

Minnesota Department of Health
Statewide Health Improvement Program



Safe Routes to School

Guide to Implementation

Fiscal Years 2012 and 2013

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Safe Routes to School

Implement policies and practices that create active schools by increasing opportunities for non-motorized transportation (walking and biking to- and from- school).

Description and Scope

Safe Routes to School (SRTS) increases the numbers of kids walking and bicycling to and from school through infrastructure improvements, education and promotional activities. Walking and bicycling to school helps families stay active and healthy and allow kids to arrive at school focused and ready to learn. A comprehensive and effective SRTS initiative can help create a healthier community for generations to come.

Outcomes

Standardized outcomes for required strategies are still under development. Strategies will be measured primarily on resolutions and/or policy, systems and environmental change outcomes and health behavior change outcomes and then linked through literature projections to health care cost savings.

Evaluation Measures		
<p>Policy, Systems, Environmental Changes</p> <p>Existing tools or MDH database</p>	<p>Health Risks and Behavior Change</p> <p>Existing tools or medical records</p>	<p>Cost Savings</p> <p>Actual savings or literature projections</p>

Requirements

- School Health Council (SHC) convenes and conducts a needs assessment.
- SHC selects strategy components based on the needs assessment that includes: Local Public Health (LPH) and/or tribal government support, administrative support, teacher/student/parent buy-in, and feasibility within their specific setting and time frame.
- SHIP schools must select one strategy from Physical Activity Environment and Healthy Food Environment.
- SHIP focuses on policy, systems, and environmental changes that are sustainable.

Target Population (Disparate/high priority groups are **bolded** below)

- **Students attending schools that serve a high percentage of free/reduced lunch.**
- **Students attending schools with limited or no offerings of extracurricular activities for non-athlete students.**
- **Girls not participating in sports.** The 2010 Minnesota Student Survey (MSS) results show 9-12th grade girls as having the lowest percentage of physical activity minutes per week compared with 9-12th grade boys and 6th grade girls.
- **School populations and communities with high obesity rates and crime rates and low bike-ability and walk-ability scores.**

- Students attending schools within the CHB and tribal government geographic boundaries.
- Community residents that live in areas surrounding the schools.

Recommended Partners

- Parents and guardians
- Tribal governments
- Community partners
- Community planning departments
- School:
 - Administration
 - Transportation
 - Nurses
 - Support staff
 - Teachers
 - Students
 - District and community partners
 - Before and after school program staff
 - Police and school patrol
 - Policy makers

Planning and Assessment for *Safe Routes to School*

1. **Convene a School Health Council (SHC)** and conduct a needs assessment. Refer to the *School Setting Overview Guide* for more details.
2. **Connect with MDH on specific strategy selection** so networking can begin to occur.
3. **Review the Safe Routes to School literature and resources.** Pay particular attention to the Safe Routes to School handbook developed by MDH.
4. **Meet with school staff** responsible for school wellness, school transportation, and physical education to discuss mutual goals in non-motorized transportation.
5. **Review existing school and community planning documents** to become familiar with the current status of school and community design, land use, and transportation. Planning documents could include school wellness policies and plans, school site designs, community comprehensive plan, master plans, pedestrian plans, bike plans, or multimodal plans.
6. **Conduct a school assessment of non-motorized transportation.** Include determination of number of K-12 students who live in designated “walk zones” or that don’t receive busing; number of students already walking or biking to school; and street safety issues that may prevent safe non-motorized travel. To access a school walk-ability and bike-ability assessment checklist, see Evaluation Tools for Planning and Assessment.
7. **Develop an initial Safe Routes to School action plan as a result of the workshop.** This may include priorities in non-motorized transportation, new recreation facilities, and access to existing recreation facilities combined with promotion of the facilities. Prioritize based on feasibility, cost, resources, and sustainability. Goal and action step worksheets are available online at: <http://www.health.state.mn.us/srts>
8. **Rank and prioritize strategies** using the assessment results based on feasibility, cost, resources, and priority. Work with partners to develop action plan and to set action steps for selected strategies.
 - A. Tribal grantees may need to engage their tribal governments throughout the planning and implementation of this strategy, or parts of this strategy, depending upon your particular environment.

Potential Milestones for Planning and Assessment

- Needs assessment completed
- Additional assessment of non-motorized transportation completed
- Action plan identified

Evaluation Tools for Planning and Assessment*

School Health Index (SHI)

Description: The School Health Index is a self-assessment and planning tool that enables schools to identify the strengths and weaknesses of the school's policies and programs that promote health and safety. The SHI has two versions, Elementary and Middle/High School. Both versions are available free of charge, online and in print form. The SHI consists of eight self-assessment modules and a planning for improvement process. The assessment process involves members of the school community, parents, students, and the community to improve school policies, programs, and services. The SHI is a nationally recognized, research-based assessment tool recommended by the CDC. Many schools are familiar with this tool. Training for the proper use of the SHI will be available through the Coordinated School Health Program at MN Department of Education and the MN Department of Health.

<http://www.cdc.gov/healthyyouth/SHI/index.htm>

**This section is currently under development. MDH will be providing additional tools for the standardized evaluation of required strategies at a later date.*

Implementing the *Safe Routes to School* Strategy

1. **Meet with school staff and community members** responsible for school wellness, transportation, administration, and physical education to review the initial action plan.
 - A. Finalize action plan. Decide to further develop the initial action plan or incorporate it into existing school or community plans such as the school wellness plan, comprehensive plan, master plan, pedestrian plan, or bike plan. Action plans include goals, action steps, responsible party, timeline, budget, resources, and outcome measures.
 - B. Identify next steps. For each action step selected, determine and develop needed partnerships including teachers, administrators, parents, community partners, district department staff, such as wellness staff, and other relevant professionals to set action steps in motion.
2. Work with school staff, teachers, and community staff to **provide training opportunities based on needs identified in assessment** and prioritized in action plan.
 - A. Refer to the SHIP calendar for technical assistance (TA) that MDH might be able to provide on selected strategies.
<http://www.health.state.mn.us/healthreform/ship/calendar/index.html>
 - B. Educate school staff, students, parents, and the community on SRTS strategies being implemented.
 - C. Generate excitement over selected SHIP strategies.
3. **Network with other SHIP grantees.**
4. **Engage students and community partners in the promotion of SRTS practices and activities.**
5. **Present action plan** to school administration, school board, tribal council and other community elected officials that have a stake in the school's walk-ability, and bike-ability.

Potential Milestones for Implementing *Safe Routes to School*

- Trainings/workshops attended and offered for SRTS initiatives
- Pilot programs developed and implemented
- Promotion of SRTS to school and community partners, including students and parents

Sustaining Long-Term *Safe Routes to School* Changes

1. Work with school staff and community groups to **implement additional resolutions and/or policies and practices** that support non-motorized transportation to-and-from school. Include promotional activities throughout the year.
2. **Develop a school pedestrian, bicycling, or multimodal transportation plan if one doesn't already exist.**
3. **Implement school resolutions and/or policies** that have been identified in the action plan supporting non-motorized transportation. The following is a list of sample policies:
 - A. Model Language for Writing Safe School Environment Component into School Improvement Plan. This exemplifies a non-policy option for incorporating the strategy into a school plan. <http://www.hhp.ufl.edu/safety/safe-ways.shtml>
 - B. Promoting The Kidswalk-To-School Program Through Policies <http://www.cdc.gov/nccdphp/dnpa/kidswalk/pdf/section09.pdf>
 - C. Database of state policies on nutrition and physical activity in schools from NASBE http://www.nasbe.org/healthy_schools/hs/picks.php#Physical%20Activity%20Other%20Than%20Physical%20Education
4. **Expand design plans and funding proposals** to advance non-motorized transportation infrastructure projects based on action plan recommendations such as for new or renovated sidewalks, trails, or crosswalks.

Potential Milestones for Sustainable Long-Term PSE Changes

- Active non-motorized transportation practices implemented by school staff and community partners and recognized by students, parents, and the community
- Active transportation resolution and/or policy adopted or incorporated into school wellness policies
- Future action plan complete

Resources

Safe Routes to School is more than just a program; it teaches youth habits that encourage physical activity throughout their lives. It provides youth with the opportunity to increase their physical activity to help meet the goal of 60+ minutes of physical activity per day.

Resources

- **Safe Routes to School Handbook.** A comprehensive guide put together by the Physical Activity and Nutrition Unit at Minnesota Department of Health. This step by step guide is filled with additional resources and information on initiating a SRTS program.
www.health.state.mn.us/srts
- **Active School Neighborhood Checklist.** A comprehensive quantitative tool put together by the Safe Routes to School Program of the Arizona Department of Transportation for evaluating the potential long-term health impacts of candidate school sites.
<http://www.activeschoolchecklist.com>
- **National Center for Safe Routes to School** at www.saferoutesinfo.org
- **Kids Walk to School: A CDC guide to promote walking to school.**
www.cdc.gov/nccdphp/dnpa/kidswalk/index.htm
- **Walk to School.** www.walktoschool.org
- **Walking School Bus.** www.walkingschoolbus.org
- **Safe Routes to School. The Minneapolis Safe Routes to School: Helping Minneapolis Youth be Lean & Green** report was released and presented to the Minneapolis School Board. Minneapolis Public Schools has hired a part-time Safe Routes to School Coordinator to develop relationships with internal and external partners; in addition, mini-grants have been awarded to schools to start their own Safe Routes to School program.
<http://www.ci.minneapolis.mn.us/dhfs/saferoutes.pdf>
- Minnesota Department of Transportation (MnDOT). **Bicycle and Pedestrian Toolbox:** Tools to Develop on Active Transportation Network. April 2008. <http://opentraining.unesco-ci.org/cgi-bin/page.cgi?g=Detailed%2F22944.html;d=1>
- MnDOT. **Pedestrian Transportation Resources.** <http://www.dot.state.mn.us/peds>
- MnDOT. **Bicycle Transportation Resources.** <http://www.dot.state.mn.us/bike>
- Minnesota Safety Council. **Bike Safe, Bike Smart.** This collection of bike safety resources for communities and families includes a bike rodeo planning guide designed to teach young riders how to bike safely. <http://www.mnsafetycouncil.org/bicycle>

Talking Points

- Child pedestrian injuries occur more often in residential areas and on local roads that are straight, paved, and dry, according to Safe Kids USA (Public Health Law and Policy 2008).
- Parents driving their kids to school make up 20 to 25 percent of the morning commute, according to the Local Government Commission. It's a vicious cycle: the more traffic there is, the more parents decide it is unsafe for their children to walk to school and opt to drive them instead (Public Health Law and Policy 2008).
- Community design has changed. The number of schools decreased by about 1,000 between the years 1968 and 2001, while the number of students increased by over two million, according to the CDC. Consequently, fewer students live within a mile of their school (Public Health Law and Policy 2008).
- The Transportation Authority of Marin County, California, issued a report on the impact of its Safe Routes to School program. Over the program's first two years, the percentage of children walking or biking to school increased from 21 to 38 percent. Adults reported that they appreciated the reduced traffic congestion around schools (Public Health Law and Policy 2008).
- Safe Routes to School puts forth the "Four E's" as the key to a solution: Engineering, Enforcement, Education, and Encouragement. State and local officials can create environments that improve child safety by revising laws, ordinances, and practices to promote the following (Public Health Law and Policy 2008):
 - Construction of sidewalks
 - Neighborhood schools
 - Traffic-calming measures, such as roundabouts and speed humps
 - Requirements that city planners, engineers, real estate developers, and landscape architects consider pedestrian safety when designing new communities or modifying existing ones

References

Public Health Law and Policy. (2008). *Safe Routes to School Talking Points*. Planning for Healthy Places. Retrieved on July 28, 2011 from:
http://www.healthyplanning.org/factsheets/PHLP_SafeRoutes.pdf