

HHS Public Access

Author manuscript *Pediatr Obes.* Author manuscript; available in PMC 2021 October 01.

Published in final edited form as:

Pediatr Obes. 2021 October ; 16(10): e12789. doi:10.1111/ijpo.12789.

Impact of a year-round school calendar on children's BMI and fitness: Final outcomes from a natural experiment

Robert Glenn Weaver¹, Ethan Hunt¹, Bridget Armstrong¹, Michael W. Beets¹, Keith Brazendale², Gabrielle Turner-McGrievy³, Russell R. Pate¹, Alberto Maydeu-Olivares⁴, Brian Saelens⁵, Shawn D. Youngstedt⁶, Roddrick Dugger¹, Hannah Parker¹, Lauren von Klinggraeff¹, Alexis Jones¹, Sarah Burkhart¹, Layton Ressor-Oyer¹

¹Department of Exercise Science, University of South Carolina, Columbia, South Carolina

²Department of Health Sciences, University of Central Florida, Orlando, Florida

³Department of Health Promotion, Education, and Behavior, University of South Carolina, Columbia, South Carolina

⁴Department of Psychology, University of South Carolina, Columbia, South Carolina

⁵Center for Child Health Behavior and Development, Seattle Children's Hospital, Seattle, Washington

⁶Department of Nursing and Health Innovation, Arizona State University, Phoenix, Arizona

Summary

Background: Structure may mitigate children's accelerated summer BMI gain and cardiorespiratory-fitness (CRF) loss.

Objectives: Examine BMI and CRF change during school and summer for year-round and traditional calendar school children.

Methods: Three schools (N = 2279, 1 year-round) participated in this natural experiment. Children's BMI z-score (zBMI) and CRF (PACER laps) were measured from 2017 to 2019 each May/August. Mixed effects regression estimated monthly zBMI and CRF change during school/ summer. Secondary analyses examined differences by weight status and race. Spline regression models estimated zBMI and CRF growth from kindergarten-sixth grade.

Results: Compared to traditional school, children attending a year-round school gained more zBMI (difference = 0.015; 95CI = 0.002, 0.028) during school, and less zBMI (difference = -0.029; 95CI = -0.041, -0.018), and more CRF (difference = 0.834; 95CI = 0.575, 1.093) monthly during summer. Differences by weight status and race were observed during summer and school. Growth models demonstrated that the magnitude of overall zBMI and CRF change from kindergarten-sixth grade was similar for year-round or traditional school children.

Correspondence: Robert Glenn Weaver, Department of Exercise Science, Arnold School of Public Health, University of South Carolina, Columbia, SC, USA. weaverrg@mailbox.sc.edu.

CONFLICT OF INTERESTS

The authors declare that they have no competing interests.

Keywords

children; obesity; policy

1 | INTRODUCTION

In the United States, obesity rates in children and adolescents (2–19 years) have nearly doubled over the last three decades, and in 2016 one in five children were classified as obese.¹ Cardiorespiratory-fitness (CRF) of youth has also declined by approximately 7.0% since the 1970s.² Childhood obesity is related to a multitude of negative health outcomes including type 2 diabetes, high blood pressure, sleep apnea and asthma,^{3–7} while low cardiorespiratory CRF is linked to decreased bone mineral density, increased risk for overweight and obesity, metabolic syndrome and high blood pressure.⁸

The months of the traditional summer vacation have been identified as a period of increased risk for the development of obesity and CRF loss.^{9,10} For example, a recent study examined the Early Childhood Longitudinal Study data which collected heights and weights on a nationally representative complex random sample of 18 170 U.S. children in the fall and spring from the kindergarten year of school (2011) to the spring of second grade (2013).¹¹ These data demonstrated that all BMI gain occurred during the months of traditional summer vacation (ie, May–August) and that the prevalence of children with overweight and obesity increased during the months of traditional summer vacation and decreased during the months of the traditional school year (ie, August–May). These findings mirror similar analyses done by the same authors using data from the Early Childhood Longitudinal Study collected from 1998–2000¹² and a number of other longitudinal observational studies from independent research groups.^{13–17} In addition, evidence is mounting that children are at risk for CRF loss during the months of traditional summer vacation,^{14,17–19} though relatively fewer studies have examined this phenomenon.

The structure afforded by school may protect children from excessive BMI gain and CRF loss. The protective effect of the school year on children's BMI and CRF is demonstrated by studies that show accelerated summer BMI gain^{13–17} and CRF loss,^{14,17–19} and may be explained by the structured days hypothesis.²⁰ The structured days hypothesis posits that structure, defined as a pre-planned, segmented, and adult-supervised compulsory environment, plays an overall protective role for children against obesogenic behaviours and, ultimately, prevents the occurrence of negative health-outcomes, including excessive BMI gain and CRF loss. The structured days hypothesis draws upon the "filled-time perspective", which suggests that time filled with favourable activities cannot be filled with unfavourable activities.²⁰ This perspective leads to the hypothesis that children engage in a greater number of obesogenic behaviours that lead to increased BMI gain and CRF loss during times that are less-structured (eg, time outside of school and summer days) than during times that

are more structured (eg, school days). Behavioural mechanisms identified by the structured days hypothesis that may explain accelerated summer BMI gain and fitness loss include: (a) increased time spent sedentary,^{16,21–24} (b) reduced engagement in physical activity,^{16,21,24} (c) displaced and unstable sleep patterns^{23,25–27} and (d) unhealthy diet^{22,28} during the summer. At least one study has estimated that total daily energy expenditure is 5.4% lower during the summer when compared to the school year,²⁴ and a number of studies have linked later and less stable bed and wake times to increased risk of overweight and obesity.^{29–31} A recent review of 190 studies comparing obesogenic behaviours on less structured to more structured days shows that 80% of the studies support this hypothesis.²⁰ Behavioural findings from a subsample of children in the current study also support the structured days hypothesis. For instance, when children were not attending school they were less active, engaged in more screen-time, and sleep timing shifted later.^{23,32} Further, this subsample showed accelerated summer BMI gain and fitness loss.

Year-round schools operate on a 180-day schedule, similar to traditional schools. However, year-round schools incorporate shorter, more frequent breaks throughout the entire year rather than taking one prolonged 2- to 3-month break over summer. For example, a typical year-round school could follow a 45/15 schedule where the school operates for 45 weekdays in a row (9 weeks) and then takes a 15-day break (3 weeks). Because of this unique schedule children that attend schools following a year-round school calendar will experience relatively less structure during the traditional months of the school year (ie, August–May) and relatively more structure during the months of the traditional summer vacation (ie, May–August). This unique calendar presents an opportunity to test the structured days hypothesis.

The primary aim of this study was to compare BMI z-score (zBMI) and CRF change during the traditional months of the school year (ie, August–May) and summer vacation (ie, May– August) for children attending schools following a year-round or traditional school calendar. Because there is evidence that children classified as overweight or obese and children who are minorities are particularly susceptible to accelerated summer BMI gain,¹⁰ the secondary aim of this study was to examine if changes in zBMI and CRF differed by weight status and race. Finally, we modelled the developmental trajectory of zBMI and CRF from kindergarten through the sixth grade for children attending schools following a year-round and traditional calendar. Based on the structured days hypothesis, we hypothesized that children attending traditional schools would experience greater zBMI gain and CRF loss when compared to children attending a year-round school during the traditional months of summer. Conversely, we hypothesized that children attending traditional schools would experience less zBMI and more CRF gain than children attending a year-round school during the traditional months of the school year. These analyses will replicate and extend the analyses from our previous work that explored behaviours and corresponding changes in zBMI of a subsample of children in this study.²³ The previous subsample included 285 children and because of the limited size did not allow for the exploration of changes zBMI and CRF in subgroups (ie, weight status, race) or for the estimation of zBMI and CRF from kindergarten through sixth grade.

2 | METHODS

2.1 | Setting and participants

Three schools in a single school district in South Carolina participated in the study. One school (ie, school A) followed a year-round school calendar while the two comparison schools (ie, schools B and C) followed a traditional 9-month school calendar (see Figure 1). Comparison schools were selected because they were similar to the school following the year-round school calendar in terms of school level student race, gender, number of students enrolled, age/grade levels served, percentage of students receiving free and reduced lunch and academic test scores. During the traditional months of the school year (August–May), the year-round school was in session for 9 weeks in a row and then took a 3-week break from school. This translated into the year-round school taking a total of ~45 break days during the traditional months of the school each year. This is contrary to the traditional schools that took ~18 break days during the traditional months of the school each year. During the traditional months of summer vacation (May-August), the opposite was true. The year-round school took a ~6-week break (ie, ~30 break days) from school while the traditional school took an ~11-week break from school (ie, ~60 break days). While the schedule between the schools differed, it is important to note that the total number of school days was 180 for both the year-round and traditional schools. Prior to each data collection wave, a letter with information about the study and data collection protocols was sent home with instructions on how parents could opt for their children not to participate. Children provided verbal assent prior to each measurement occasion. All protocols were approved by the lead author's University Institutional Review Board. A total of 2489 children attended the participating schools during the three years of the study. Children who were absent on all study measurement days (n = 198) and whose parents opted them out of the study (n = 198)12) were not included resulting in a final sample size of 2279 children. The average daily high/low temperature during the traditional school year was 67°F and 48°F, respectively. The average daily high/low temperature during the traditional summer was 88°F and 70°F, respectively.

2.2 | Study design

This study was a natural experiment. A natural experiment is similar to a quasi-experiment with the exception that the independent variable is not manipulated by the study team.³³ Causal inference can be established using a natural experimental design if there is temporal precedence, a plausible counterfactual, and participants do not self-select into groups.³³ In this study, the independent variable was the structure provided by the school day (ie, operationalized as the school calendar, year-round or traditional, followed by the school that the participating children attended). This structure was increased/decreased at different times of the year based on the child's school schedule (ie, year-round or traditional). Akin to ABA designs in single-subject studies structure was added and removed at different times for children attending the traditional and year-round schools.³³ For instance, there were more structured days during the school year for traditional students and fewer during the summer. The opposite was true for year-round school students (ie, relatively *fewer* structured days during the traditional school year and *more* structured days during the summer, compared to the traditional school calendar). By adding and removing the independent variable in

this way, we can establish temporal precedence. This study also had both a within- and between-group counterfactual. The within-group counter-factual was the summer compared to the school year. For the year-round school children, the between-group counterfactual was the traditional school children during each time period (traditional school year or summer vacation). Finally, since students were allocated to school according to their home address by the school district, it can be argued that families did not self-select either the traditional or year-round school calendar.

2.3 | Procedures

All children at the participating schools had their heights, weights and CRF measured at the beginning (ie, August) and end (ie, May) of the traditional school year. Measures were collected for the 2017/2018 and 2018/2019 academic years (August–May) and for the 2017, 2018 and 2019 summer vacations (ie, May–August). All measurements in both the year-round and traditional schools were collected within the first and last three weeks of the traditional school year. All measures were obtained during regularly scheduled PE lessons by trained research assistants with the help of the PE teacher. At the beginning of each PE class period, children were divided into sex specific groups. One data collector administered the CRF test (eg, PACER) with one group of children, while the other data collector measured heights and weights for the other group of children. This was repeated until all children in the PE class were assessed.

2.4 | Measures

2.4.1 Body mass index—Using a portable stadiometre (Model S100, Ayrton Corp., Prior Lake, Minn.) and digital scale (Healthometer model 500KL, Health o meter, McCook, Ill.), children's heights (nearest 0.1 cm) and weights (nearest 0.1 lbs.), without shoes, were collected by research assistants. BMI was calculated (BMI = kg/m^2) and transformed into age and sex specific z-scores.³⁴

2.4.2 | **Cardiorespiratory fitness**—The Progressive Aerobic Cardiovascular Endurance Run (PACER) was administered during regularly scheduled PE.^{35–41} This test produces valid estimates of elementary school-aged children's CRF. The PACER was carried out by one trained data collector and the PE teacher, either on a marked outdoor green space or indoor gymnasium (depending on the school). Children were instructed to run from one cone marker to another cone placed at a length of 20 m. Music and voice instructions were used to prompt children to run and stop within an allotted amount of time. As the test progressed, the allotted time to run the 20 m incrementally decreased. If the child failed to reach the cone/marker within the allotted time frame on two occasions, the test was ended, and the number of successful laps was recorded.

2.5 | Statistical analyses

All analyses were completed in Stata (v16.1, College Station, TX) during September of 2020. Prior to completing the primary analyses, descriptive means and standard deviations of school and child characteristics were examined. The Pearson product-moment correlation between the two main outcomes of interest was also calculated. Children with at least one valid measure of BMI or PACER Fitnessgram at any timepoint were included.^{42–44}

All primary and secondary analyses used maximum likelihood estimators to account for missing data, which has been shown to produce unbiased results.^{45,46} The primary analyses were designed to explore the mean monthly change in zBMI and PACER laps during the traditional school year and summer vacation across years of assessment using multilevel mixed effects models with measures, nested within children, and children nested within school. Monthly zBMI change was estimated in order to account for the differing lengths of time during the school year and summer vacation (ie, 9 months vs 3 months). Changes in zBMI were divided by the months between measurement periods to produce monthly change. Separate models with monthly change in zBMI and PACER laps as the dependent variables and school calendar (ie, traditional or year-round), time (school or summer vacation) and school calendar-by-time interaction (ie, differential change between school calendars during different times) were estimated for all participants. Secondary analyses were conducted stratified by weight status: normal weight, overweight, or obese at first measure; and race: White, Black or identified as another race. To control for multiple comparisons while preserving power for the primary analyses we adopted a serial gatekeeping approach.⁴⁷ For this study, alpha was predetermined at P = 0.05. We then tested our primary analyses at the predetermined alpha. If the findings were statistically significant for a calendar-by-time interaction, we moved on to testing the secondary analyses for that interaction again at the predetermined alpha of 0.05. If the findings of the primary analyses were not statistically significant, all further downstream testing was suspended and contrasts were determined to not be statistically significant.

Finally, we also estimated the developmental trend in zBMI and CRF from kindergarten through sixth grade by school calendar type. While the study only collected data for two school years and three summer vacations, we are able to estimate the trajectory of growth by employing the principles of accelerated cohort designs.^{48,49} Contrary to single-cohort designs where all participants start at the same age (ie, grade in this study), accelerated cohort designs follow multiple cohorts with each cohort entering the study at a different grade.⁴⁸ The main advantage of accelerated cohort designs is the ability to estimate a developmental timeframe of interest (ie, kindergarten to sixth grade) in a shorter period of time (ie, two school years and three summer vacations) than possible with a single cohort. Linear mixed effect spline models with measurements nested within children, and children nested within schools were conducted predict monthly change in zBMI and PACER laps during the school year and summer vacation across grades. Separate spline models were estimated with zBMI and PACER laps as the dependent variables and measurement wave by grade and school calendar type (traditional and year-round) as the independent variables. Spline knots were placed at each measurement wave (ie, kindergarten fall, kindergarten spring, first grade fall, first grade spring, second grade fall, second grade spring, third grade fall, third grade spring, fourth grade fall, fourth grade spring, fifth grade fall, fifth grade spring, sixth grade fall, sixth grade spring). This allowed for separate slopes to be estimated for the school year and summer vacation in each grade. Consistent with previous research,^{11,12} monthly change estimates were then multiplied by the number of months of exposure to each school year (monthly change multiplied by 9 months) and summer (monthly change multiplied by 3 months) in order to estimate zBMI and PACER laps at the

3| RESULTS

Characteristics of the participating schools and children are presented in Table 1. The number of participants measured during each data collection wave is presented in Table 2. Results of the primary analyses are presented in Figure 2 and Table 3. The correlation between zBMI and CRF was weak and negative r = -0.29.

3.1 | Traditional months of the school year (August–May)

3.1.1 | School year change in zBMI—During the months of the traditional school year, zBMI decreased by -0.002 per month for children in the traditional calendar schools and zBMI increased by 0.012 per month for children in the year-round calendar school. These differences represented a 0.015 (95CI = 0.002, 0.028) greater increase in monthly zBMI change for children attending the year-round school compared to children in the traditional schools.

3.1.2 | School year change in PACER laps—Traditional school children experienced a 0.287 increase while year-round children experienced a 0.194 increase in laps per month during the months of the traditional school year. These changes in PACER laps did not represent a statistically significant difference (-0.093, 95CI = -0.366, 0.180) between year-round and traditional school children.

3.2 | Traditional months of summer vacation (May–August)

3.2.1 | **Summer change in zBMI**—During the months of the traditional summer vacation, year-round school children's zBMI increased by 0.014 per month, while traditional school children's zBMI decreased by -0.015 per month. These findings indicate that year-round school children gained -0.029 (95CI = -0.041, -0.018) less zBMI than traditional school children during the traditional months of summer vacation.

3.2.2 | Summer change in PACER laps—During summer, traditional school children's PACER laps decreased by -0.158 per month while year-round school children's PACER laps increased by 0.676 per month. This difference in PACER laps change was statistically significantly different between the traditional and year-round school children (difference = 0.834, 95CI = 0.575, 1.093), with year-round school children gaining more PACER laps per month that traditional school children.

3.3 | Secondary analyses

Secondary analyses stratified by weight status at first measure and race are presented in Table 3.

3.3.1 | Weight status—Year-round school children who entered the study with normal weight, overweight or obesity did not experience any differences in zBMI gain per month when compared to their normal overweight or obese counterparts attending the traditional

schools during the months of the traditional school year. However, during the months of the traditional summer vacation, the opposite was true with normal weight, overweight and obese year-round school children gaining -0.028 (95CI = (-0.044, -0.013), -0.026 (95CI = -0.051, -0.000) and -0.033 (95CI = -0.049, -0.017) less zBMI per month than their traditional school counterparts. Differences in PACER laps by weight status during the months of the traditional school year were not explored, based on our serial gatekeeping approach, because the primary analyses were not statistically significant. During the months of the traditional summer vacation, year-round school children who entered the study with normal weight, overweight or obesity gained 1.130 (95CI = 0.751, 1.508), 0.693 (95CI = 0.186, 1.199) 0.612 (95CI = 0.381, 0.843) more PACER laps per month, respectively, than their traditional school counterparts.

3.3.2 | **Race**—For race, children following the year-round school calendar who were Black experienced a 0.016 (95CI = 0.000, 0.031) greater increase in zBMI during the months of the traditional school year when compared to their counterparts attending schools following a traditional school calendar. During the months of the traditional summer yearround school children who are Black gained -0.039 (95CI = -0.053, -0.025) less zBMI than their traditional school counterparts. No differences in zBMI gain were observed during the months of the traditional school year or summer between year-round and traditional schools for children who are White or identified as another race. Primary analyses of PACER laps were not statistically significant, thus differences in PACER laps by race during the months of the traditional school year were not explored, per our serial gatekeeping approach. During the months of the traditional summer, year-round school children who are White or Black experienced 1.022 (95CI = 0.689, 1.355) and 0.936 (95CI = 0.605, 1.266) greater gains, respectively, in PACER laps per month than their traditional school counterparts.

3.4 | Spline growth models

The growth trajectories of zBMI and PACER laps for children attending traditional and year-round schools are presented in Figure 3.

4 | DISCUSSION

This study is one of the first to examine the impact of year-round school calendar on changes in children's zBMI and CRF during the summer and traditional school-year. Consistent with our hypotheses, this study found that children attending a year-round school experienced zBMI gain during the traditional 9-month school calendar and zBMI *losses* during the traditional summer vacation. These results contrast with trajectories of children in schools which follow a traditional school year and summer vacation, but gains were greater during summer vacation.

Consistent with past research, ^{10–12,14,17,50} children in this study that attended a school following a traditional school calendar experienced accelerated increases in zBMI and losses in CRF over summer vacation. However, the opposite pattern was observed for children attending a year-round school. This pattern is consistent with the preliminary findings from this study,⁵¹ and is consistent with the "dose" of structure the children received during the

months of the traditional school year (ie, August–May) and summer (ie, May–August). The year-round school in the current study followed a 45–15 calendar during the traditional school year (ie, 9 weeks or 45 weekdays attending school followed by a 3 week or 15 weekday break from school) and took a 5 week summer vacation. Thus, during the months of the traditional school year, children attending the year-round school were exposed to *fewer* structured days compared to traditional school children; during the months of the traditional summer vacation, they were exposed to *more* structured days.

Only one other study has explored the impact of a year-round school calendar on BMI gain and CRF loss during the months of the traditional summer vacation. This study included 328 elementary-aged children attending a traditional school or a year-round school.⁵² Children attending the year-round school either had a 3-week or 7-week summer vacation while children attending the traditional school had a 12-week summer vacation. This study found that, over the traditional months of the summer vacation, children attending the year-round school experienced statistically significantly less zBMI gain than children attending the traditional school. Similar studies have also explored the influence of other structured programming during the summer (ie, summer day camp and summer school) on children's BMI gain and CRF loss.^{14,53,54} One study examined the impact of an 8-week, multicomponent summer program on 87 elementary children's weight status. This study found that children did not experience an increase in zBMI over the summer. The second study measured 138 ninth-grade students on a variety of weight and fitness markers prior to and following summer school (n = 70 attended; n = 68 did not attend). Consistent with the findings from the current study, students who did not attend summer school experienced statistically significantly greater weight gains and CRF loss over the three months of summer.¹⁴ Finally, a third study examined the impact of a summer learning loss prevention program for children (n = 31, 6.4 years, 45% female and 80% Black) at one school serving low-income children.⁵⁴ All children except one maintained their weight status (eg. normal weight, overweight) from the first week to the last week of the program and no statistically significant unhealthy changes in median zBMI (pre: 0.12, post: 0.11) were observed. These findings are consistent with the findings of the current study. Combined with the findings of the current study, there is growing evidence that structure during summer vacation may positively impact BMI and CRF. The findings of the current study also expand on past studies by exploring BMI and CRF of children with relatively less structure during the months of the traditional school year (year-round school children). The current study, which showed year-round school children gained zBMI at a greater rate during the months of the traditional school year, provides preliminary yet novel evidence in support of the structured days hypothesis.

Differences in zBMI and CRF gain during the months of the traditional school year and summer varied by weight status in this study. For instance, no differences in zBMI gain were observed between the year-round and traditional school children during the months of the school year for children who entered the study with normal weight, overweight, or obesity. However, the contrary was true for the summer where differences in zBMI gain were greater for traditional school children with normal weight, overweight, and obesity when compared to year-round school children. Past studies have shown that summer is a time when children with overweight or obesity gain BMI at a greater rate than their counterparts who are have

normal weight.⁵⁵ This study indicates that structure during the summer may be an effective strategy for mitigating BMI gain for children with overweight or obesity. Regarding race, children who are Black were the only race group to experience differences in zBMI gain by school calendar during the months of the traditional school year or summer. While this may have been a function of diminished power due to smaller subgroup sample sizes, these findings are consistent with past studies that have shown that the traditional months of summer vacation present increased risk for zBMI gain for children who are Black.¹⁰ Reasons for more pronounced accelerated weight gain for children who are overweight or obese and children who are Black are unclear. However, one mechanism that may be driving this increased risk is socioeconomic status. Children from minority households are more likely to be from low-income households.^{56,57} Further children from low-income households are at increased risk for overweight or obesity.^{58–61} The health gap hypothesis posits that low-income children are more susceptible to accelerated summer BMI gain because they have less access to fee-for-service summer programming which may mitigate summer BMI gain.⁹ Future research should examine the factors (lack of resources, structural racism, etc.) that are driving accelerated summer BMI gain for children from minority and low-income households. Whatever the mechanism, this study builds on past findings demonstrating that providing structured programming (eg, school-like environments such as day camps or programs) during the summer may effectively reduce accelerated summer weight gain for those children most at risk.

This is also the first study to estimate zBMI and CRF growth from kindergarten through sixth grade in children attending a traditional or year-round school. These models demonstrate trends in growth that have the potential to inform future interventions. For instance, it does not appear that year-round schools are superior to traditional schools for maintaining weight status and CRF. Trajectories of BMI and CRF gain were dramatically different during the months of the traditional school year and summer for children attending year-round schools when compared to children attending traditional schools. For instance, consistent with past research, during most summers children attending the traditional schools gained zBMI. The opposite was true for year-round school children. This led to a pattern of year-round school children losing more zBMI during the months of summer vacation with traditional school children catching them during the months of the traditional school year. This is similar to academic studies of year-round schools which show yearround school students surge ahead during the months of traditional summer but traditional school students catch up during the months of the traditional school year.⁶² Thus, this preliminary evidence suggests that year-round schools should not be advocated for in order to mitigate accelerated summer BMI gain. Rather, providing families access to structured programming during times when school is not in session (ie, summer vacation) may be a more effective approach. Further, it appears that the months of the traditional summer vacation do not negatively impact traditional school children's CRF gain until they reach upper elementary school (ie, third grade). While this finding is consistent with past studies,^{19,63} future work should confirm the findings herein. However, it appears that the children attending the year-round schools did not experience these same declines in CRF during the summer of upper elementary school. In fact, these children gained CRF during the months of the traditional summer vacation. Thus, CRF interventions that target the

months of the traditional summer vacation (eg, providing access to structured summer programming) in upper elementary school may be particularly effective for attenuating summer CRF loss.

The strengths of this study include the reliance on a conceptual framework (ie, structured days hypothesis) to guide design and interpretation of results, a large sample that is representative of the included schools, the use of valid and reliable objective measures of BMI and CRF, and the replication of results over multiples school years and summers across multiple grades. The limitations of this study include a limited sample of schools (ie, one year-round and two traditional) in a single geographic location (ie, southeastern United States), and the lack of randomization to study condition. Children's attendance at structured programs was not directly measured either. Thus, this study cannot determine if children attended school while it was in session or if children attended other structured programming during school breaks (eg, summer camps). Additionally, behavioural mechanisms were only assessed in a subsample of participants, presented elsewhere,²³ so we cannot fully explore the mechanisms driving these differences in change. Future studies should attempt to include schools in more regions of the United States and internationally, examine multiple school years and summers, directly measure attendance at structured programming and randomize children to receiving structure during the months of summer vacation.

ACKNOWLEDGMENTS

Research reported in this publication was supported in part by the Eunice Kennedy Shriver National Institute of Child Health & Human Development of the National Institutes of Health under Award Number R21HD095164 and the National Institute of General Medical Sciences Award Number P20GM130420. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

Funding information

Eunice Kennedy Shriver National Institute of Child Health and Human Development, Grant/Award Number: R21HD095164; National Institute of General Medical Sciences, Grant/Award Number: P20GM130420

REFERENCES

- 1. Hales CM, Carroll MD, Fryar CD, Ogden CL. Prevalence of obesity among adults and youth: United States, 2015–2016. NCHS Data Brief. 2017;288:1–8.
- Tomkinson GR, Lang JJ, Tremblay MS. Temporal trends in the cardiorespiratory fitness of children and adolescents representing 19 high-income and upper middle-income countries between 1981 and 2014. Br J Sports Med. 2019;53(8):478–486. [PubMed: 29084727]
- 3. Cote AT, Harris KC, Panagiotopoulos C, Sandor GG, Devlin AM. Childhood obesity and cardiovascular dysfunction. J Am Coll Cardiol. 2013;62(15):1309–1319. [PubMed: 23954339]
- 4. Bacha F, Gidding SS. Cardiac abnormalities in youth with obesity and type 2 diabetes. Curr Diab Rep. 2016;16(7):1–9. [PubMed: 26699764]
- Mohanan S, Tapp H, McWilliams A, Dulin M. Obesity and asthma: pathophysiology and implications for diagnosis and management in primary care. Exp Biol Med. 2014;239(11):1531– 1540.
- Pollock NK. Childhood obesity, bone development, and cardiometabolic risk factors. Mol Cell Endocrinol. 2015;410:52–63. [PubMed: 25817542]
- 7. Narang I, Mathew JL. Childhood obesity and obstructive sleep apnea. J Nutrition Metab. 2012;2012(8):1–8.

- Janssen I, LeBlanc AG. Systematic review of the health benefits of physical activity and fitness in school-aged children and youth. Int J Behav Nutr Phys Act. 2010;7(1):40. [PubMed: 20459784]
- 9. Weaver RG, Beets MW, Brazendale K, Brusseau TA. Summer weight gain and fitness loss: causes and potential solutions. Am J Lifestyle Med. 2019;13(2):116–128. [PubMed: 30800015]
- Franckle R, Adler R, Davison K. Accelerated weight gain among children during summer versus school year and related racial/ethnic disparities: a systematic review. Prev Chronic Dis. 2014;11:E101. [PubMed: 24921899]
- von Hippel PT, Workman J. From kindergarten through second grade, US children's obesity prevalence grows only during summer vacations. Obesity. 2016;24(11):2296–2300. [PubMed: 27804271]
- von Hippel PT, Powell B, Downey DB, Rowland NJ. The effect of school on overweight in childhood: gain in body mass index during the school year and during summer vacation. Am J Public Health. 2007;97(4):696–702. [PubMed: 17329660]
- Chen T-A, Baranowski T, Moreno JP, et al.Obesity status trajectory groups among elementary school children. BMC Public Health. 2016; 16(1):526. [PubMed: 27387030]
- Park K-S, Lee M-G. Effects of summer school participation and psychosocial outcomes on changes in body composition and physical fitness during summer break. J Exerc Nutr Biochem. 2015;19(2):81–90.
- Economos CD, Hyatt RR, Must A, et al.Shape Up Somerville two-year results: a communitybased environmental change intervention sustains weight reduction in children. Prev Med. 2013;57(4):322–327. [PubMed: 23756187]
- 16. McCue MC, Marlatt KL, Sirard J. Examination of changes in youth diet and physical activity over the summer vacation period. Internet J Allied Health Sci Prac. 2013;11(1):8.
- Rodriguez AX, Olvera N, Leung P, O'Connor DP, Smith DW. Association between the summer season and body fatness and aerobic fitness among Hispanic children. J Sch Health. 2014;84(4):233–238. [PubMed: 24617906]
- Sallis JF, McKenzie T, Alcaraz J, Bohdan K, Faucette N, Hovell M. The effects of a 2-year physical education program (SPARK) on physical activity and fitness in elementary school students. Am J Public Health. 1997;87(8):7.
- Fu Y, Brusseau TA, Hannon JC, Burns RD. Effect of a 12-week summer break on school day physical activity and health-related fitness in low-income children from CSPAP schools. J Environ Public Health. 2017;2017:1–7.
- Brazendale K, Beets MW, Weaver RG, et al.Understanding differences between summer vs. school obesogenic behaviors of children: the structured days hypothesis. Int J Behav Nutr Phys Act. 2017;14 (1):100. [PubMed: 28747186]
- Staiano AE, Broyles ST, Katzmarzyk PT. School term vs. school holiday: associations with Children's physical activity, screen-time, diet and sleep. Int J Environ Res Public Health. 2015;12(8):8861–8870. [PubMed: 26264005]
- 22. Wang YC, Vine S, Hsiao A, Rundle A, Goldsmith J. Weight-related behaviors when children are in school versus on summer breaks: does income matter?J Sch Health. 2015;85(7):458–466. [PubMed: 26032276]
- Weaver R, Armstrong B, Hunt E, et al. The impact of summer vacation on children's obesogenic behaviors and body mass index: a natural experiment. Int J Behav Nutr Phys Act. 2020;17:1–14. [PubMed: 31898547]
- Olds T, Maher C, Dumuid D. Life on holidays: differences in activity composition between school and holiday periods in Australian children. BMC Public Health. 2019;19(2):450. [PubMed: 31159768]
- Wing YK, Li SX, Li AM, Zhang J, Kong APS. The effect of weekend and holiday sleep compensation on childhood overweight and obesity. Pediatrics. 2009;124(5):e994–e1000. [PubMed: 19858153]
- 26. Agostini A, Pignata S, Camporeale R, et al.Changes in growth and sleep across school nights, weekends and a winter holiday period in two Australian schools. Chronobiol Int. 2018;35(5):691–704. [PubMed: 29372811]

- 27. Nixon GM, Thompson JMD, Han DY, et al.Short sleep duration in middle childhood: risk factors and consequences. Sleep: J Sleep Sleep Disord Res. 2008;31(1):71–78.
- Brazendale K, Beets MW, Turner-McGrievy GM, Kaczynski AT, Pate RR, Weaver RG. Children's obesogenic behaviors during summer versus school: a within-person comparison. J Sch Health. 2018;88(12): 886–892. [PubMed: 30392188]
- 29. Blader JC, Koplewicz HS, Abikoff H, Foley C. Sleep problems of elementary school children: a community survey. Arch Pediatr Adolesc Med. 1997;151(5):473–480. [PubMed: 9158439]
- 30. Snell EK, Adam EK, Duncan GJ. Sleep and the body mass index and overweight status of children and adolescents. Child Dev. 2007;78(1): 309–323. [PubMed: 17328707]
- Gulliford M, Price C, Rona R, Chinn S. Sleep habits and height at ages 5 to 11. Arch Dis Child. 1990;65(1):119–122. [PubMed: 2301973]
- 32. Weaver RG, Beets MW, Perry M, et al.Changes in children's sleep and physical activity during a 1-week versus a 3-week break from school: a natural experiment. Sleep. 2019;42(1):zsy205.
- 33. Shadish WR, Cook TD, Campbell DT. In: Shedish WR, Cook TD, Campbell DT, eds. Experimental and quasi-experimental designs for generalized causal inference. Boston: Houghton Mifflin; 2002.
- 34. Kuczmarski R, Ogden C, Guo S, et al.CDC growth charts for the US: methods and development. Vital Health Stat. 2002;11(246):1–190.
- 35. Welk G, Meredith MD. Fitnessgram and Activitygram Test Administration Manual-Updated 4th Edition. Champaign, IL: Human Kinetics; 2010.
- Tomkinson GR, Léger LA, Olds TS, Cazorla G. Secular trends in the performance of children and adolescents (1980–2000). Sports Med. 2003;33(4):285–300. [PubMed: 12688827]
- Beets MW, Pitetti KH. One-mile run/walk and body mass index of an ethnically diverse sample of youth. Med Sci Sports Exerc. 2004;36(10): 1796–1803. [PubMed: 15595303]
- 38. Beets MW, Pitetti KH. A Comparison of 20-M shuttle-run performance of us Midwestern youth to their national and international counterparts. Pediatr Exerc Sci. 2004;16(2):94–112.
- Beets MW, Pitetti KH, Cardinal BJ. Progressive aerobic cardiovascular endurance run and body mass index among an ethnically diverse sample of 10–15-year-olds. Res Q Exerc Sport. 2005;76(4):389–397. [PubMed: 16739676]
- 40. Beets MW, Pitetti KH, Fernhall B. Peak heart rates in youth with mental retardation: Pacer vs. treadmill. Pediatr Exerc Sci. 2005;17(1): 51–61.
- 41. Beets MW, Pitetti KH. Criterion-referenced reliability and equivalency between the PACER and 1-mile run/walk for high school students. J Phys Act Health. 2006;3(s2):S21–S33.
- Trost SG, Rosenkranz RR, Dzewaltowski D. Physical activity levels among children attending after-school programs. Med Sci Sports Exerc. 2008;40(4):622–629. [PubMed: 18317385]
- 43. Beets MW, Wallner M, Beighle A. Defining standards and policies for promoting physical activity in afterschool programs. J Sch Health. 2010;80(8):411–417. [PubMed: 20618624]
- Beets MW, Huberty J, Beighle A. Physical activity of children attending afterschool programs research- and practice-based implications. Am J Prev Med. 2012;42(2):180–184. [PubMed: 22261215]
- 45. Beets MW, Weaver RG, Moore JB, et al.From policy to practice: strategies to meet physical activity standards in YMCA afterschool programs. Am J Prev Med. 2014;46(3):281–288. [PubMed: 24512867]
- 46. Beets MW, Weaver RG, Turner-McGrievy G, et al.Making policy practice in afterschool programs: a randomized control trial on physical activity changes. Am J Prev Med. 2015;48:694–706. [PubMed: 25998921]
- 47. Kabir Yadav M, Lewis RJ. Gatekeeping strategies for avoiding false-positive results in clinical trials with many comparisons. JAMA. 2017; 318:1385–1386. [PubMed: 29049572]
- 48. Galbraith S, Bowden J, Mander A. Accelerated longitudinal designs: an overview of modelling, power, costs and handling missing data. Stat Methods Med Res. 2017;26(1):374–398. [PubMed: 25147228]

- Duncan SC, Duncan TE, Strycker LA, Chaumeton NR. A cohort-sequential latent growth model of physical activity from ages 12 to 17 years. Ann Behav Med. 2007;33(1):80–89. [PubMed: 17291173]
- 50. Baranowski T, O'Connor T, Johnston C, et al.School year versus summer differences in child weight gain: a narrative review. Child Obes (Print). 2014;10(1):18–24.
- Weaver RG, Hunt E, Rafferty A, et al. The potential of a year-round school calendar for maintaining children's weight status and fitness: preliminary outcomes from a natural experiment. J Sport Health Sci. 2020;9(1):18–27. [PubMed: 31921477]
- 52. Brusseau TA, Burns RD, Fu Y, Weaver RG. Impact of year-round and traditional school schedules on summer weight gain and fitness loss. Child Obes. 2019;15(8):541–547. [PubMed: 31364859]
- 53. Hopkins LC, Holloman C, Melnyk B, et al.Participation in structured programming may prevent unhealthy weight gain during the summer in school-aged children from low-income neighbourhoods: feasibility, fidelity and preliminary efficacy findings from the Camp NERF study. Public Health Nutr. 2019;22(6):1–13. [PubMed: 30595139]
- Hunt ET, Whitfield ML, Brazendale K, Beets MW, Weaver RG. Examining the impact of a summer learning program on children's weight status and cardiorespiratory fitness: a natural experiment. Eval Program Plann. 2019;74:84–90. [PubMed: 30939299]
- Moreno JP, Johnston CA, Woehler D. Changes in weight over the school year and summer vacation: results of a 5-year longitudinal study. J Sch Health. 2013;83(7):473–477. [PubMed: 23782089]
- 56. LaVeist TA. Disentangling race and socioeconomic status: a key to understanding health inequalities. J Urban Health. 2005;82:iii26–iii34. [PubMed: 15933328]
- Flores G, Tomany-Korman SC, Olson L. Does disadvantage start at home?: racial and ethnic disparities in Health-Related early childhood home routines and safety practices. Arch Pediatr Adolesc Med. 2005;159(2):158–165. [PubMed: 15699310]
- Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the united states, 2011–2012. JAMA. 2014;311 (8):806–814. [PubMed: 24570244]
- Whitaker RC, Orzol SM. Obesity among US urban preschool children: relationships to race, ethnicity, and socioeconomic status. Arch Pediatr Adolesc Med. 2006;160(6):578–584. [PubMed: 16754818]
- Ogden CL, Carroll MD, Lawman HG, et al. Trends in obesity prevalence among children and adolescents in the United States, 1988–1994 through 2013–2014. JAMA. 2016;315(21):2292– 2299. [PubMed: 27272581]
- 61. Ogden CL, Carroll MD, Fryar CD, Flegal KM. Prevalence of obesity among adults and youth: United States, 2011–2014. US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics; 2015.
- 62. von Hippel PYear-round school calendars: Effects on summer learning, achievement, parents, teachers, and property values. In: Alexander K, Pitcock S, Boulay M, eds. The Summer Slide: What We Know and Can Do About Summer Learning Loss. New York: Teachers College Press; 2015.
- 63. Gutin B, Yin Z, Johnson M, Barbeau P. Preliminary findings of the effect of a 3-year after-school physical activity intervention on fitness and body fat: the Medical College of Georgia Fitkid Project. Int J Pediatr Obes. 2008;3(sup1):3–9.

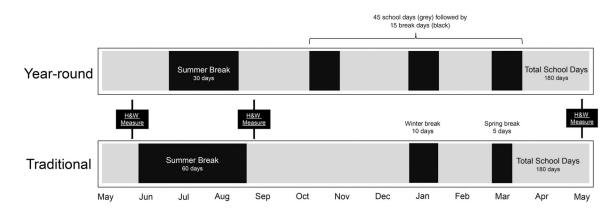


FIGURE 1.

Traditional and year-round school calendars for the participating schools

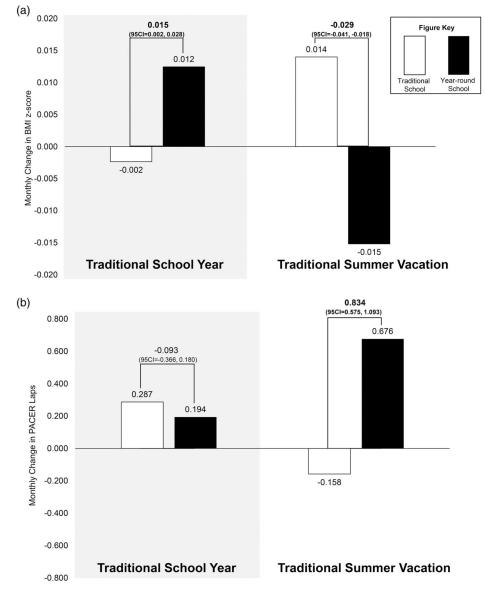


FIGURE 2.

Model estimated mean monthly change in, A, BMI z-score and, B, PACER laps across years of assessment bolded values are statistically significant at P < 0.05

Weaver et al.

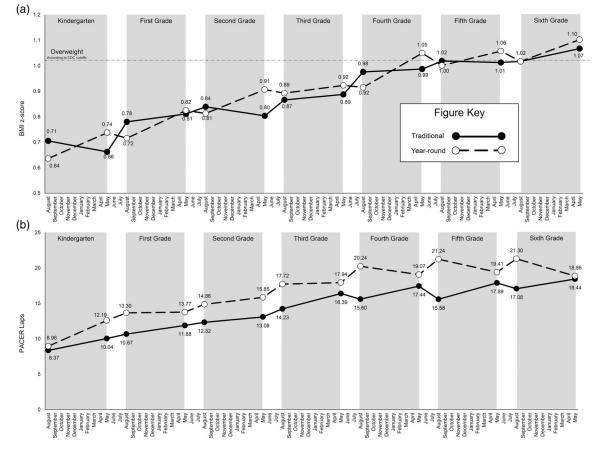


FIGURE 3.

Spline growth models for, A, BMI z-score and, B, fitnessgram PACER laps from kindergarten through sixth grade

TABLE 1

Characteristics of participant schools and students at first measure

| SchoolYear-round CalendarTrSchool CharacteristicsYear-round CalendarTrSchool CharacteristicsForcent Male\$5.3Percent Male\$2.3 $*e6$ Race\$2.3 $*e6$ Race\$2.3 $*e6$ Percent Black\$1.1Percent Black\$1.2.6Percent Black\$1.2.6Percent Black\$1.2.6Percent Black\$1.1Percent Black\$1.2.6Percent Black\$1.1Percent Black\$1.1Percent Black\$1.2.6Percent Black\$1.1Percent Black\$1.1Percent Black\$1.1Percent Black\$1.1Percent Black\$1.1Percent Black\$1.1Percent Black\$1.1Mean Grade (SD)\$2.2Percent Male\$1.1Mean Age (SD)\$2.2Mean Age (SD)\$2.2Mean Age (SD)\$2.2Mean Age (SD)\$2.2Percent Black\$5.0Mean Age (SD)\$2.2Mean Black or White)\$5.0Mean BMI (SD)\$9.0Mean BMI (SD | | | |
|---|------------------------------|-----------------------------|-------------|
| je je | alendar Traditional Calendar | Traditional Calendar | All Schools |
| (e) (e) | | | |
| je | 761 | 877 | 2489 |
| je i | 52.9 | 52.7 | 52.6 |
| <i>(i)</i> | k-6 | k-6 | k-6 |
| je | | | |
| je i | 15.4 | 30.0 | 23.9 |
| je je | 72.3 | 56.8 | 63.4 |
| (je) | 12.3 | 13.2 | 12.7 |
| ej | 80.5 | 89.0 | 85.9 |
| | | | |
| | 700 | 804 | 2279 |
| | 54.5 | 50.3 | 51.8 |
| |) 2.3 (2.1) | 2.3 (2.1) | 2.3 (2.1) |
| | () 7.9 (2.2) | 7.9 (2.3) | 7.9 (2.3) |
| | | | |
| | 18.3 | 31.9 | 26.9 |
| | 69.9 | 58.6 | 64.6 |
| | 11.9 | 9.5 | 8.6 |
|) entile (SD) weight al Weight | 5) 12.5 (7.7) | 12.7 (8.5) | 13.3 (8.6) |
| | 19.6 (5.6) | 19.2 (5.4) | 19.4 (5.5) |
| | (4) 0.86 (1.25) | 0.82 (1.25) | 0.88 (1.26) |
| lerweight mal Weight | .1) 70.7 (29.6) | 70.2 (29.7) | 71.7 (28.8) |
| <u>pt</u> | | | |
| | 2.5 | 2.9 | 2.2 |
| | 50.8 | 53.8 | 52.2 |
| Percent Overweight 16.9 | 16.0 | 16.1 | 16.4 |

Author Manuscript

Author Manuscript

All Schools 29.3

27.2

Year-round Calendar Traditional Calendar Traditional Calendar

30.7

30.1

Percent Obese

School

U

В

¥

TABLE 2

Number of participants measured at each wave

| | Traditional (n) | Year-Round (n) | Total (n) |
|-------------|-----------------|----------------|-----------|
| Spring 2017 | 621 | 385 | 1006 |
| Fall 2017 | 651 | 377 | 1028 |
| Spring 2018 | 671 | 373 | 1044 |
| Fall 2018 | 682 | 380 | 1062 |
| Spring 2019 | 631 | 371 | 1002 |
| Fall 2019 | 657 | 362 | 1019 |

| Author |
|------------------|
| Author Manuscrip |
| ot |
| Aut |
| Author Manuscrip |
| uscript |

Author Manuscript

Weaver et al.

TABLE 3

Model estimated monthly change in BMI z-score and PACER laps by weight status at first measure and race

BMI z-score

| | | | DIVID | BINIL Z-SCOFE | | | | | | | | | | |
|------------------|------------------|-------------|-------|-----------------------------------|-------------|------------------------------|-------------------------|--------------------|------|------------------------------|------------|------------------------------|-------------------------|---------------------|
| | | | Mon | Months of traditional school year | onal school | year | | | Mont | Months of traditional summer | onal summe | r | | |
| | | | = | Mean change | SD | Model estimated change | Difference in change | 95CI | a a | Mean change | SD | Model estimated change | Difference in Change | 95CI |
| Weight Status | Normal Weight | Traditional | 534 | -0.007 | (0.067) | -0.007 | 0.013 | (-0.005 0.031) | 655 | 0.000 | (0.167) | 0.000 | -0.028 | (-0.044, -0.013) |
| | | Year-round | 325 | 0.006 | (0.054) | 0.006 | | | 424 | -0.029 | (0.157) | -0.028 | | |
| | Overweight | Traditional | 179 | 0.011 | (0.070) | 0.015 | 0.010 | (-0.016, 0.036) | 187 | 0.042 | (0.145) | 0.044 | -0.026 | (-0.051, -0.000) |
| | | Year-round | 105 | 0.024 | (0.047) | 0.025 | | | 117 | 0.015 | (0.110) | 0.018 | | |
| | Obese | Traditional | 325 | 0.003 | (0.046) | 0.006 | 0.011 | (-0.015, 0.018) | 413 | 0.039 | (0.149) | 0.041 | -0.033 | (-0.049, -0.017) |
| | | Year-round | 211 | 0.016 | (0:039) | 0.017 | | | 254 | 0.007 | (0.061) | 0.008 | | |
| Race | White | Traditional | 295 | 0.002 | (0.066) | 0.002 | 0.007 | (-0.015, 0.029) | 358 | 0.005 | (0.173) | 0.005 | -0.014 | (-0.034, 0.006) |
| | | Year-round | 196 | 0.00 | (0.046) | 0.00 | | | 262 | -00.00 | (0.131) | -0.009 | | |
| | Black | Traditional | 683 | -0.003 | (0.066) | -0.003 | 0.016 | (0.000, 0.031) | 816 | 0.020 | (0.174) | 0.020 | -0.039 | (-0.053, -0.025) |
| | | Year-round | 435 | 0.013 | (0.050) | 0.013 | | | 527 | -0.019 | (0.149) | -0.020 | | |
| | Other | Traditional | 92 | -0.008 | (0.059) | -0.008 | 0.033 | (-0.026, 0.091) | 116 | 0.009 | (0.158) | 0.00 | -0.023 | (-0.076, 0.029) |
| | | Year-round | 19 | 0.022 | (0.037) | 0.024 | | | 24 | -0.017 | (0.098) | -0.014 | | |
| | | | PAC | PACER Laps | | | | | | | | | | |
| | | | Mon | Months of traditional school year | onal school | year | | | Mont | Months of traditional summer | onal summe | ar | | |
| | | | u | Mean change | SD | Model estimated change | Difference in change | 95CI | п | Mean change | SD | Model estimated change | Difference in change | 95CI |
| Weight Status | Normal Weight | Traditional | 501 | 0.403 | (1.033) | I | I | 1 | 595 | -0.180 | (2.709) | -0.174 | 1.130 | (0.751, 1.508) |
| | | Year-round | 308 | 0.273 | (1.008) | Ι | Ι | 1 | 395 | 0.960 | (3.351) | 0.956 | | |
| | Overweight | Traditional | 167 | 0.227 | (0.920) | I | I | I | 181 | 0.041 | (2.383) | 0.051 | 0.693 | (0.186, 1.199) |
| | | Year-round | 95 | 0.167 | (0.829) | I | I | | 105 | 0.752 | (2.893) | 0.743 | | |

| 2002 | Traditional 298 | 298 | 0.152 | (0.683) | I | I | | 377 | -0.137 | (1.526) -0.129 | -0.129 | 0.612 | (0.381, 0.843) |
|-------|---------------------|-----|-------|---------|---|---|--------|-----|-----------|----------------|--------|-------|-------------------|
| | Year-round 202 | | 0.006 | (0.542) | I | I | 1 | 242 | 0.477 | (2.249) | 0.483 | | |
| White | Traditional | 282 | 0.269 | (0.846) | I | I | I I | 335 | -0.316 | (2.330) | -0.343 | 1.022 | (0.689, 1.355) |
| | Year-round 183 | 183 | 0.194 | (0.763) | I | I | | 244 | 244 0.690 | (2.975) | 0.678 | | |
| Black | Traditional | 648 | 0.304 | (0660) | I | I | I I | 760 | -0.079 | (2.353) | -0.080 | 0.936 | (0.605, 1.266) |
| | Year-round 420 | 420 | 0.156 | (0.911) | I | I | | 499 | 499 0.858 | (3.032) | 0.856 | | |
| Other | Traditional 83 | | 0.268 | (0.778) | I | I | | 107 | 0.065 | (2.110) | 0.051 | 0.079 | (-0.702, 0.860) |
| | Year-round 20 0.139 | 20 | 0.139 | (0.804) | I | I | | 21 | 0.048 | (1.927) 0.130 | 0.130 | | |

Author Manuscript

Author Manuscript

Author Manuscript

Author Manuscript