



### Summary of Community Preventive Services Task Force Recommendation

The Community Preventive Services Task Force (CPSTF) recommends interventions to increase active travel to school based on evidence they increase walking among students and reduce risks for traffic-related injury. In the United States, the most commonly used active travel to school intervention is Safe Routes to School.



### Major Findings

The CPSTF recommendation is based on a systematic review of 52 studies published through March 2018.

- Studies measuring active travel showed a 5.9 percentage point increase in the proportion of students who walked or bicycled to school.
- Safe Routes to School Programs in the United States reported reductions in traffic-related injuries around school neighborhoods.

A systematic review of economic evidence indicates the benefits of active travel to school interventions exceed the cost.

### What are interventions to increase active travel to school?

Interventions **must** include one or more of the following:



Interventions **may also** include one or more of the following:



### Facts about Active Travel to School and Physical Activity

- Less than 3 in 10 high school students get the recommended 60 minutes of physical activity every day.<sup>1</sup>
- The proportion of students in grades K-8 who walk or bike to school fell from 47.7% in 1969 to 12.7% in 2009.<sup>2</sup>
- Youth who are regularly active are more likely to become healthy adults and less likely to develop chronic diseases.<sup>3</sup>

### CDC's High Impact in 5 Years (HI-5)



HI-5 highlights active travel to school interventions such as [Safe Routes to School](#) as a proven approach to increase physical activity at schools.

### Learn More

#### Summary of Evidence and CPSTF Finding

<https://www.thecommunityguide.org/findings/physical-activity-interventions-increase-active-travel-school>

**CDC, Division of Nutrition, Physical Activity, and Obesity**  
[www.cdc.gov/nccdphp/dnpao/index.html](http://www.cdc.gov/nccdphp/dnpao/index.html)

**BE Active**  
[www.cdc.gov/physicalactivity/community-strategies/beactive/index.html](http://www.cdc.gov/physicalactivity/community-strategies/beactive/index.html)

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

<sup>1</sup>Centers for Disease Control and Prevention. Facts about physical activity. Atlanta (GA): CDC.gov; 2018. Available from URL: <https://www.cdc.gov/physicalactivity/data/facts.htm>

<sup>2</sup>McDonald NC, Brown AL, Marchetti LM, Pedrosa MS. US school travel, 2009: an assessment of trends. American Journal of Preventive Medicine 2011;41(2):146-51. <https://www.ncbi.nlm.nih.gov/pubmed/21767721>

<sup>3</sup>US Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans. Washington, DC: DHHS; 2008. Available at URL: <https://health.gov/paguidelines/pdf/paguide.pdf>

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).