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To cite this article: Kara Davis & Jim Kamla (2026) The Role of Physical Education in Advancing Community Health Goals, Journal of Physical Education, Recreation & Dance, 97:8, 8-13, DOI: [10.1080/07303084.2026.2708622](https://doi.org/10.1080/07303084.2026.2708622)

To link to this article: <https://doi.org/10.1080/07303084.2026.2708622>



Published online: 28 Sep 2026.



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A young boy with a backpack, smiling and flexing his arms in a park.

The Role of Physical Education in Advancing Community Health Goals

KARA DAVIS AND JIM KAMLA

Given the extensive body of research linking physical education to improved fitness, healthier body composition, enhanced mental health, and even long-term protection against anxiety and depression, it is hard to disagree that physical education could be one of the most effective, yet persistently undervalued strategies, for addressing childhood health and wellness challenges (Dobbins et al., 2013; Silva et al., 2024; Spruit et al., 2020; U.S. Department of Health & Human Services, 2018). Physical education classes provide structured opportunities to engage children within a community on a consistent basis. While typically viewed through an academic or athletic lens, physical education has the potential to contribute meaningfully to broader community health objectives. Physical education and community health share a common purpose: to ensure that children grow up happy, healthy, and fit.

Goodman et al. (2014) defined community health as “a multi-sector and multi-disciplinary collaborative enterprise that uses public health science, evidence-based strategies, and other approaches to engage and work with communities, in a culturally appropriate manner, to optimize the health and quality of life of all persons who live, work, or are otherwise active in a defined community or communities” (p. 3). Similarly, Elevance Health (2022) describes community health as “the collective level of overall health for a group of people who live, work, or play together.” In parallel, Pangrazi (2020) described physical education as “part of the total educational program that contributes, primarily through physical activity, to the total growth and development of all children” (p. 2). These professional definitions illustrate the overlap in mission between community health and physical education—both seek to empower individuals and improve overall well-being.

Understanding the Role of Social Determinants of Health

Physical education is uniquely positioned to support community health by promoting physical activity while also addressing broader social and environmental factors that shape health outcomes. These factors, known as the social determinants of health (SDOH), refer to the conditions in which people are born, live, learn, work, play, and age (World Health Organization, 2025). They include access to nutritious food, stable housing, quality education, healthcare services, safe neighborhoods, and opportunities for physical activity.

This connection is critical because research shows that up to 80% of health outcomes are influenced by factors outside of clinical care (Robert Wood Johnson Foundation, 2019). By responding to these determinants, physical educators become vital contributors to community health, helping to prevent chronic diseases, support mental wellness, reduce injuries, and build health-promoting cultures in both schools and communities.

Benefits of Physical Education

Physical Activity as Preventive Medicine

Regular physical activity is a proven method for preventing chronic diseases, including heart disease, type 2 diabetes, obesity, and certain cancers (Anderson & Durstine, 2019). However, access to safe and supportive spaces for physical activity is not equally available. In many low-income or under-resourced neighborhoods, the absence of parks, sidewalks, recreational facilities, or safe routes to school can discourage active lifestyles (Sallis et al., 2018). Students in these communities often face additional barriers, such as limited access to after-school programs, economic hardship, or neighborhood violence (Sallis et al., 2018). Addressing these environmental and structural disparities is essential to supporting long-term health and reducing healthcare costs.

Mental Health and Movement

Physical activity also plays a critical role in supporting mental health. It has been shown to reduce symptoms of depression and anxiety, elevate mood, and improve cognitive function (Hale et al., 2021). However, students facing food insecurity, trauma, or housing instability may lack access to structured or enjoyable forms of movement (Sallis et al., 2018; Tandon et al., 2021). For students in communities with limited access to behavioral health services, school-based physical education can serve as a vital early intervention to support emotional well-being and resilience.

Injury Prevention and Safe Environments

Physical education supports the development of motor skills, coordination, balance, and muscular strength, which are all essential for preventing injuries both during childhood and across the lifespan

(Lima et al., 2017). Children who do not have access to safe environments for physical activity may not develop these skills, placing them at greater risk for accidents and injuries. Research shows that children living in neighborhoods without sidewalks, playgrounds, or traffic safety measures have lower physical activity rates (Carver et al., 2008; Sallis & Glanz, 2006). Additionally, limited school funding and staffing can result in unsafe facilities, inadequate equipment, or lack of supervision (National Center for Education Statistics, 2024). Investing in safe environments and skill-building in physical education can help close these gaps and improve equity in health outcomes.

Building Healthy School and Community Cultures

Participation in physical education can play a key role in shaping healthy school and community cultures. Inclusive and supportive physical education environments foster teamwork, social connection, and confidence (Ayala et al., 2021). These experiences enhance students' sense of belonging and promote lifelong engagement in healthy behaviors. However, not all students have equal access to quality health education, extracurricular opportunities, or community resources. Expanding access to high-quality, culturally responsive physical education programs is essential for supporting social development and community resilience.

Across the United States, many schools are shifting from traditional "physical education" to wellness education frameworks, such as the Centers for Disease Control and Prevention's (CDC) Whole School, Whole Community, Whole Child model, which integrates physical activity, nutrition, mental health, and lifelong well-being. In this evolving context, physical educators play a critical role in connecting movement-based learning with broader health and wellness goals (CDC, 2024b).

Integrating Community Health Goals into Physical Education

Improving Health Outcomes

A key objective of a community health program—improving health outcomes—can be directly supported through strategic enhancements to the physical education curriculum. Many community health initiatives target specific concerns such as childhood obesity, poor nutrition, or substance abuse. Physical education classes can serve as key platforms for early intervention in these areas.

A practical approach would involve restructuring the physical education class period into three distinct segments:

- ***Fitness development:*** Focusing on cardiovascular, strength, and flexibility training to combat obesity and promote overall physical health
- ***Skill acquisition:*** Emphasizing motor skills, coordination, and application of the SHAPE America National Standards
- ***Health education:*** Covering topics such as nutrition, substance abuse prevention, and mental wellness through active learning strategies

In schools operating on a block schedule with 90-minute classes, this format allows students to engage in 60 minutes of physical activity and 30 minutes of health-focused education. By designing lessons to meet the psychomotor (doing), cognitive (knowing), and affective

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(feeling) learning domains, physical education teachers can align their instruction with both the 2024 SHAPE America National Physical Education Standards (SHAPE America – Society of Health and Physical Educators, 2024) and key public health goals. The four SHAPE America standards focus on:

- Developing a variety of motor skills and movement patterns
- Applying knowledge of concepts related to movement and fitness
- Demonstrating social skills through movement activities
- Understanding the personal value of physical activity and choosing to engage in it regularly

By strategically aligning physical education with community health initiatives, educators can have a positive influence on the physical, emotional, and social development of children. This integrated approach not only supports academic standards but also contributes to a healthier, more resilient community.

Disease Prevention

A central focus of a community health program is disease prevention, which can be effectively achieved by providing students with a high-quality physical education curriculum. A quality physical education curriculum prioritizes keeping students physically active and improving their overall fitness levels. When

implemented effectively, such a curriculum contributes to the following:

- Weight control by burning calories
- Reduced risk of cardiovascular disease through lower blood pressure and improved cholesterol levels
- Lower risk of type 2 diabetes
- Reduced risk of certain cancers, including breast and colon cancer
- Stronger bones and muscles
- Improved mental health and mood
- Increased chances of living longer (Shimon & Shimon, 2019)

To maximize physical activity during physical education classes and support these health outcomes, teachers should adopt the following specific strategies: (1) avoid games with long waiting periods, (2) modify exclusive games, (3) eliminate harmful or nonproductive games, and (4) collaborate for lesson design that reinforces core health concepts through movement and activity.

Avoid Games with Long Waiting Periods. Some traditional physical education activities involve too much inactive time. For example, relay races often involve students standing in line, waiting for their turn, which results in minimal activity. Teachers can modify these by forming smaller teams and having students complete the task multiple times. This approach reduces wait times and significantly increases each student's active participation.



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Modify Exclusive Games. Games that eliminate students, such as Knock Out in basketball, discourage participation—especially from those who most need skill development. Rather than discontinuing these games entirely, teachers can make simple modifications. For instance, when a student gets knocked out, they can move to another hoop and start a new game with others who are out, keeping everyone active and engaged.

Eliminate Harmful or Nonproductive Games. Games like Duck, Duck, Goose or Dodgeball may have minimal fitness benefits and can be emotionally harmful. These games often highlight differences in athletic ability, leading to exclusion, ridicule, or bullying. Such activities not only fall short of meeting the National Standards (SHAPE America, 2017) but also undermine community health objectives. Instead, physical education activities should be inclusive, skill-building, and designed to keep every student moving.

Collaborate for Lesson Design. If the school has a certified health education teacher, the physical education teacher should work collaboratively with them to design lessons that reinforce core health concepts through movement and activity. This approach ensures students make meaningful connections between what they learn in the classroom and how they apply it in real life. Here is an example:

Health Class Concept: Nutrition

Physical Education Activity: *Take a Guess* (adapted from Food Hero, n.d.).

How it works:

1. The physical education teacher asks a nutrition-related question, such as: “Is a tomato a fruit or a vegetable?” and “What fruit is dried to make raisins?”.
2. The first student to answer correctly earns the opportunity to choose the next exercise the class performs during warm-ups (e.g., jumping jacks, lunges, push-ups).
3. The class continues with new questions and warm-up movements, reinforcing nutrition knowledge while staying physically active.

Benefits:

- Reinforces health education concepts through active learning.
- Keeps students engaged by connecting knowledge checks to fun movement.
- Encourages collaboration between health and physical education teachers.
- Provides a student-centered approach where learners take ownership of their activity choices.

By fostering an inclusive and active environment, physical education can play a vital role in preventing disease and improving community health. Teachers who adapt and refine their activities to meet these goals help ensure that every child benefits from physical education—physically, mentally, and emotionally.

Improving Access to Healthcare

An important aim of community health programs is to improve access to healthcare. Whereas the concept of promoting healthcare through physical education may seem unconventional to some, others recognize it as an essential component of supporting children in leading healthy, fulfilling lives. Pangrazi (2020) emphasized this perspective, stating, “We must continue to incorporate quality



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instruction in physical education. But we must place more focus and emphasis on the public health concern of physical activity promotion” (p. 7). Physical education programs are uniquely positioned to help address this issue. According to Williams (2024), only 65.7% of schools have a full-time nurse on staff. The absence of a full-time school nurse leaves a gap in basic healthcare services. With the support of school principals and parents, physical education teachers could collaborate with community partners—such as local physicians or nurses—who may be willing to volunteer their time to conduct basic health screenings during physical education classes. These screenings could be organized through privacy-screened stations around the gym, with assessments for body mass index, hearing, scoliosis, vision, blood pressure, dental health, and mental health.

Hosting such events within the school setting could significantly benefit families who face barriers like lack of transportation, health insurance, or financial resources. Early detection of potential health concerns would not only facilitate timely interventions but also promote healthier lifestyle choices that may prevent more serious issues in the future.

Aiding in Overcoming Community Health Disparities

A central focus of community healthcare programs is to address social determinants of health factors such as access to nutritious food, physical activity opportunities, and supportive community environments that influence overall well-being. As Pangrazi (2020) notes, “Schools can serve as a cost-effective resource for battling poor health and physical inactivity of Americans” (p. 7). In support of this approach, several key strategies are outlined that physical educators, in collaboration with the school health educator, can implement to help reduce health disparities in their communities:

- Organizing school-wide wellness programs
- Providing nutrition education classes
- Collaborating with food service directors to offer the healthiest meals possible
- Training classroom teachers to incorporate movement breaks into their instruction
- Establishing before-school and/or after-school health clubs.

Each of these initiatives creates meaningful opportunities for all students to engage in healthy behaviors, regardless of their

background. By promoting wellness and equity, these strategies support the development of healthier school communities.

In addition to Pangrazi's recommendations, some other ways physical education programs can play a role in addressing community health disparities include the following:

- *Community garden:* Gardening offers a practical and engaging form of physical activity. Physical educators can organize a community garden club where students help plant, tend, and harvest fruits and vegetables. Beyond physical activity, this initiative provides opportunities to learn about nutrition and healthy food choices. The produce grown can be donated to families in need, as identified by the school administration. A celebratory harvest event could follow, bringing together participating families for a healthy meal, games, and fellowship.
- *Community fundraiser:* Students can contribute to their community by designing and selling T-shirts that promote their physical education program. This project encourages creativity, entrepreneurship, and social responsibility. Profits from the T-shirt sales can be directed to support families in need within the school community, helping them access healthier food options.

A unifying theme across these strategies is helping others. As emphasized in SHAPE America's National PE Standard 3, teaching students empathy and respect for others is a vital component of physical education (SHAPE America, 2024). By engaging students in activities that promote community well-being, educators not only foster healthier behaviors but also cultivate a sense of social awareness and responsibility. These examples represent just a few of the many ways in which physical education programs can contribute to reducing health disparities and promoting wellness within school communities.

Building Healthy Communities

One of the primary goals of community health programs is to provide communities with the opportunity to live in a healthy environment. Within a school setting, physical educators are uniquely positioned to lead this effort. They can collaborate with the school health education teacher to advocate for health-promoting changes and create environments that support students' physical, emotional, and social well-being.

A key area where physical educators can make an impact is in promoting healthy food choices. According to Healthy YOU Vending (2022), 98% of high schools, 74% of middle schools, and 43% of elementary schools have vending machines; however, most items available in these machines are high in fat and sugar—ingredients that are among the most detrimental to student health (Nollen et al., 2009). Physical education teachers can be powerful advocates for replacing these unhealthy options with more nutritious snacks. By championing this cause, they can influence school policy, improve the overall nutritional environment, and support healthier habits among students, faculty, and staff.

In addition to nutrition, physical educators can foster a positive environment by emphasizing SHAPE America National PE Standard 3 "Develops social skills through movement" (SHAPE America, 2024). Physical education classes offer a unique setting for students to learn teamwork, cooperation, empathy, and sportsmanship. Through well-designed drills and games that emphasize collaboration and mutual respect, teachers can create a safe and inclusive

environment. In such spaces, students feel comfortable trying new things without fear of ridicule or exclusion. Teachers who uphold the core values of Standard 3 actively discourage bullying, put-downs, and other negative behaviors, reinforcing a socially and emotionally supportive classroom culture.

Another way physical educators can build health communities is by ensuring that their lessons are fun and engaging for all students—not just the athletically inclined. A healthy environment is one in which students enjoy participating in physical activities. Games that are overly competitive, involve long wait times, use the students themselves as targets, or exclude certain participants tend to be discouraging and detrimental to the experience. Instead, physical educators should design inclusive activities that promote enjoyment, active participation, and a sense of accomplishment. When students find physical education fun, they are more likely to continue engaging in those activities outside of school, bringing these healthy habits back into their homes and communities. In conclusion, physical educators play a vital role in creating a healthy school environment. By advocating for nutritious food options, fostering social-emotional development, and designing enjoyable and inclusive activities, they help lay the foundation for lifelong healthy behaviors that extend far beyond the gym.

Conclusion

Physical education is a critical yet often overlooked strategy for improving community health. When aligned with community health goals, its consistent presence in schools provides an ideal platform to address lifestyle-related health risks early in life and promote long-term well-being. Rather than viewing physical education as simply a class for movement, we must recognize its potential as a preventive health intervention. Chronic diseases such as cardiovascular disease, cancer, type 2 diabetes, respiratory illnesses, and osteoarthritis are the most prevalent health conditions in the United States (Centers for Disease Control & Prevention, 2024a). These diseases are not only burdensome and potentially fatal, but they also contribute to annual healthcare costs that exceed trillions of dollars (Durstine et al., 2013). Once seen primarily in older adults, these conditions are now affecting younger populations at increasing rates due to poor nutrition, physical inactivity, and other modifiable risk factors (Durstine et al., 2013).

Despite the growing need for preventive strategies, only one in four children in the United States meets the recommended physical activity guidelines, and just 7 percent of children and 2 percent of adolescents meet daily fruit and vegetable intake recommendations (Katzmarzyk et al., 2018; Lange et al., 2021). These trends point to missed opportunities for early intervention. Physical activity has been linked to reductions in risk factors for chronic disease, including obesity, cardiovascular disease, and type 2 diabetes (Anderson & Durstine, 2019; Silva et al., 2024). When implemented effectively, quality physical education can contribute to these outcomes by helping students build essential motor skills, cardiovascular fitness, muscular strength, and flexibility. Physical education also introduces children to the value of regular physical activity and healthy habits, increasing the likelihood that they will continue these behaviors into adulthood. When educators integrate evidence-based health education into physical education programs, students gain knowledge about nutrition, stress management, mental health, and injury prevention. Physical activity and exercise are now recognized as key

interventions in both the primary and secondary prevention of chronic diseases (Durstine et al., 2013), reinforcing the need for quality physical education in every school.

To address the growing community health burden of chronic disease and rising rates of childhood obesity, schools and communities must treat physical education as a foundational element of prevention. Policymakers, community health professionals, and educators must work together to ensure that all students have access to inclusive, high-quality physical education programs that not only support academic goals but also contribute to healthier, more equitable communities.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

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