



Safe Routes to School

Leads to Greater Collaboration with
Public Health and School Officials



Safe Routes to School



Introduction

In 1969, according to the National Household Travel Survey, approximately 50 percent of children in the United States got to school by walking or bicycling.¹ By 2001, the numbers had plummeted with only about 15 percent of students traveling to school by walking or bicycling.²

Concerned by the long-term health and traffic consequences of the decrease in walking and bicycling to schools, the U.S. Congress approved \$612 million in August 2005 for state implementation of SRTS programs. Section 1404 of SAFETEA-LU, the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users, is the authorizing provision for the legislation.

Each state and the District of Columbia is receiving a minimum of \$1 million/year through September 2009 and is charged with hiring a full-time SRTS Coordinator to build a state program that gets more children to walk and bicycle to schools safely. Each state must spend between 70 to 90 percent of the state funds on infrastructure and safety improvements near schools such as sidewalks, bike lanes, pathways and traffic calming activities. In addition, 10 to 30 percent of the state funds must be spent on non-infrastructure activities including encouragement, public awareness, enforcement and educational programs.

Through its multi-disciplinary approach, Safe Routes to School is leading to greater collaborations with public health and school professionals at state and local levels. This report demonstrates how Safe Routes to School is a collaborative effort involving multiple organizations, including state Departments of Education and state Departments of Public Health. Additionally, this report addresses how school siting decisions at the state and local levels affect opportunities to walk and bicycle to schools, which in turn affects opportunities for physical activity. The number one reason parents give for why their children do not walk or bicycle to and from school is distance. The location of a school has a tremendous impact on students, teachers, families, neighborhoods and the learning environment, yet new schools are often sited on the outskirts of communities, rather than within the neighborhoods that they serve. Additionally, research



has shown that the average distance between where children live and where they attend school has increased, which has contributed to the drastic decline in walking and bicycling to school. Nationally, only about 33 percent of students live within two miles of a school – down from 50 percent in 1969.³ SRTS provides a perfect opportunity for public health and school officials to work together to create state standards, policies and incentives for local neighborhood schools to promote and increase physical activity through walking and bicycling to school.

The following four case studies showcase examples of collaboration between public health and school officials at the state level through Safe Routes to School Advisory Committees, school siting guidelines, state standards for physical activity or wellness policies and more.

¹ *Transportation Characteristics of School Children*, Report no. 4. Washington, DC: Nationwide personal Transportation Study, federal Highway Administration, July 1972.

² "Travel and Environmental Implications of School Siting." U.S. Environmental Protection Agency, 231-R-03-004: 2, 2003. Available at www.epa.gov/livability/school_travel.htm

³ *Travel to School: The Distance Factor*. Office of Policy, Federal Highway Administration, January 2008.



Description of the SRTS Program

Managed by the California Department of Transportation (Caltrans), California administers two separate Safe Routes to School programs: the federally-legislated SRTS program and the state-legislated SR2S program. The federally-legislated program was awarded through two funding cycles announcing more than \$90 million in grants during 2007 and 2008; 219 schools have benefitted from funding through the federal program with projects including curb and gutter installation, widening bike lanes, pedestrian paths, sidewalks, crosswalks, signage, non-infrastructure programs and more.

Examples of Collaboration between Public Health and School Officials

California's work on SRTS has provided many opportunities for the Department of Public Health (CA DPH) and California Department of Education (CDE) to collaborate. For example, both agencies are members of the SRTS Advisory Committee that reports to Caltrans and provides recommendations for the selection of projects and guidance on the structure and guidelines of the program. California is also one of ten states participating in the SRTS National Partnership's State Network Project. This initiative creates state networks that bring together advocacy groups, public agencies, nonprofits and other leaders to create an institutional framework for generating long-term policy changes that benefit increased safety and physical activity for children through walking and bicycling to schools. The CA DPH and the CDE are both members of the California SRTS Network, and have opportunities to interact and collaborate together on a monthly basis during teleconferences.

In addition, classroom curricula including teacher's manuals, teacher reference and research materials will be compiled, adapted and developed as a portion of a three year \$3.8 million SRTS non-infrastructure grant awarded to the CA DPH's Center for Physical Activity and State and Local Injury Control Section. The Center will also develop walking and bicycling to school curricula, and provide technical assistance and training for SRTS education, encouragement and enforcement programs statewide. The California Healthy Kids Resource Center, funded in part by CDE, will serve as a subcontractor, providing an opportunity for both agencies to collaborate on a healthy kids initiative that resonates with both health and education statewide priorities.

The California School Board Association (CSBA) and Cities Counties Schools Partnership are also members of the CA Network and have been crucial partners in getting the word out about SRTS to school officials, from the state to local level. The California

Network provided suggested revisions to the CSBA recommending that they add SRTS into their sample wellness policy language, which is used by roughly 90% of schools and districts statewide. They will be reviewing the recommended updates in the spring of 2009, and the relationship that is being built will lead to future collaborations including participation in their upcoming conference in December 2008 with presentations on SRTS and school siting.

Results

Collaboration on SRTS in California with the CA DPH and CDE has brought about results ranging from policy change to relationship building to increased communication between public health and school officials. School siting policy change will be one of the key results of partnerships built around SRTS in California. In the fall of 2007, the California Network formed an Action Team of State Network partner organizations called "The Ad-Hoc Coalition for Healthy School Siting". This school siting Action Team conducted research, and in January 2008 submitted a letter to the CDE, urging them to revise current regulatory requirements with respect to school siting while the department is currently undergoing a review of its school facilities guidebook. More than 40 California-based organizations signed on in support of the letter, which urged CDE to remove minimum acreage standards and support policies that promote community-centered schools. In March 2008, members of the California Network participated in a meeting with the CDE to discuss their school siting recommendations, and were encouraged by the CDE's invitation to continue the discussion with additional recommendations. The California Network's school siting Action Team, with the Local Government Commission as the lead organization, was awarded a grant in August 2008 from the National Trust for Historic Preservation with funding from the federal Environmental Protection Agency to advance school siting policies in California that will increase opportunities for community-centered schools that support walking and bicycling. Grant funds will be used to continue the Action Team's efforts for working with CDE to update the state's policy guidelines on school siting. Another state level policy change is the curriculum that will be created by the CA DPH's Center for Physical Activity and State and Local Injury Control Section to develop walking and bicycling safety curriculum.

CDE and CA DPH relationships have been strengthened as a result of the SRTS Advisory Committee, SRTS California Network and grants bringing the agencies together to work towards advancing goals of increased physical activity, safety and healthy learning environments for children across the state.



Description of the SRTS Program

The Massachusetts Safe Routes to School (SRTS) program promotes healthy alternatives for children and parents in their travel to and from school. Massachusetts Safe Routes to School, a program of MassRIDES, the Commonwealth's travel options program, is a service of the Massachusetts Executive Office of Transportation and is supported by MassHighway and the Federal Highway Administration.

Since 2005, the Massachusetts SRTS program has expanded to working with 165 elementary and middle schools in 68 communities statewide, reaching more than 73,000 students. By signing up as a partner in the Commonwealth's SRTS program, schools receive a range of direct professional services to educate students, parents and school and community officials about the benefits of walking and bicycling to school while addressing safety concerns. MA SRTS includes, education, encouragement, enforcement, engineering and evaluation to ensure a comprehensive and successful program to increase walking and bicycling to and from school. The Massachusetts SRTS program offers schools technical assistance for designing, implementing, marketing and evaluating initiatives tailored to each school's needs and priorities. Participating schools receive free promotional materials to implement SRTS, plus complimentary educational materials targeted to students, parents, and community leaders. Training prepares school stakeholders to identify school access challenges and infrastructure design solutions. School partners qualify for infrastructure improvements to enhance safety along school routes. Schools participating in the MA SRTS program for one year are invited to request a no-cost assessment of walking and bicycling routes within one mile of the school. Selected schools represent diverse socio-economic communities, in urban/suburban/rural environments statewide, all committed to implementing ongoing SRTS initiatives.

Examples of Collaboration between Public Health and School Officials

The Massachusetts SRTS Task Force provides guidance on the development of the Commonwealth's SRTS initiatives. The Task Force includes state agencies (MassHighway, Departments of Public Health, Education and Public Safety), members from the Federal Highway Administration, school stakeholders (MA Elementary School Principals' Association, MA Teachers' Association and MA PTA Association), enforcement representatives, safety researchers, community leaders and advocacy groups (WalkBoston and MassBike). Quarterly Task Force meetings provide an opportunity to share unique perspectives and insights from different fields and enable agencies to work together in a mutually beneficial way.

The Massachusetts SRTS program is facilitating a pilot Community SRTS project as a part of a collaborative effort between the Secretariats of Transportation and Health and Human Services, seeking to create greater connections between the state's transportation and health and safety initiatives. A private foundation is providing matching funds to leverage additional public funding by the Executive Office of Transportation and the Department of Public Health to establish specialized programming to be incorporated into the Massachusetts SRTS Program. The Harvard Pilgrim Health Care Foundation, the Massachusetts Department of Public Health and Executive Office of Transportation have joined to fund the project, and pay for local coordinators in four selected communities. A grant has been provided for the non-profit advocacy organization, WalkBoston, to hire a part-time Project Coordinator for each community, who will provide planning, training and publicity for the program. In addition, each community will receive on-site assistance from WalkBoston, as well as from EOT and DPH. Communities were selected through a competitive application process by which they demonstrated their readiness for the program as well as the commitment of community leaders to continue the program if it succeeds.

Results

The MA SRTS Task Force offers expertise and serves as a resource to enhance the expansion of SRTS projects and initiatives statewide. The Task Force facilitates cooperation and communication between the program and the Departments of Education and Public Health, while assisting in program refinement. The members coordinate between their organizations and the SRTS program in a way that is beneficial to all involved parties.

And while not directly associated with the MA SRTS program, the Collaborative for High Performance Schools Massachusetts High Performance Green Schools Guidelines also includes school siting language, specifically regarding recommendations for centrally located sites and smart growth, pedestrian and bicycle access and minimizing automobile parking. This will lead to more community-centered schools.

SRTS has also helped facilitate increased understanding between the Massachusetts Department of Public Health and school officials through the pilot Community SRTS project. The Massachusetts Department of Public Health representative came to all community interviews and was able to cross collaborate with the local Departments of Education school officials.



Description of the SRTS Program

With Mississippi ranking as the most obese state in the nation with 30.6% of adults obese, SRTS programs are greatly needed to instill healthy habits in children at a young age.⁴ Mississippi's federal Safe Routes to School program has already had two application cycles. The second and most recent application deadline was October 1, 2008, and Mississippi hopes to award applications in January 2009. Twenty-five applications were received in Cycle two requesting more than \$10 million for the \$3 million available. Seventeen communities representing 56 schools received funding from the federal SRTS program in Cycle one, as well as three statewide organizations, including MDE, MSDH and Safe Kids Mississippi. Although no infrastructure improvements have been completed at this time, four communities are completing plans and nearing the construction phase. Most communities have launched non-infrastructure activities. The Gulfport Police Department has been working in all Gulfport and Harrison County schools teaching pedestrian safety and holding instructive bicycle rodeos. These events will continue throughout the school year. In Amory, students have participated in walking events at and to the schools to learn about pedestrian safety; middle and high school students are working on documenting the success of Amory's SRTS program. Amory hopes to break ground on its sidewalk infrastructure project in November 2008. The City of Oxford kicked off Walking Wednesdays following International Walk to School Day in 2007. This program continues to grow as students enjoy walking and bicycling to school escorted by University of Mississippi athletes.

Examples of Collaboration between Public Health and School Officials

Mississippi's SRTS program has provided numerous opportunities for collaboration between the state Department of Health (MSDH) and the state Department of Education (MDE) Office of Healthy Schools. Both departments are members of the SRTS Advisory Committee, which Mississippi likes to think of as more of a partnership. Both the MSDH and the MDE Office of Healthy Schools spread the word about the Cycle one and two application deadlines, which helped bring in the high number of interested schools applying for funding.

The combined efforts of the three organizations have been critical to ensure they aren't overlapping in any areas. For International Walk to School Day on Wednesday, October 8, 2008, the MDE

sent Monday memos to principals and superintendents and a message to their list serve to remind them of the event. The MSDH also sent messages about Walk to School Day to their list serve, and attended events at schools with SRTS programs to distribute health giveaways. The MDE, MSDH and DOT plan to attend a kick off event at the anticipated groundbreaking of a SRTS project at West Amory Elementary School in the next few months.

The MSDH and MDE have been crucial partners in spreading the word about SRTS at conferences across the state. Yet another example of how SRTS has brought these key groups together can be witnessed through the MSDH inviting the SRTS Coordinator to train health educators in Mississippi's nine health districts on how to set up SRTS programs in a day-long session in November 2008. The MSDH is also planning on putting together a resource on how to plan a SRTS program in Mississippi. Both the Departments of Health and Transportation along with Bike Walk Mississippi are in the initial planning stages of working to promote Complete Streets throughout the state.

Other examples of how SRTS has helped provide collaborations between the MSDH and MDE can be seen in both the statewide wellness policy and physical activity standards. Safe Routes to School and encouragement to walk and bicycle to and from school is included in both sample policies.

Results

The collaboration that Safe Routes to School has helped to facilitate between the MSDH and MDE has produced a wide range of results including policy change, relationship building and increased communication between public health and school officials. On the policy change front, the MDE, MSDH and DOT are a part of a state level health policy group, funded by the National Governor's Association, which brings together leaders from organizations with a vested interest in improving children's health. Their goal is to prioritize health policies in Mississippi, and their discussions resulted in school siting and infrastructure being listed as state health priorities. Additionally, the relationship building that is taking place through collaborating on SRTS has influenced statewide wellness policies. The MDE's Office of Healthy Schools has a program funded through the Bower Foundation, the John D. Bower, M.D. School Health Network, which awarded twenty schools a total of approximately \$175,000 to improve school health programs for students, among



other goals. A few of the schools selected are schools that have received SRTS funding, and the MDE brought in the SRTS Coordinator to talk with all ten schools about SRTS and how it can help improve student health.

In March 2008, the MDE, in partnership with the MSDH, was awarded a five year, \$3.48 million Coordinated School Health Program competitive grant by the U.S. Centers for Disease Control and Prevention. Through this cooperative agreement, the Bureau of Community and School Health was created under the MSDH, Office of Preventive Health and the MDE's Office of Healthy Schools was able to expand it to include coordinated school health resources and services. This cooperative agreement will support the implementation of quality school health programs that reduce health disparities and provide opportunities for every Mississippi boy and girl an opportunity to be fit, healthy and ready to succeed. The two agencies have been able to collaborate on projects that have taken place at the state, district and local school levels. Although funding objectives under the SRTS program were different for each state agency, they have worked together to coordinate efforts so that staff from both agencies help focus on all components, or at a minimum are knowledgeable about where to seek additional information. The Office of Healthy Schools commends the efforts of the SRTS Coordinator at the DOT for the tremendous efforts to support implementation of the SRTS program. The SRTS State Coordinator can't say enough about the energy surrounding SRTS that exists within their partner agencies at both the MDE and the MSDH, and how valuable their feedback and buy-in has been in implementing all aspects of the program.

Mississippi has recently implemented policy changes within their schools. The Mississippi Legislature and the State Board of Education should be commended for their support and passage of the Mississippi Healthy Students Act in 2007. This legislation requires the following guidelines for activity based and health education instruction: 150 minutes per week of activity based instruction for grades K-8 and one-half Carnegie Unit requirement for graduation in grades 9-12, 45 minutes per week of instruction in health education and one-half Carnegie Unit requirement for graduation in grades 9-12. The policy also called



Mississippi Bike Train ready to leave the station

for the State Board of Education to develop Nutrition Standards for K-12 schools. These mandates tie back to advisory wellness councils at each school with their focus on physical activity and nutrition. Safe Routes will and should filter right into the momentum in MS towards changes for healthy lifestyles for students.

Yet another state level policy change is the MDE's Office of Healthy Schools creating a K-8 database, Health in Action launched in June 2008, which includes approximately 1,300 free lesson plans that support SRTS programs, quality health education, physical education and tobacco use prevention education. The database and lesson plans are available to all teachers in Mississippi. Forty of these lesson plans were created specifically to promote SRTS. These plans are also linked to other subject areas such as math, reading, science and social studies. This resource helps spread the word about SRTS, and is used by schools around the state as a tool to help them achieve physical education, activity and health requirements.

⁴ *Fas in Fat 2007, How Obesity Policies are Failing in America.* Trust for America's Health. August 2007. Available at <http://healthyamericans.org/reports/obesity2007/>.



Description of the SRTS Program

The first application cycle for SRTS funding in Oklahoma took place in October 2007. The Oklahoma Department of Transportation (ODOT) received 38 applications requesting a total of \$6.5 million in infrastructure projects and \$197,000 in non-infrastructure projects. A total of \$3 million will be awarded for Cycle one with contracts executed and a notice to proceed issued in February 2009. The second application cycle will begin in January 2009.

Examples of Collaboration between Public Health and School Officials

Oklahoma has both a Project Development Committee and a Project Selection Committee for Safe Routes to School. The Oklahoma Department of Education (OK DOE) and the Oklahoma Department of Public Health (OK DPH) are active partners on both. Oklahoma is one of ten states participating in the SRTS National Partnership's State Network Project. This initiative creates state networks that bring together advocacy groups, public agencies, nonprofits and other leaders to create an institutional framework for generating long-term policy changes. The OK DPH and the OK DOE are both members of the Oklahoma SRTS Network, and have opportunities to interact and collaborate together on a monthly basis during teleconferences.

In July 2008, the ODOT SRTS Coordinator and the Oklahoma Network Organizer participated in the Oklahoma PTA Annual Conference with a workshop and a booth. Additionally, the OK DOE invited the Oklahoma SRTS Network to make a presentation on statewide curriculum for walking and bicycling at the Oklahoma Safe and Healthy Schools Conference in Oklahoma City in November 2008 where they presented a workshop and a booth. The Oklahoma SRTS Network will also give a SRTS presentation at the Oklahoma Elementary School Principals' Conference in January 2009.

An Oklahoma SRTS Network partner, the Council of Educational Facility Planners International, leads the School Siting Action Team for the Network and will be working with the OK DOE to get the outdated Oklahoma school acreage requirements updated and replaced with requirements that will be more conducive to keeping the neighborhood schools, which in turn provides increased abilities for children to walk or bicycle to school. An additional benefit is preserving what are oftentimes historic school buildings.

The Board of Directors of OK Fit Kids (an OK Network partner) has recently adopted SRTS as a legislative priority for the upcoming session of the Oklahoma Legislature. OK Fit Kids and a

representative of the OK Senate staff is working with ODOT staff to formulate language for a Safe Routes to School bill to be presented during the 2009 legislative session. OK Fit Kids and the Oklahoma Institute for Child Advocacy will carry this language forward to find lawmakers to sponsor a bill.

Results

Oklahoma's SRTS program has brought about collaboration at the state level between the OK DPH and the OK DOE. Since both agencies have representatives on ODOT's SRTS Project Development Committee and Project Selection Committee they have opportunities to work together to promote physical activity and SRTS specifically, and it has increased understanding of what is important to the respective agencies. One example is that ODOT set the schedule for SRTS grant requests based on feedback from the OK DOE about the school year's rotation, and started the cycle at a good time for educators so that more schools would be encouraged and able to apply for SRTS funds. Similarly, they received vital input from the OK DPH on programs that were already in place in Oklahoma so that they could directly partner with SRTS and take advantage of existing synergies. SRTS and the Departments of Health and Education role on these committees was crucial in increased communication and understanding between the agencies. Their roles on the OK SRTS Network allowed for even further relationship building and increased communications and collaboration.

OK Fit Kids and the Oklahoma Institute for Child Advocacy were instrumental in the passage in 2008 of Oklahoma SB1186, which increased the requirement of physical activity in K-5 from 60 minutes per week to 120 minutes per week. This increased requirement opened the door for the introduction of new bicycle and pedestrian curricula in addition to the inclusion of SRTS in school wellness policies. A major policy change that is taking place as a direct result of this legislation, involving a collaboration of the OK DOE with the OK SRTS Network, is the pending adoption of statewide curriculum for walking and bicycling. The OK Network is currently working with the OK DOE to have the selected curriculum adopted as part of physical education programs in the state's elementary schools. The OK SRTS Network will also be working with OK DOE and ODOT to ensure that physical education teachers receive training to competently implement the curriculum, to incorporate the curriculum into the non-infrastructure portion of the state SRTS funding application process and to promote the curriculum to encourage schools and parents to embrace SRTS and generate a higher activity level among the students.



Conclusion



Safe Routes to School is a collaborative effort involving multiple organizations, and has been integral in increasing partnerships between public health and school state-level officials as evidenced by the statewide case studies from California, Massachusetts, Mississippi and Oklahoma.

The statewide case studies provided numerous examples of state-level collaboration among officials that are resulting in important policy changes. Safe Routes to School has brought together Departments of Education and Public Health on Task Forces, Advisory Committees, Project Selection Committees and Project Development Committees. Working together on advancing SRTS on these committees has resulted in increased communications and understanding between the agencies, relationship building, opening communication channels and increased opportunities to spread a unified message about SRTS to make sure it is a successful program. Additionally, the increased collaboration among these statewide agencies has produced the tangible result of additional funding from the Centers for Disease Control and Prevention in Mississippi and health insurance groups in Massachusetts to work on SRTS. This additional funding directly impacts local communities by providing more resources to implement and promote SRTS in their schools. It often means more funds for encouragement and education programs, which are a crucial element for the success of most SRTS programs.

The case studies also provide examples of policy changes taking place at the state level. School siting has been moved up on statewide officials' priority lists and is now more recognized as a policy that should involve collaborations between the state Departments of Education, the health community and transportation officials. Oftentimes, state level policies for school siting are the de facto guidance that local districts and schools look to for shaping their decisions, specifically when it comes

to school site size and minimum acreage requirements. These decisions directly affect opportunities to walk and bicycle to schools as more and more schools are being sited on the outskirts of communities forcing more students to arrive at school through their parents' cars or on buses. Sprawling schools also spur urban sprawl, affecting land use policies. SRTS is a conduit to helping Departments of Education understand the importance of their school siting decisions in providing children the ability to walk and bicycle to school, promoting opportunities for physical activity and smart growth.

Statewide physical activity curriculum for walking and bicycling is another direct result of agencies collaborating together at the state level, as well as sample wellness policies, which can include Safe Routes to School as a mechanism for local school districts to incorporate healthy physical activity into school policies.

One best practice that has been learned from reviewing these case studies is how State Networks and Advisory Committees provide opportunities to open the lines of communication between the Departments of Education, Public Health and Transportation. Not only is communication increased among state level agencies, but also between other parties interested in SRTS like PTAs, advocacy organizations, school board associations and organizations interested in increasing physical activity and bettering student health in their states. As a result of this ongoing communication among agencies, policy changes to promote and advance SRTS are more easily implemented.

Safe Routes to School provides a perfect opportunity for public health and school officials to work together to create state standards, policies and incentives for local neighborhood schools to promote and increase physical activity through walking and bicycling to school.

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