

Youth sports in the wake of COVID-19: a call for change

Andrew Watson ¹, Jennifer Scott Koontz ²

The COVID-19 pandemic has had a significant impact on virtually every facet of life throughout the world. Among youth athletes, the cancellation of school and sports was accompanied by decreases in physical activity and significant mental health consequences. The reintroduction of sports has varied considerably, with the full return of sports in some regions and continued restriction in others. Given that youth sports faced serious problems prior to the pandemic including high costs, professionalisation, decreased participation and barriers to access,¹ we should consider more than just returning to 'normal'. This unexpected pause provides an opportunity to not only guide the return to youth sport participation but invest in programmes and organisations that increase physical activity and increase access to sports for all children.

IMPACTS OF COVID-19 RESTRICTIONS ON YOUNG ATHLETES

Physical activity and sports participation have a wide range of physical and mental health benefits in children.² Unfortunately, the restrictions during the COVID-19 pandemic have resulted in significant reductions in physical activity and worrisome increases in anxiety and depression in young athletes. For example, in a survey of over 13 000 adolescent athletes throughout the country during the COVID-19 restrictions in May 2020, we found that 40% reported moderate to severe depression symptoms and 37% reported moderate to severe anxiety.³ The burden of COVID-19 has disproportionately affected low income and minority children,⁴ and unfortunately this appears to be true in youth sports as well. In the same nationwide survey, we found that adolescent athletes from areas with the highest levels of poverty reported the lowest physical activity levels and the

highest levels of depression and anxiety.³ Finally, many children are first exposed to organised physical activity through school programming. Prolonged cancellations of in-person school may limit early opportunities to experience different sports and undermine long-term sport participation.

Physical inactivity and decreased access to organised sports have been recognised as growing public health issues for some time and may be exacerbated by COVID-19.⁵ As sports medicine providers, it has never been more important to promote physical activity and sport participation. We can evaluate and address physical activity within patient visits, encourage families to engage in safe activities together and work with schools, community leaders and sports organisations to offer programming that incorporates protocols to reduce the risk of viral transmission among young athletes and their families. Unless we take immediate action to increase physical activity during COVID-19, we run the very real risk of compounding the impacts of the current pandemic with increased rates of childhood physical inactivity.

THE OPPORTUNITY TO INCREASE ACCESS TO PHYSICAL ACTIVITY AND SPORTS

While the negative effects of the restrictions to mitigate COVID-19 in the short term are becoming clear, prolonged restrictions may result in widespread attrition from sport. Prior COVID-19, vast numbers of children discontinued participation in sports prior to adolescence, resulting in profoundly low levels of physical activity in older adolescents that contributed to poor physical and mental health outcomes over the short and long term.⁶ In 2019, the US Surgeon General released the National Youth Sports Strategy, a nationwide call to increase access to organised sports for all American children.¹ This strategy promotes opportunities for children to participate in sports as a public health priority and lays out interventions to guide policy makers, families, communities and youth sports organisations to achieve these goals. Given the widespread loss of physical activity during the COVID-19 pandemic,

these recommendations have never been more relevant. We urge decision makers in all countries to consider these priorities and invest in mechanisms that promote universal access to sports for children.

As we continue to explore ways to improve physical and mental health for our youth during this pandemic, we should recognise this extraordinary opportunity to invest in health for all children. Infrastructure improvements such as bike lanes, trails, parks and playgrounds are cost-effective investments to promote physical activity that can be prioritised in underserved communities.⁷ Play spaces that are designed specifically for adolescents can promote outdoor activities that target the age group most susceptible to attrition from sport and physical inactivity. Funding community organisations that provide widely available, low-cost opportunities to participate in a variety of youth sports can help attract children and families that have historically had reduced access. All youth deserve a sports and physical activity infrastructure that provides a foundation for lifelong health and success. Within sports medicine, it is our obligation to advocate for funding that will break down barriers to access and create a positive landscape that promotes opportunity for healthy, lifelong engagement with physical activity and sport. While we promote health, safety and physical activity during the pandemic, we also have an opportunity to reshape childhood physical activity for the future in a way that will prioritise access and opportunities for all children.

Contributors AW and JSK contributed to the development of this editorial and approved the final manuscript.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; externally peer reviewed.

© Author(s) (or their employer(s)) 2020. No commercial re-use. See rights and permissions. Published by BMJ.



To cite Watson A, Koontz JS. *Br J Sports Med* Epub ahead of print: [please include Day Month Year]. doi:10.1136/bjsports-2020-103288

Accepted 10 November 2020

Br J Sports Med 2020;0:1–2.
doi:10.1136/bjsports-2020-103288

ORCID iDs
Andrew Watson <http://orcid.org/0000-0001-5122-2197>
Jennifer Scott Koontz <http://orcid.org/0000-0003-0037-1031>

¹Department of Orthopedics and Rehabilitation, University of Wisconsin Madison School of Medicine and Public Health, Madison, Wisconsin, USA

²Department of Orthopedic and Sports Medicine, Newton Medical Center, Newton, Kansas, USA

Correspondence to Dr Andrew Watson, University of Wisconsin Madison School of Medicine and Public Health, Madison, WI 53726, USA; watson@ortho.wisc.edu

REFERENCES

- 1 U.S. Department of Health and Human Services. *National youth sports strategy*. Washington, DC: U.S. Department of Health and Human Services, 2019.
- 2 Logan K, Cuff S. Council on sports M, fitness. organized sports for children, Preadolescents, and adolescents. *Pediatrics* 2019.
- 3 McGuine TA, Biese KM, Petrovska L, *et al*. The health of US adolescent athletes during Covid-19 related school closures and sport cancellations. *J Athl Train* 2020. doi:10.4085/478-20. [Epub ahead of print: 05 Nov 2020].
- 4 Goyal MK, Simpson JN, Boyle MD, *et al*. Racial and/or ethnic and socioeconomic disparities of SARS-CoV-2 infection among children. *Pediatrics* 2020;146:e2020009951.
- 5 An R. Projecting the impact of the coronavirus disease-2019 pandemic on childhood obesity in the United States: a microsimulation model. *J Sport Health Sci* 2020;9:302–12.
- 6 Kann L, McManus T, Harris WA, *et al*. Youth Risk Behavior Surveillance - United States, 2017. *MMWR Surveill Summ* 2018;67:1–114.
- 7 Laine J, Kuvaja-Köllner V, Pietilä E, *et al*. Cost-Effectiveness of population-level physical activity interventions: a systematic review. *Am J Health Promot* 2014;29:71–80.