

Supporting Recess in Elementary Schools

Recess provides students with a needed break from their structured school day. It can improve children's physical, social, and emotional well-being, 1,2 and enhance learning, 3 Recess helps children meet the goal of 60 minutes of physical activity (PA) each day, as recommended by the US Department of Health and Human Services. A National organizations (e.g., Centers for Disease Control and Prevention, American Academy of Pediatrics) recommend that districts provide at least 20 minutes of daily recess for all students in elementary schools. 2,5-9

This brief highlights areas where school recess policy opportunities exist, and where policies are well-established. It summarizes policy actions taken by public school districts, all 50 states and the District of Columbia from the 2012–2013 school year, from the Bridging the Gap (BTG) study. All policies were collected and coded by BTG researchers using a standardized method based on evidence-based guidelines and recommendations from expert organizations and agencies. 10,11 Complete details about how these data were collected and compiled are available in the companion methods documentation. 12

WHAT ACTIONS HAVE SCHOOL DISTRICTS & STATES TAKEN?

Few school district wellness and state policies address daily recess for elementary school or address recess as part of policy provisions for daily physical activity. During the 2012-2013 school year, the BTG study found that

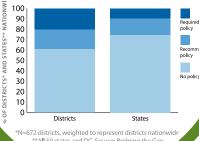
■ Just 4% of districts *suggested* a specific amount of time for PA throughout the school day; the majority of these districts included recess in the definition of PA.

At the District Level:

- 61% of districts had no policy regarding daily recess for elementary school students (Figure 1).
- Only 20% of districts required daily recess for elementary school students (Figure 1). Fewer than half of these districts required at least 20 minutes of daily recess.
- Just 19% of districts recommended daily recess, less than one-third of which encouraged at least 20 minutes of daily recess.
- 10% of districts required a set amount of time for PA during the school day; all of these districts included recess in the definition of PA.

Percentage of

Districts and States that Required, Recommended, or had No Policy for Daily Recess in Elementary Schools, SY 2012-13



**All 50 states and DC. Source: Bridging the Gar

FIGURE 1

At the State Level:

- Only 5 states required daily recess for elementary school students (Figure 1). Among these, only two states required at least 20 minutes of daily recess.
 - 8 states *recommended* daily recess for elementary school students (Figure 1). Among these, 2 states recommended at least 20 minutes of daily recess.
 - 10 states *required* a set amount of time for PA during the school day; half of these included recess in the definition of PA.

■ 4 states *recommended* a specific amount of time for PA throughout the school day, and only 1 of these states included recess in the definition of PA.





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ENCOURAGING DAILY RECESS

What Can You Do?

There are a number of evidence-based strategies and expert recommendations to improve recess in schools. ^{2,4-9} The actions below can help you implement these strategies and recommendations. See the Resources section at the end for links to documents and websites that provide additional information.

STATES

- Develop and adopt daily recess policies, and monitor district and school implementation.
- Provide districts with training and technical assistance for revising district wellness and recess policies that align with national recommendations.

- Work with districts to upgrade and maintain PA equipment, sports fields, courts, and playgrounds that are used for recess.
- Assist districts with monitoring and reporting on the implementation of district wellness policies.

SCHOOL DISTRICTS AND SCHOOLS

- Create a school health council that includes district and community stakeholders to implement, monitor, and evaluate activities that align with wellness policy goals.
- Review and revise the district wellness policy to

- align with national recess recommendations and assist schools with implementing the policy.
- Make the district wellness policy available to parents and other stakeholders (e.g., district website).
- Involve parents and other stakeholders in reviewing and revising district wellness and recess policies.
- Offer daily recess for elementary school students in addition to PE.
- Maintain safe and age-appropriate equipment for students to use during recess.
- Ensure that well-trained supervisors are present during recess.

RESOURCES

- U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans Midcourse Report: Strategies to Increase Physical Activity among Youth. http://www.health.gov/paguidelines/midcourse/pag-mid-course-report-final.pdf.
- USDA Food and Nutrition Service. Local School Wellness Policy. http://www.fns.usda.gov/tn/local-school-wellness-policy.
- USDA Healthy Meals Resource System. School Nutrition Environment and Wellness Resources. http://healthymeals.nal.usda.gov/school-wellness-resources.
- SHAPE America. Position Statement: Recess for Elementary School Students. http://www.shapeamerica.org/advocacy/positionstatements/pa/loader.cfm?csModule=security/getfile&pageid=4630.

- International Play Association. Promoting Recess. http://www.ipausa.org/recess pages/promoting recess.html.
- Let's Move Active Schools. www.letsmoveschools.org.
- American Academy of Pediatrics. Policy Statement: The Crucial Role of Recess in School. http://pediatrics.aappublications.org/content/131/1/183.full.pdf.
- Bridging the Gap Research. School district wellness policy-related reports and materials. http://www.bridgingthegapre-search.org/research/district wellness policies.

REFERENCES

- 1 Ramstetter CL, Murray R, Garner AS. The crucial role of recess in schools. J Sch Health 2010;80:517-526.
- $^2\mathrm{American}$ Academy of Pediatrics. Policy Statement: The Crucial Role of Recess in School. Pediatrics 2013;131:183-188.
- ³Centers for Disease Control and Prevention. The Association between school-based physical activity, including physical education, and academic performance. Atlanta, GA: U.S. Department of Health and Human Services; 2010.
- ⁴U.S. Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans.
- ⁵Centers for Disease Control and Prevention. School health guidelines to promote healthy eating and physical activity. MMWR 2011;60:1–76.
- ⁶ American Academy of Pediatrics. Prevention and Treatment Childhood Overweight and Obesity: Policy Tool. Available at: http://www2.aap.org/obesity/schools_l.html.
- ⁷Institute of Medicine. Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation. Washington, DC: The National Academies Press; 2012.
- ⁸Institute of Medicine. Educating the Student Body: Taking Physical Activity and Physical Education to School. Washington, DC: The National Academies Press; 2013.
 ⁹SHAPE America. Position Statement: Recess for Elementary School Students.

 Available at: http://www.shapeamerica.org/advocacy/positionstatements/pa/loader.cfm?csModule=security/getfile&pageid=4630.
- ¹⁰ Institute of Medicine. Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth. Washington, DC: The National Academies Press; 2007.
- ¹¹ Schwartz MB, Lund AE, Grow HM, et al. A comprehensive coding system to measure the quality of school wellness policies. J Am Diet Assoc. 2009;109(7):1256-1262.
- ¹² Bridging the Gap Research Program. Methods Document for the CDC and Bridging the Gap Local School Wellness Policy Briefs. Available at: http://www.cdc.gov/healthyyouth/policy/pdf/methodsforwellnesspolicybriefs.pdf.

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