a variety of settings, including children from low income households and children with disabilities and chronic health conditions. Exemplary research questions are: Can OST sites actually achieve the NAA physical activity standards? What professional development, coaching and training strategies work best to promote implementation fidelity of effective strategies? What resources are required? What are the barriers to implementation? And, once implementation is achieved, what are the key practices that foster sustainability?

Third, when implementation of the standards is evident, we must determine what difference this makes in children's physical activity. What evidence can we find that implementation increases the amount and quality of youth PA? Evidence of this sort would provide support for widespread uptake. Only a limited number of studies have examined the impact of OST interventions on children's physical activity and these have been conducted in a small number of OST programs (Beets et al., 2014; Dziewaltowski et al., 2010; Gortmaker et al., 2012). No studies have evaluated the adoption, implementation and impact of such efforts at a state or national level or across different organizations. Thus, multi-site studies are needed to inform the development of broader system-level strategies for achieving the HEPA Standards, especially for national organizations that operate a diverse range of programs.

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In addressing these questions, we note that a range of research approaches and designs will be valuable in pursuing this agenda. In many studies, participatory research approaches will be important. Practitioners and researchers need to build upon collaborative relationships to create relevant, useful strategies that assist OST providers in achieving the HEPA Standards. These strategies need to meet the needs of low-resource, community-based organizations. They need to be adaptable to the unique characteristics of each OST program while requiring limited financial investment. While effective implementation strategies are needed quickly, the timeline should be tempered by the greater utility of strategies that have undergone rigorous scientific evaluation (Flay et al., 2005).

In conclusion, research on adoption and implementation of the NAA HEPA standards in OST settings can build the evidence base that is required to direct us more firmly on the pathway to improving physical activity of all youth. It is our hope that in the coming years the OST and research community will invest in rigorous research that integrates service delivery with state-of-the-art physical activity measurement, research design, and implementation science frameworks.

The national efforts of the HOST Coalition and its member organizations provide a unique opportunity to learn about how policies are translated into routine practice, and in turn, how this influences children's physical activity. This information will support the development of strategies that providers can use to achieve stated physical activity goals. Organizations that adopt the NAA HEPA standards need to know the ways in which their investment pays off, and service intermediaries need to identify the professional development and training approaches that foster the best outcomes. Moreover, if research can clearly demonstrate that the NAA HEPA standards affect physical activity, this will substantiate the role OST programs can play in public health efforts to reduce chronic disease risk. We feel that through these efforts the OST setting can, and will, contribute to the health and well-being of the millions of children who attend daily.

Conflict of interest statement

The authors declare they have no conflicts of interest.

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