

FACTS

If You Build It They Will Use It!

School Construction and Physical Education

OVERVIEW

Currently, about 1 out of every 6 children in the U.S. is considered obese.¹ In addition to poor diet, a sharp decline in physical activity has contributed to the childhood obesity epidemic.¹ Indeed, many experts believe one of the best ways to reduce obesity is to increase physical activity.² The American Heart Association recommends that children get at least 60 minutes of moderate or vigorous-intensity physical activity a day.³ In previous years, children were more likely to meet those standards through daily physical education classes in their schools.⁴ However, today, only 3.8% of elementary, 7.9% of middle, and 2.1% of high schools provide daily physical education or its equivalent for the entire school year.⁵ Many schools are simply unable to do so because of outdated, deteriorating, and unsafe gyms and other facilities.

SCHOOLS LACK SAFE AND ADEQUATE SPACE FOR PHYSICAL ACTIVITY

Crumbling and unsafe school facilities make it difficult for many teachers to conduct and supervise structured physical education programs.

- Three-quarters of schools have reported that they need funds for repairs, renovations, and modernization to upgrade their schools' overall condition to "good."⁶
- In one out of every five schools, teachers must routinely use school common areas – such as cafeterias or gyms – for instructional purposes.⁷
- The percentage of schools with access to a gym is significantly lower in urban schools (69%) than in suburban (86%) and rural (94%) schools. Urban schools are also more likely to use regular classrooms, a cafeteria or auditorium, trailer, or parking lot for PE than their suburban and rural counterparts.⁸
- Although Illinois requires daily PE, the state grants waivers to school districts that are unable to meet the requirement – a full 30% of districts in the state. Of those authorized waivers, 21.3% have been granted on account of inadequate facilities.⁹ Anecdotal evidence indicates this is a pattern repeated in communities across the country.

NATIONAL GUIDELINES FOR PHYSICAL ACTIVITY FACILITIES

- The National Association for Sport and Physical Education (NASPE) sets national guidelines for school physical education. Those call for a dedicated athletic facility; adequate space (110 to 150 square feet per-child); a student/teacher ratio of no more than 25:1; equipment storage space; restrooms and drinking fountains; outdoor spaces; and natural play areas.¹⁰
- School reconstruction and modernization should also promote physical activity and wellness for all age groups in the community.

THE AHA ADVOCATES FOR SCHOOL RENOVATION THAT ALSO PROMOTES PHYSICAL ACTIVITY

The American Heart Association advocates for quality physical education in our nation's schools to help reduce the obesity epidemic among children and youth. Any construction, modernization, renovation, or repair funds for schools should include support for indoor and outdoor school physical education and physical activity facilities.

Making these facilities available to the public during non-school hours is an important way to increase physical activity opportunities in the community and address our nation's obesity epidemic. In low-income and rural areas with limited access to gyms and open spaces, expanding the use of such facilities for community use during non-school hours can provide low-cost opportunities for physical activity in a safe environment and help improve the health of community members of all ages.¹¹

The AHA supports promoting and funding construction efforts in all schools, especially those where physical activity and physical education are being impeded due to a lack of adequate facilities. Construction efforts should be encouraged through:

- Providing tax incentives through the Qualified Zone Academy Bonds (QZABs)
- Offering tax incentives through the Qualified School Construction Bonds (QSCBs)

- Providing direct grant funding for schools in high-need communities; and
- Conducting research to assess the extent to which the physical condition of facilities impedes schools from providing daily, quality physical education and ensuring that kids are physically active during the school day.

TESTIMONIALS FROM EDUCATORS

Parkersburg, WV. I work in a typical gymnasium constructed in the early 1950s. It has unsafe walls and six doorways with unprotected brick corners, which could cause severe head trauma or bodily injury. This gym, like thousands of others in American schools, could be redesigned to be an auditorium, which the school sorely needs. And a 21st century gymnasium could be built that meets current safety standards, has water fountains and provides adequate room for movement. The gym could be used after school hours in the evening and on weekends by community recreation programs to promote lifetime wellness.

Indianapolis, IN. Because we use the school gym to serve lunch, I must teach physical education in the hallway or in a classroom for as many as three periods a day. I am constantly looking for things to do with classes stuck in these classrooms or in hallways that will not interfere with other instruction. In a nutshell, my students are not getting the quality of physical education that they need to remain fit and healthy.

Cayce, South Carolina. For most of my 29 years teaching elementary PE, my primary teaching space has been a blacktop area, or part of a playground where I must contend with heat, cold, bugs, noisy recesses, lawn mowers, traffic and a host of other distractions. The formidable challenge is to provide developmentally appropriate instruction in a safe and adequate environment. Money will be required to create this infrastructure. But that will force lawmakers to demonstrate just how committed they are to promoting physically active lifestyles and a citizenry that maintains acceptable levels of physical fitness for life. It is easy to bewail the staggering statistics regarding obesity, Type 2 diabetes, and cardiovascular disease among our population. It is much harder – but necessary – to support the changes that are needed with adequate funding.

Minot, North Dakota. The temperatures in December hover at around -20 degrees F so outdoor PE is out of the question. There are about 450 K-5 students at our school, but unfortunately, our gym is also the lunchroom for about two hours each day. During that time, PE classes are taught in the shelter in the basement, with 9-foot ceilings and vertical support beams in the middle of the room. I was told that the cracked shelter floor could not be painted or improved, because there is too much moisture. Many students do not have a PE class in

the gym until the third grade. Students using wheel chairs or walkers never have PE in the gym, because we have no elevator.

South Providence, RI. When I started at my school they used one half of a small cafeteria for the gym (the other half was used for lunch.) Activities in that room were severely limited by a cement floor, brick walls, a low ceiling, and poles in the middle of the room. It was not a safe place to conduct a physical activity program. So when the mayor came to visit the school, I asked him if he would like to see my physical education facilities. He said, “Sure” and I explained that the lunchroom he was sitting in was my gym. I told him my kids have never been able to play basketball, volleyball, or many other sports in PE due to the limitations of the room. He turned to his secretary and said, “Let’s build her a gymnasium!” I now have a high-school-sized gym and my physical education program is awesome! My kids move and learn every day and they have physical education classes twice a week!

References:

- ¹ Roger, V. L. et al. Heart Disease and Stroke Statistics 2011 Update: A Report From the American Heart Association. *Circulation*. Published online ahead of print. December 2010.
- ² Government Accountability Office. Childhood Obesity: Most Experts Identified Physical Activity and the Use of Best Practices as Key to Successful Programs. GAO-06-127R: Washington, D.C.: 2005. Available at: <http://www.gao.gov/new.items/d06127r.pdf>. Accessed March 8, 2010.
- ³ US Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans. Available at: <http://www.health.gov/paguidelines/guidelines/intro.aspx>. Accessed March 18, 2010.
- ⁴ McMurrer J. Instructional Time in Elementary Schools: A Closer Look at Changes for Specific Subjects. Washington, DC: Center on Education Policy, 2008.
- ⁵ Centers for Disease Control. School Health Policies and Programs Study (SHPPS) 2006. *Journal of School Health*. 2007; 77(8).
- ⁶ Lewis, L. et. al. Condition of America’s public school facilities, 1999. U.S. Dept. of Education, Office of Educational Research and Improvement, National Center for Education Statistics. Washington, DC: 2000 Available at: <http://purl.access.gpo.gov/GPO/LPS6195>. Accessed March 8, 2010.
- ⁷ American Federation of Teachers. Building Minds, Minding Buildings: Turning Crumbling Schools into Environments for Learning. Washington, D.C.: 2006. Available at: http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/30/b2/f5.pdf. Accessed March 8, 2010.
- ⁸ Communication from Howell Wechsler (Centers for Disease Control). (03/10/2010). Urbanicity Analyses of School Health Policies and Programs Study (SHPPS) 2006 Data. Email to Laurie Whitsel (AHA). Original data source: School Health Policies and Programs Study (SHPPS) 2006. *Journal of School Health*. 2007; 77(8).
- ⁹ Illinois State Board of Education. Summary of Approved Waivers and Modifications, Cumulative Report: 1995-2009. February 2010. Available at: <http://www.isbe.net/isbewaivers/pdf/cumulativewaiver.pdf>. Accessed on March 25, 2010.
- ¹⁰ National Association for Sport and Physical Education. Moving into the future: National Standards for Physical education (2nd Ed.). Reston, VA: 2004.
- ¹¹ Keener, D., Goodman, K., Lowry, A., Zaro, S., & Kettel Khan, L. (2009). *Recommended community strategies and measurements to prevent obesity in the United States: Implementation and measurement guide*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.