Availability of Local Public Recreational Facilities and Programs for Physical Activity

Introduction

Regular physical activity can improve health and reduce risk for obesity, yet many children and adolescents are not meeting national recommended physical activity levels. Children and teens are spending more time engaging in sedentary behaviors, such as watching television and using computers, and the prevalence of overweight and obesity among children and adolescents remains high.\(^1,^2\) One national study found that only half of students in grades 6 through 10 reported getting at least 60 minutes of physical activity five or more days per week.\(^3\) Results from the National Youth Physical Activity and Nutrition Study indicate that in 2010, most U.S. high-school students were not meeting the Healthy People 2020 guidelines of 60 minutes or more of physical activity daily, composed primarily of moderate-to-vigorous activity, and muscle strengthening exercises at least three days per week. The survey found that only 15.3 percent of high school students met the aerobic activity recommendations and only 12.2 percent of students were achieving both the aerobic and muscle-strengthening activity recommendations.\(^4\)

Local governments and park and recreation departments offer public recreational facilities and programs that provide opportunities for young people to be physically active and are typically more affordable than private athletic programs, sports leagues, or health clubs.\(^5,^6\) Previous research suggests that use of park and recreation centers or facilities may be positively associated with higher physical activity levels in both adolescents and adults.\(^7\) There is also evidence showing that organized programming offered at parks is associated with higher levels of park usage.\(^8,^9\)

This study presents data collected from local government offices and park and recreation departments about the availability of public recreational facilities and programs that offer physical activity opportunities. Data were collected from 470 jurisdictions around the United States between 2010 and 2012.

Public recreational facilities were defined as buildings, centers, or other facilities distinct from a park operated by a local governmental authority and with designated space for physical activity, including fitness and aquatic centers, tennis clubs, indoor exercise class settings, or community pools.

Public recreational programs included organized physical activity in the form of instruction or group classes and team-based sports.

Figure 1: Availability of Public Recreational Facilities and Programs for Physical Activity

<table>
<thead>
<tr>
<th>Availability</th>
<th>Unadjusted % of Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both facilities and programs available</td>
<td>59.9</td>
</tr>
<tr>
<td>Facilities available, but no programs</td>
<td>4.6</td>
</tr>
<tr>
<td>Programs available, but no facilities</td>
<td>7.3</td>
</tr>
<tr>
<td>No facilities or programs</td>
<td>28.3</td>
</tr>
</tbody>
</table>
Key Findings

Local public recreational facilities and programs were generally widely available in the United States.

- Sixty-four percent of communities surveyed reported having one or more public recreational facilities that support physical activity, such as a fitness and recreation center, and 67 percent of the communities offered a public recreational program. Sixty percent had both (Figure 1). Virtually all (98%) communities with public recreational programs offered one or more such physical activity opportunities to youth between the ages of 9 and 17.

Urban communities were significantly more likely than rural communities to offer public recreational facilities and programs. Compared with the highest-income areas, lower and middle-income communities were significantly less likely to have programs.

- Seventy-seven percent of urban communities and 59 percent of rural communities had public recreational facilities (Figure 2), adjusting for other related factors. A similar disparity was observed for programs; 81 percent of urban communities offered one or more public recreational programs compared with 63 percent of rural communities. Sixty-two percent of communities in each of the lower and middle thirds of average median household income offered programs whereas 76 percent of communities in the highest income group did. Differences in availability of public recreational facilities by income level were not statistically significant after adjusting for other related factors.

Many respondents reported offering discounts on fees for facility use, membership, or program participation. Public recreational facilities and programs in urban areas were significantly more likely than those in suburban or rural areas to offer income-based discounts or be available at no cost to residents.

- Among urban communities that had facilities or programs, 71 percent offered discounts for youth or students (relative to the cost for adults) or reported having free facilities or programs (Figure 2). Eighty-five percent had income-based discounts, such as scholarships or a sliding-scale fee structure, or free facilities or programs. By comparison, student/youth and income-based discounts or free programs/facilities were available in 50 percent and 62 percent of the rural communities, respectively. Suburban communities were the least likely to offer income-based discounts, with just over half (53%) doing so. Middle-income communities were also significantly less likely to offer income-based discounts (53%) compared to higher-income areas (75%). Family discounts were granted in 71 percent of communities with facilities or programs overall and did not vary significantly by community characteristics.

Nearly all communities that offered public recreational facilities or programs partnered with various local organizations, schools, and businesses to help run or house athletic or exercise programs.

- Among communities with either public recreational facilities or programs, 96 percent reported having such a partnership in place, including shared-use agreements. This was consistent across different types of communities. Figure 3 shows the percentage of communities with cooperative agreements involving various partners including schools, businesses or private contractors, religious organizations, and community organizations such as sports leagues. More than three-quarters (78%) of these communities had agreements with the local school district or individual schools. Partnerships with community organizations were reported by two-thirds (66%) of the respondents.

![Figure 2: Percentage of Communities with Public Recreational Facilities, Programs, and Discounts for Physical Activity by Urbanization](image_url)

Notes: Percentages are adjusted for community median household income level, jurisdiction type (municipality, county subdivision, or county), an urban compactness index, and having ≥50% non-Hispanic white population in the study area. Significance for differences between urban and suburban/rural denoted as follows: * p<.10, ** p<.05, *** p<.001. Percentages of communities with student/youth or income-based discounts are only among communities with one or more physical activity programs or facilities available.
Conclusions and Policy Implications

Results from this survey showed that many local governments and park and recreation departments offer public recreational facilities and programs that support physical activity, though inequities do exist. Fewer rural communities, where residents are at greater risk for physical inactivity and obesity, had public recreational facilities and programs compared with urban communities. Lower- and middle-income communities were less likely to offer public recreational programs than higher-income locales.

Policies to increase use of facilities and participation in programs by youth and lower-income residents in the form of free facilities and programs or fee discounts were widely reported in urban communities but less likely to be available in suburban and rural communities. Strategies to help local governments develop funding streams and affordable opportunities for exercise are needed in these areas so that everyone has equal access.

Despite the availability of public recreational opportunities, physical inactivity persists among residents of all ages. Limited research exists on usage and participation rates across different types of public recreational facilities, such as recreation and fitness centers, or programs. There also is a lack of evidence about differences by age, gender, or other individual characteristics. Understanding usage and participation patterns and identifying where underutilization exists is essential to fully leveraging park and recreation resources in the effort to reduce physical inactivity and its associated poor health outcomes. More research is needed in this area. Proximity to public recreational facilities and programs and perceptions of safety and quality are also important factors that may affect usage. Additionally, improvements in marketing of public recreational facilities and programs may be needed to increase community awareness of their availability and benefits, which in turn could increase usage and overall physical activity levels in the community as suggested by previous research.

Finally, cooperative agreements and partnerships, which were widespread among respondents that had public recreational facilities or programs, allow for maximizing use of available facilities in different settings around the community (e.g., schools, fitness centers, parks, private gymnastics centers) while also increasing availability of program offerings when the local government is not able to provide the activity-specific expertise needed to run certain programs. These partnerships with local school districts, community organizations, and businesses are a promising tool for the park and recreation system to increase diversity of program offerings and the availability of exercise opportunities to youth and the broader public.
Study Overview

The findings from this research brief were derived from the Bridging the Gap Community Obesity Measures Project (BTG-COMP). The research team identifies local policy and environmental factors that are likely determinants of health outcomes and collects, analyzes and shares data about these characteristics. The communities surveyed in this study represented local governmental jurisdictions (i.e. municipalities, villages, counties, and county subdivisions or townships) containing a middle or high school whose student population was part of an annual nationally representative sample of 8th, 10th, or 12th grade students attending traditional public schools in the continental U.S. in 2010, 2011, and 2012. Calls were made annually to the samples of jurisdictions to obtain information about availability of public recreational facilities and programs and data were obtained from websites and available program guides where the survey could not be completed by phone. Data were pooled across the three years for analysis and weighted to account for the sampling design. Analyses controlled for important covariates when comparisons by urbanization or median income level were made. The survey had an overall response rate of 89% including partially complete cases, such as when information could be collected only via website. Seventy-eight percent of the surveys were completed.

Endnotes


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