

THE EQUITY CASE FOR TURF ACCESS



WHY EVERY CHILD DESERVES MORE THAN A DAY OF PLAY

THE PLAY EQUITY GAP

Access to safe, reliable spaces for play is not evenly distributed. Millions of children, disproportionately those in lower-income and underserved communities, lack consistent access to recreational infrastructure. Barriers such as cost, transportation, and limited availability of facilities continue to restrict participation in youth sports and physical activity. The result is a widening gap between the children who have places to play and the children who don't.

This gap—often referred to as the play equity gap—has measurable consequences. Youth sports are increasingly structured around pay-to-play, with the average family spending upwards of \$1,000 per child annually to participate. Children from lower-income households are two to three times less likely to participate in organized sports, and participation rates continue to decline in areas where access to quality facilities is most limited. In many communities, the absence of reliable play space is not simply a recreational issue, but a broader public health and social challenge.

PLAY AS PUBLIC HEALTH INFRASTRUCTURE

Research and community-based initiatives have increasingly recognized that play spaces are a public health infrastructure. The research on this point is consistent and growing. In underserved communities, sport and recreation are far more than general enrichment; they support physical health, mental well-being, social development, and educational engagement. It can also serve as a tool for community building and violence prevention, particularly when integrated with long-term programming and local partnerships. It provides structured time and mentorship during hours when young people are most vulnerable. It builds the kind of community cohesion that no policy intervention can manufacture on its own.

WHY FIELD RELIABILITY MATTERS

This is why the durability and reliability of a playing surface are not secondary considerations. They are central ones. When a neighborhood gets a reliable, open, safe, and available field, the effects extend far beyond the sport played on it. Natural grass fields, even well-maintained ones, have limited hours of use before degradation sets in, requiring rest periods or seasonal recovery. High demand, weather variability, and maintenance constraints can further reduce availability. A field that is closed for recovery, waterlogged after rain, or degraded to the point of being unsafe to use is not serving anyone. In underserved communities where a single field may be the only accessible play space for an entire neighborhood, those closures are not inconveniences; they are lost opportunities that accumulate over time.

THE HEALTH CASE FOR YEAR-ROUND ACCESS

Access to reliable, year-round sports fields delivers enormous public-health benefits. Decades of research show that physical activity reduces risk for numerous cancers, heart disease, and cognitive decline. A 2016 study in *JAMA Internal Medicine*, which tracked 1.44 million adults, found

that higher physical activity levels were associated with a significantly lower risk of 13 of the 26 cancer types studied — with risk reductions ranging from 10 percent for breast cancer up to 42 percent for esophageal adenocarcinoma, and a 7 percent lower risk of cancer overall among the most active participants.

WHAT TURF BANS GET WRONG

Banning turf outright ignores this powerful health benefit. It also overlooks who gets hurt most by such policies: children in under-resourced neighborhoods. Safe, well-maintained natural grass fields are rare in dense urban areas, and even where they exist, they often close after rainfall or wear. Turf fields, by contrast, remain open in all seasons, offering equitable access to play and community-building. That can make the difference between a child being active or sedentary—and the difference between lifelong wellness or chronic disease.

Artificial turf fields are more than recreational surfaces; they provide consistent, all-weather access to safe play spaces. These spaces are proven to improve physical, mental, and social well-being in youth. In an era of rising childhood obesity, sedentary lifestyles, and youth mental health challenges, accessible recreational infrastructure must be recognized as a public health necessity—not a convenience.

WHERE THE NEED IS GREATEST

Across the United States, and especially in dense urban environments, artificial turf has become one of the only viable ways to deliver consistent, year-round recreational access at scale. In my work through Playing for Keeps, I lead and advise projects ranging from small-sided community soccer fields in urban neighborhoods to full-size multi-use athletic facilities to serve thousands of children annually. These projects are often located in communities with:

Limited park acreage

High youth density

Over-programmed natural grass fields

Climate conditions that make grass maintenance unreliable or prohibitively expensive

THE RIPPLE EFFECT OF TURF BANS

When turf is removed from the list of allowable options in schools and cities, the downstream impact is not limited to that jurisdiction. Bans and blanket prohibitions ripple outward, shaping regional norms, influencing procurement policies, and emboldening restrictions in communities that have limited resources. The result is often a two-tiered system of play: children in affluent areas retain access through alternative investments, while children in underserved communities lose fields entirely.

WHAT'S AT STAKE: HEALTH, EQUITY, AND OPPORTUNITY

From a public health perspective, access to safe recreational space is directly tied to outcomes related to childhood obesity, mental health, social cohesion, and academic engagement. For many children, particularly those from underserved or historically marginalized communities, organized sport and free play are among the few protective factors consistently available.

Artificial turf allows fields to be used:

More hours per day

More days per year

By multiple age groups and programs

Without seasonal closures due to rain, drought, or overuse

In cities where demand dramatically exceeds supply, removing turf from consideration often means reducing access—not improving safety.

Communities with limited park acreage and high youth demand depend on durable recreational infrastructure to maintain participation opportunities.

When artificial turf is removed from consideration, the result is not neutral—it reduces available field hours.

Over time, this creates disparities:

Resource-rich communities retain access

Underserved communities lose opportunity

Access to safe recreational space is a recognized social determinant of health, directly influencing:



Physical Fitness



Mental Health



Academic Success



Community
Engagement

Policies that unintentionally reduce access risk widening existing health and opportunity inequities.

THIS IS ABOUT CHILDREN

At its core, this discussion is not simply about infrastructure materials. It is about children.

It is about whether young people in any given community will continue to have safe, reliable places to move, play, develop confidence, and build lifelong healthy habits.

The most significant public health threat facing children today is not recreational surfaces—it is the absence of consistent opportunities for physical activity.

We cannot reduce childhood health risk if we reduce the spaces where children move.



ABOUT PLAYING FOR KEEPS

We raise funds to install turf fields in communities that lack safe places to play. We identify high-need sites, build partnerships with municipalities and school districts, and ensure every project is designed for lasting community benefit.

Sources: Aspen Institute, Project Play. "Project Play Survey: Family Spending on Youth Sports Rises 46% Over Five Years." February 2025. | RAND Corporation. "Sports Participation Gap Exists Between Youth from Lower-Income and Higher-Income Households." July 2019. | Sports & Fitness Industry Association / Aspen Institute Project Play. "Youth Sports Facts: Challenges." | Aspen Institute. "7 Charts that Show Why We Need to Fix Youth Sports." | Moore, S.C., et al. "Association of Leisure-Time Physical Activity With Risk of 26 Types of Cancer in 1.44 Million Adults." JAMA Internal Medicine, 2016. | World Health Organization. "Physical Activity." Fact sheet. | Centers for Disease Control and Prevention. "Childhood Obesity Facts." | Sports Turf Managers Association. "Natural Grass Athletic Fields." STMA Bulletin.