



## Summary of Community Preventive Services Task Force Recommendation

The Community Preventive Services Task Force (CPSTF) finds insufficient evidence to determine whether expanded in-school learning time improves academic achievement an established determinant of long-term health.

### What is Expanded In-School Learning Time?

Expanded in-school learning time increases learning opportunities for students by increasing hours to the school day, days to the school week, or weeks to the school year.



### Systematic Review Findings

Studies included in the systematic review did not provide enough evidence to determine if expanded in-school learning time works. A CPSTF insufficient evidence finding means additional research is needed; it does NOT mean the intervention does not work.

- Expanded in-school learning time led to small and inconsistent effects on achievement tests for math and reading.
- Included studies did not specify how schools used added time, making it difficult to draw a conclusion.

### Evidence Gaps

Additional research and evaluation are needed to answer the following questions.

- How is added school time used (i.e. instructional time, academic learning time, etc.)?
- How does this intervention apply to private schools or schools in high-income communities?

### Facts about Health Equity and Schools

- Health disparities are related to inequities in education. Individuals with less education are more likely to experience health risks such as obesity, substance abuse, and injury.<sup>1,2</sup>
- Programs that are designed to improve academic performance are increasingly recognized as public health interventions.<sup>3,4</sup>

### Learn More

#### Summary of Evidence and CPSTF Finding and Full-text Publications

<https://www.thecommunityguide.org/findings/health-equity-expanded-school-learning-time>

#### The Community Guide, Understanding CPSTF Findings

<https://www.thecommunityguide.org/task-force/understanding-task-force-findings-and-recommendations>

**CDC, Adolescent and School Health,  
Health Disparities**  
[www.cdc.gov/healthyyouth/disparities](http://www.cdc.gov/healthyyouth/disparities)

**Healthy People 2020, Educational and  
Community-Based Programs**  
[www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs](http://www.healthypeople.gov/2020/topics-objectives/topic/educational-and-community-based-programs)

<sup>1</sup> Centers for Disease Control and Prevention. (2015). Health Disparities, Adolescent and School Health. Retrieved from <https://www.cdc.gov/healthyyouth/disparities/>.

<sup>2</sup> U.S. Department of Health and Human Services. Healthy People 2010 Objectives: Educational and Community Based Programs; 2000.

<sup>3</sup> Freudenberg N, Ruglis J. [Reframing school dropout as a public health issue](#). Preventing Chronic Disease 2007;4(4):A107.

<sup>4</sup> Muenning P, Woolf SH. Health and economic benefits of reducing the number of students per classroom in US primary schools. American Journal of Public Health 2007;97:2020–2027.

Established in 1996 by the U.S. Department of Health and Human Services, the Community Preventive Services Task Force (CPSTF) is an independent, nonfederal panel of public health and prevention experts whose members are appointed by the director of CDC. The CPSTF provides information for a wide range of decision makers on programs, services, and other interventions aimed at improving population health. Although CDC provides administrative, scientific, and technical support for the CPSTF, the recommendations developed are those of the CPSTF and do not undergo review or approval by CDC. Find more information at [www.thecommunityguide.org](http://www.thecommunityguide.org).