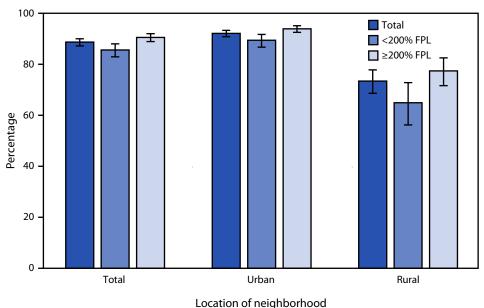
FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage* of Children and Adolescents Aged 6–17 Years Who Have Roads, Sidewalks, Paths, or Trails Where They Can Walk or Ride a Bicycle,[†] by Urban-Rural Status[§] and Family Income[¶] — National Health Interview Survey, United States, 2020**



Location of neighborhood

Abbreviations: FPL = federal poverty level; MSA = metropolitan statistical area.

- * With 95% CIs indicated by error bars.
- [†] Based on a positive response to the question, "Where the child lives, are there roads, sidewalks, paths or trails where they can walk or ride a bicycle?"
- § Urban-rural status is determined by the Office of Management and Budget's February 2013 delineation of MSAs, in which each MSA must have at least one urban area of ≥50,000 inhabitants. Areas with <50,000 inhabitants are grouped into the rural category.
- As a percentage of FPL, which is based on family income and family size, using the U.S. Census Bureau's poverty thresholds. Family income was imputed when missing.
- ** Estimates are based on household interviews of a sample of the civilian, noninstitutionalized U.S. population.

During 2020, 88.7% of children and adolescents aged 6–17 years had roads, sidewalks, paths, or trails in their neighborhood or near their home where they could walk or ride a bicycle. Availability of these spaces was less common among children and adolescents who lived in families with incomes <200% of FPL (85.6%) than among those in families with incomes ≥200% of FPL (90.5%) and was consistent among children and adolescents in both urban (89.4% versus 93.9%) and rural (64.9% versus 77.4%) areas. Regardless of income, availability of spaces to walk or ride a bicycle was lower among children and adolescents living in rural areas (73.4%) than among those in urban areas (92.1%).

Source: National Center for Health Statistics, National Health Interview Survey, 2020. https://www.cdc.gov/nchs/nhis/index.htm **Reported by:** Amanda E. Ng, MPH, qkd2@cdc.gov, 301-458-4587; Dzifa Adjaye Gbewonyo, PhD.