RECLAIM RECESS

AUTHORS

- HANNAH ABRAMS, BA
- LAUREN FULLER, BS
- SAMEER KINI, BA
- ANDREA GRIMBERGEN, BA
- CLAIRE BOCCHINI, MD, MS
- ANA MONTERREY, MD, MPH
- JONIQUA CEASAR, BS



Baylor College of Medicine

DEPARTMENT OF

About the Center for Child Health Policy and Advocacy

The Center for Child Health Policy and Advocacy at Texas Children's Hospital, a collaboration between the Baylor College of Medicine Department of Pediatrics and Texas Children's Hospital, delivers an innovative, multi-disciplinary, and solutions-oriented approach to child health in a vastly evolving health care system and market place. The Center for Child Health Policy and Advocacy is focused on serving as a catalyst to impact legislative and regulatory action on behalf of vulnerable children at local, state, and national levels. This policy brief is written to address the cognitive and physical health benefits of recess and the consequences of state recess policies on children.

Contributors

Hannah Abrams, BA Lauren Fuller, BS Sameer Kini, BA Andrea Grimbergen, BA Claire Bocchini, MD, MS Ana Monterrey, MD, MPH Joniqua Ceasar, BS

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INTRODUCTION



Remember recess? You might remember football, tag, or monkey bars. What you might not remember are the cognitive, psychological, physical health benefits of recess. However, our Texas children are being denied recess, and they are losing significant developmental advantages. Current evidence overwhelmingly shows that recess provides significant health and academic benefits. Yet, recess is disappearing across Texas schools. By strengthening Texas recess policy, we not only promote greater health outcomes, but also improve academic performance, reduce socioeconomic disparities, and lower health costs. Healthy students are better learners. Improved recess policy is critical to health and prosperity for all Texans.

RECESS IN TEXAS TODAY

Under current Texas guidelines, one in four students misses out on recess.

Texas' education code recommends that students have 135 minutes per week for physical activity, which includes physical education and structured recess.¹ However, **schools are permitted to take recess away if students are not performing well academically or if the school cannot afford a physical education teacher**.² Students are also able to earn their required physical education credits via online physical education courses.³ These exceptions in the law have led to drastic consequences for students; a 2010 survey found that nearly one-fourth (24.1%) of Texas elementary **schools did not provide recess**.⁴





Texas children suffer because of lack of physical activity.

Only 29% of Texas children ages 6-17 engage in vigorous physical activity for more than 20 minutes every day; this falls well short of the American Academy of Pediatrics' recommended 60 minutes of moderate-to-vigorous activity per

71% of Texas children ages 6-17 do not engage in vigorous physical activity for more than 20 minutes a day day.⁵ Furthermore, **36.6% of Texas children between the ages of 10 and 17 are overweight or obese**.⁶ Beyond immediate health risks, childhood overweight and obesity predispose children to lifelong health issues including adult overweight and obesity.⁷ Medical costs for childhood obesity alone weigh heavily on the state. In 2005, Texas' obesityassociated hospital costs for children were \$237.6 million per year.⁸ Correspondingly, over two-thirds of Texas adults are obese, and healthcare for obese adults also exceeds those for normal-weight adults by 42%.⁹⁻⁴¹

HEALTH CONSEQUENCES OF NO RECESS

Decreased physical activity increases the risk of childhood obesity.

Without recess, children have limited or no time for physical activity during the school day and have an increased amount of sedentary time. These factors increase the risk of childhood obesity. Reduced physical activity and obesity raise the risk of developing chronic illnesses such as diabetes, heart disease, high blood pressure, and asthma. **Obese and overweight children are more likely to remain obese in adulthood, further increasing their risk for developing chronic illnesses.**¹⁰ Along with physical health risks, obese children face a



higher risk for anxiety and depression.¹¹ They also experience lower self-esteem and academic performance.¹² A research study found that children who had limited or no physical activity during the school day remained physically inactive after school.¹³ **Recess is a critical time to get physical activity in, especially since children are not compensating for their lack of activity at home.**

Children without recess have a higher risk of developing depression and anxiety.

As the pressure for high test scores increases, children are faced with more challenging course work and more pressure to meet high standards of success. **Without recess, children have one challenging cognitive task after another with no breaks. This can raise stress levels and increase the risk for developing anxiety.**¹⁴ Childhood obesity also has a negative impact on mental health. Depression can be considered both a cause and consequence of obesity and can lead to eating disorders and low self-esteem. Social discrimination can make it difficult for obese or overweight children to make friends. The consequences of obesity and depression make it difficult for these children to succeed both socially and academically.^{15,16}



Only 19 per 100 Texas 3rd graders meet all 6 Health Fitness Zone goals.¹⁶

Children without recess have decreased academic performance.

Schools have replaced recess with more class time in hopes of having students get higher scores. However, more class time does not lead to better scores. There are many studies that show children that get a recess break between cognitive activities showed better focus and attention on the next cognitive activity than children who did not get a break.¹⁷ Not only does physical activity increase neural activity in the brain, but consistent physical activity also improves memory function over time.43 After participating in a ninemonth afterschool program with 70 minutes of moderate to vigorous exercise per weekday, elementary-aged children demonstrated improvements in relational and working memory that were not found in children waitlisted for the afterschool program.43 Recess allows the mind to rest

Consequences of Lack of Recess	Benefits of Recess
Risk of childhood obesity	Risk of chronic
Risk of anxiety and depression	Mental health
Academic performace	Social development and academic performace
After 20 minutes of sitting quietly	After 20 minutes of walking

and process recently learned information. Without recess, children are less focused and more likely to have behavioral problems during class.¹⁸ **Increased recess time has been shown to have a positive effect on academic performance and behavior**.¹⁹

HEALTH BENEFITS OF RECESS

Increased physical activity reduces the risk of developing chronic illnesses.

Recess allows children to engage in physical activity during the normally sedentary school day. Compared to physical education classes or after school programs, **42% of a child's total physical activity opportunities occur during recess**.²⁰ Recess allows children to get closer to achieving the recommended 60 minutes of daily activity. **Regular physical activity and reduced sedentary time lowers the risk of developing obesity, diabetes, heart disease, high blood pressure, high cholesterol, and asthma.** It also reduces the risk of premature death.²¹ Physical activity also aids in the development and maintenance of healthy bones and muscles. In addition to physical education classes, increased physical activity through recess can make a positive long-term impact on a child's health and wellbeing.

Recess improves mental health.

Recess provides an opportunity during the rigorous school day for children to relax and have some fun. **Thismental break allows them to process information and form long-term memories of recently learned information.** It gives children a break from academic pressure and reduces stress levels. Recess also provides a time for socialization and building relationships. This can help improve self-esteem and overall happiness.²² **Physical activity reduces the risk of developing depression and anxiety.**²³ **Improved mental and physical**



health reduces the number of days children are absent from school.

Recess promotes positive social development and academic performance.

Recess is an important time for social development. Unstructured play time allows children to develop their own games and choose how to manage their time. This freedom allows them to be creative and active while interacting with peers.²² This also aids in the **development of social skills, like teamwork and conflict resolution**. Participation in sports is correlated with increased self-esteem, better social skills, and decreased depression. **Children who are physically active are more likely to succeed academically and have better attendance at school.**²³ Recess not only improves the child's mental and physical wellbeing, but it also improves social development and academic performance.



 Healthy Fitness Zone for Cardiovascular Health

Healthy Fitness Zone for BMI

Children within the Healthy Fitness Zone standards for cardiovascular health and body mass index (BMI) are more likely to have improved test scores, better attendance, and fewer disciplinary actions than children who do not meet these Healthy Fitness Zone standards.²⁶

ECONOMIC AND SOCIAL CONSEQUENCES OF LACK OF RECESS

Recess improves physical health and could offset the healthcare costs of obesity.

Correlation between Student Fitness, Test Scores,

Obesity is closely associated with many preventable chronic physical and mental illnesses. Obesity-related complications, like diabetes, heart disease, stroke, and certain cancers, are the leading causes of death in the U.S. and world-wide.42 As it currently stands, **obesity-**

\$1.4 Billion

Annual cost of obesity-related healthcare problems in Texas

related healthcare problems cost Texas over \$1.4 billion a year, as medical spending on obese individuals was 42% higher compared to their non-obese counterparts.⁴¹ Not only do obese children cost 25% more to treat for issues such as asthma, pneumonia, and appendicitis, but it also has been shown than one-third **of obese preschoolers and one-half of obese school-age children go on to become obese adults**. There is a clear cost-saving potential here, as even a one percentage point reduction in the nation-wide obesity rate of 12-year old children would save 260.4 million dollars over their lifetime.

Recess can play a crucial role in the physical welfare of children, improving child health and creating life-long habits that improve long-term health outcomes. The CDC recommends 60 minutes a day of physical activity for children, citing activities such as free-time play and playing on a jungle gym, two common recess games, as fun ways to get kids active. In the long run, incorporating recess and allowing our children to establish these healthy habits could save billions in direct healthcare costs.

Recess promotes positive social development and academic performance.

There are additional social and economic consequences of rising obesity that could be aided by more recess for children. For example, studies have shown that obesity is associated with delayed skill acquisition in children. This could help explain why obesity is associated with lower wages in adults and extra labor market costs to both the obese individual and employer, such as those

30 minutes of unstructured daily play time improved impulsivity and aggression in 4th graders who have ADHD.

related to obesity-related absenteeism.²⁹ By helping sow the seeds of health in childhood through recess, we avoid poor health outcomes and later reap secondary developmental benefits, like proper skill acquisition.

School recess could also improve students' focus and behavior, reducing off-task time wasted in the classroom. The CDC reports that 10.1% of Texas students have been diagnosed with attention-deficit hyperactivity disorder (ADHD).³⁰ Many studies have shown the benefits of recess on student behavior, especially on those with behavioral disorders. One study, examining classroom behavior of 4th grade students with ADHD, illustrated how **30 minutes of unstructured play-time improved impulsivity and aggression while lowering the number interruptions to others during class.**³¹ As it stands, elementary aged children have been found to be off-task in class 29% of the time, of which 63% is due to distractions by self or by their peers. Reducing this wasted time by providing recess means more effective classroom instruction, which could lead to higher test scores and better social outcomes.

Recess Success Story Takes Shape in Dallas.

The LiiNK Project, based in Dallas, Texas, has studied the effects of three daily, 15-minute recess periods, and preliminary results show an association with more disciplined and focused students. Despite being in its early years, **they have also seen a significant rise in both reading and math scores**.³² Increased student focus and less wasted time have far reaching consequences for the efficacy of our education system, promoting a more economical use of the limited time that students spend in school.

These results in Texas are in line with a meta-analysis study by the CDC that explored the relationship between recess and academic performance. All studies analyzed found one or more positive associations between recess and cognitive skill, attitudes, and academic behavior, allowing the CDC to state that, "there is substantial evidence that physical activity can help improve academic achievement."³³

Thus, recess could play a clear role in reducing Texas economic expenditure while also having substantial effects on improving students' academic performance and behavior.

DISPARITIES IN ACCESS TO RECESS

Lack of recess disproportionately affects poor, urban, and minority students.

Far too many Texas students are not given opportunities to engage in free-time play during recess and are not receiving adequate physical activity as recommended by the American Academy of Pediatrics.

These statistics worsen when discussing students enrolled in schools serving lowincome communities. The Center for Public Education, has noted that it was more likely for schools identified as "in need of improvement" under the No Child Left Behind Act to decrease the time of recess by an hour each week to provide for more in-class teaching time. These schools were overwhelmingly serving students of lower socioeconomic status and located in low-resource communities. The Center for Public Education's recess investigation also revealed that children in high-minority, highpoverty, or urban schools are far more likely than other children to not receive recess at all. First grade students enrolled in schools with a minority enrollment of at least 50% have no allotted time for recess in the schedule, along with schools with a poverty rate of over 75% and schools located in urban environments.³⁴ Although this data is specifically for first grade students, the Center for Public Education acknowledges that these disparities persist through sixth grade.



Lack of recess translates to less physical activity and poorer health for students of low socioeconomic status.

Furthermore, the American Journal of Health Promotion published a study that investigated the differences of elementary students' physical activity with regards to socioeconomic status (SES). Their report found that students in more affluent areas were more likely to have trained physical education teachers than students on the opposite end of the socioeconomic spectrum. Their study revealed that, on average, **students of low socioeconomic status had 25 fewer minutes of moderate to vigorous physical activity**. This may be related to a lack of neighborhood infrastructure that provides Students of low SES on average had **25 FEWER MINUTES** of moderate to vigorous physical activity than their high SES counterparts.

safe streets, parks, and playgrounds in less affluent communities. Evidence suggests that the opportunity for physical activity may be limited by neighborhood characteristics such as poverty, prevalence of recreational facilities, land use, street connectivity, residential density, and safety. **Unsurprisingly, children raised in environments which limit physical activity are more likely to be diagnosed with obesity and chronic diseases later in life.**



There is a complex array of factors limiting the health and wellbeing of many Texas students. However, lawmakers can help brighten the futures of all children by protecting and promoting recess at school. School districts do a disservice to children born into poverty when they allow for their physical activity opportunities to be removed by eliminating recess since these students may not have other avenues for exercise.

WHAT CAN THE TEXAS STATE LEGISLATURE DO?

Require school districts to developa locally determined school recess policy.

In 2001, the Texas legislature passed Senate Bill 19 that required public schools to implement a coordinated school health plan by 2007. In 2009, the legislature established the current 135-minutes of weekly physical activity policy. Implementation of the 2001 law resulted in a 30% increase in physical activity above the minimum requirement among 20 high-risk schools, but implementation of the law varied statewide.³⁶ Texas' current options for increasing access to recess include providing a state mandate, which may burden schools, or asking local districts to set their own policy. The results of the 2001 law demonstrate that **laws requiring local school administrations to set recess policies customized for their schools can improve students' access to physical activity even in the absence of a state recess mandate.**

Senate Bill 355, filed on December 19, 2016, applies to "the adoption and implementation of a recess policy by public school districts." The bill proposes that school boards be required to review their recess policy every five years. Boards would have to set a recess policy to specify a required number of minutes of weekly unstructured playtime and whether recess time may be withheld as a form of discipline.

#2 Create a recess workgroup to determine best practices for recess policy.

The state of Minnesota implemented a workgroup system to develop a recess toolkit to help their school boards. Through their research and suggestions provided in the toolkit, the state found that they could improve students' behavior and readiness for class learning, thus providing more time for teaching. They also reported that students would be more active during scheduled recess times, leading to healthier lifestyles. Lastly, they found other benefits of recess included diminished bullying, safer schools, and more satisfied teachers.³⁷ A workgroup could ease the burden of implementation by giving school districts guidance as they work to devise sound recess policy.

Case Study: Austin

Despite the 2009 law, in 2016, the *Austin American-Statesman* reported that "recess had all but disappeared at some schools over the years" as **"60% of high-poverty elementary schools received little or no recess time, while 82% of the district's more affluent campuses got 30 minutes of unstructured daily play time."**³⁸ In response, the newspaper reported, **"some school board members said they didn't realize they had campuses where recess wasn't offered at all."**³⁹ "Some school board members said they didn't realize they had campuses where recess wasn't offered at all."

The school board passed a policy requiring daily recess that cannot be taken away as a form of punishment. Since that change, all schools are offering some daily play time with plans to meet the 30-minute requirement by next school year.⁴⁰ The district was able to set locally-appropriate policy, but the change would not likely have occurred without prompting to consider the state of recess in its schools. **The simple act of assessing current recess policy has had a dramatic effect on Austin students' wellbeing without infringing on the school districts' autonomy.**



REFERENCES

- Texas Education Code; Title 2. Public Education; Subtitle F. Curriculum, Programs, and Services; Chapter 28. Courses of Study; Advancement; Subchapter A. Essential Knowledge and Skills, Curriculum; Sec. 28.002. Required Curriculum.
- National Association for Sport and Physical Education & American Heart Association. (2010). 2010 Shape of the nation report: Status of physical education in the USA. Reston, VA: National Association for Sport and Physical Education.
- 3. ibid.
- Zhu, Weimo, Gregory J. Welk, Marilu D. Meredith, and Elena A. Boiarskaia. "A Survey of Physical Education Programs and Policies in Texas Schools." Research Quarterly for Exercise and Sport 81.2s (2010)
- National Survey of Children's Health. NSCH 2011/12. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. Retrieved [01/02/17] from www.childhealthdata.org.
- 6. ibid.
- 7. Abigail Arons, Childhood Obesity in Texas: The Costs, The Policies, and a Framework for the Future, (n.p.: Children's Hospital Association of Texas, 2011)
- 8. ibid.
- 9. ibid.
- "Physical Activity Facts." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 17 June 2015. Web. 10 Feb. 2017.
- Sahoo, Krushnapriya, Bishnupriya Sahoo, Ashok Kumar Choudhury, Nighat Yasin Sofi, Raman Kumar, and Ajeet Singh Bhadoria. "Childhood Obesity: Causes and Consequences." Journal of Family Medicine and Primary Care. Medknow Publications & Media Pvt Ltd, 2015. Web. 10 Feb. 2017.
- 12. ibid.
- "Research Quarterly for Exercise and Sport." Restricting Opportunities to Be Active during School Time: Do Children Compensate by Increasing Physical Activity Levels after School?: Research Quarterly for Exercise and Sport: Vol 71, No 3. N.p., n.d. Web. 10 Feb. 2017.
- 14. "Recess Rules." RWJF. N.p., 06 May 2016. Web. 10 Feb. 2017.
- 15. Sahoo, Krushnapriya, Bishnupriya Sahoo, Ashok Kumar Choudhury, Nighat Yasin Sofi, Raman Kumar, and Ajeet Singh Bhadoria. "Childhood Obesity: Causes and Consequences." Journal of Family Medicine

and Primary Care. Medknow Publications & Media Pvt Ltd, 2015. Web. 10 Feb. 2017.

- 16. "Levels of Health-Related Physical Fitness in Texas School Children (2011 to 2014)." The Cooper Institute. N.p., n.d., Web. 10 Feb 2017.
- 17. "Active Living Research." Active Education: Physical Education, Physical Activity and Academic Performance | Active Living Research. N.p., n.d. Web. 10 Feb. 2017.
- Jarrett, O. (2013). A research-based case for recess. Clemson, SC: US Play Coalition. Retrieved from http://usplaycoalition.org/ wp-content/uploads/2015/08/13.11.5_ Recess_final_online.pdf
- 19. "Active Living Research." Active Education: Physical Education, Physical Activity and Academic Performance | Active Living Research. N.p., n.d. Web. 10 Feb. 2017.
- 20. "Recess Rules." RWJF. N.p., 06 May 2016. Web. 10 Feb. 2017.
- 21. "Physical Activity Facts." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 17 June 2015. Web. 10 Feb. 2017.
- 22. "The Crucial Role of Recess in School." The Crucial Role of Recess in School | From the American Academy of Pediatrics | Pediatrics. N.p., n.d. Web. 10 Feb. 2017.
- 23. "Physical Activity Facts." Centers for Disease Control and Prevention. Centers for Disease Control and Prevention, 17 June 2015. Web. 10 Feb. 2017.
- 24. "The Crucial Role of Recess in School." The Crucial Role of Recess in School | From the American Academy of Pediatrics | Pediatrics. N.p., n.d. Web. 10 Feb. 2017.
- 25. "A Systematic Review of the Psychological and Social Benefits of Participation in Sport for Children and Adolescents: Informing Development of a Conceptual Model of Health through Sport." International Journal of Behavioral Nutrition and Physical Activity. N.p., n.d. Web. 10 Feb. 2017.
- 26. "Active Living Research." Active Education: Physical Education, Physical Activity and Academic Performance | Active Living Research. N.p., n.d. Web. 10 Feb. 2017.
- 27. Abigail Arons, Childhood Obesity in Texas: The Costs, The Policies, and a Framework for the Future, (n.p.: Children's Hospital Association of Texas, 2011), http://www. childhealthtx.org/pdfs/Childhood%20 Obesity%20in%20Texas%20Report.pdf
- 28. "Making Physical Activity a Part of a Child's Life," Centers for Disease Control and Prevention, June 05, 2015, accessed

December 11, 2016, https://www.cdc.gov/ physicalactivity/basics/adding-pa/activitieschildren.html.

- 29. Abigail Arons, Childhood Obesity in Texas: The Costs, The Policies, and a Framework for the Future, (n.p.: Children's Hospital Association of Texas, 2011), http://www. childhealthtx.org/pdfs/Childhood%20 Obesity%20in%20Texas%20Report.pdf
- 30. "State-Based Prevalence Data of Parent Reported ADHD Diagnosis By A Healthcare Provider," Center for Disease Control and Prevention, October 05, 2016, accessed December 11, 2016, http://www.cdc.gov/ ncbddd/adhd/prevalence.html.
- 31. Hoza B, Smith AL, Shoulberg EK, et al. A Randomized Trial Examining the Effects of Aerobic Physical Activity on Attention-Deficit/Hyperactivity Disorder Symptoms in Young Children. Journal of abnormal child psychology. 2015;43(4):655-667. doi:10.1007/ s10802-014-9929-y.
- Rhea, D.J., Rivchun, A.P., & Pennings, J. (Summer, 2016). The Liink Project: Implementation of a Recess and Character Development Pilot Study with Grades K & 1 Children. Texas Association of Health, Physical Education, Recreation, & Dance Journal (TAHPERD).
- 33. The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance, (n.p.: Centers for Disease Control and Prevention, 2010), https://www.cdc.gov/ healthyschools/health_and_academics/pdf/ pape executive summary.pdf
- 34. Barth, Patte, "Time Out: Is Recess in Danger?," Center for Public Education, August 06, 2008, accessed February 10, 2017, http://www. centerforpubliceducation.org/Main-Menu/

Organizing-a-school/Time-out-Is-recess-indanger

- 35. Carlson B, Jordan, Mignano AM, Norman GJ, et al. Socioeconomic Disparities in Elementary School Practices and Children's Physical Activity During School. American Journal of Health Promotion. 2014; 28(30): S47-S53. doi:10.4278/ ajhp.130430-QUAN-206.
- 36. Kelder SH, Springer AS, Barroso CS, Smith CL, Sanchez E, Ranjit N, Hoelscher DM. Implementation of Texas Senate Bill 19 to increase physical activity in elementary schools. J Public Health Policy. (2009)
- 37. "Recess Moves: A Toolkit for Quality Recess," Minnesota Department of Education, November, 2013, accessed February, 10, 2017, http://www.actionforhealthykids.org/ storage/Recess_Moves_A_Toolkit_for_ Quality_Recess.pdf
- Taboada, Melissa B. "All Austin Schools to Offer Daily Recess after Winter Break." Austin American-Statesman 25 Dec. 2016: n. pag. Print.
- 39. ibid.
- 40. ibid.
- 41. Finkelstein EA, Trogdon JG, Cohen JW, Dietz W. Annual Medical Spending Attributable to Obesity: Payer-and Service-Specific Estimates. Health Affairs, 28(5): w822-831, 2009.
- 42. Centers for Disease Control and Prevention. 2016. Adult Obesity Causes and Consequences, https://www.cdc.gov/ obesity/adult/causes.html
- 43. Hillman CH, Pontifex MB, Raine LB, Castelli DM, Hall EE, Kramer AF. The effect of acute treadmill walking on cognitive control and academic achievement in preadolescent children. Neuroscience. 2009;159(3):1044-1054. doi:10.1016/j.neuroscience.2009.01.057





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