



April 30, 2013

Vice Admiral Regina M. Benjamin  
U.S. Surgeon General  
U.S. Department of Health and Human  
Services  
200 Independence Avenue, SW  
Washington, DC 20201

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**Re: Docket no. CDC-2013-0003**

Dear Madam Surgeon General and Dr. Dorn:

The Safe Routes to School National Partnership appreciates the opportunity to comment on walking as an effective way to improve levels of physical activity and strategies that could be incorporated into the Surgeon General's call to action on walking and walkability. We greatly appreciate your leadership in this area.

The Safe Routes to School National Partnership is a network of more than 600 nonprofit organizations, government agencies, schools, and professionals working together to advance the Safe Routes to School movement in the United States. Our mission is to advance safe walking and bicycling to and from schools, and in daily life, to improve the health and well-being of America's children and to foster the creation of livable, sustainable communities. While our primary focus is on the trip to school, our work contributes to the larger context of creating healthy, safe and livable communities where children, families and other community residents can walk in their daily lives.

### **Benefits of Walking**

The Safe Routes to School National Partnership is guided by an evidence base that clearly shows that walking to school is a critical component in increasing the physical activity level and health of children:

- Safe Routes to School programs can increase walking and bicycling by 20 to 200%.<sup>1</sup>
- Children who walk to school are significantly more physically active throughout the day.<sup>2 3</sup>
- Children who walk or bicycle to school have better cardiovascular fitness than do children who do not actively commute to school.<sup>4 5</sup>
- Children who walk to school get three times as much moderate to vigorous physical activity during their walk to school than during recess.<sup>6</sup>

- In a study of adolescents, 100% of the students who walked both to and from school met the recommended levels of 60 or more minutes of moderate to vigorous physical activity on weekdays.<sup>7</sup>
- A study among a large, nationally representative sample of US youth reported that active commuting to school was positively associated with moderate-to-vigorous physical activity and inversely associated with BMI z-score and skinfold thicknesses.<sup>8</sup>
- A pilot study of walking school buses found that participants in the walking school bus increased the frequency of walking to school and the minutes of daily moderate-to-vigorous physical activity.<sup>9</sup>

The body of evidence also shows that distance and the built environment play a determining role in whether children and their families choose to walk for transportation, including for the trip to and from school.

- Neighborhood schools, where distances to school are more manageable, produce a 13 percent increase in walking and bicycling.<sup>10</sup>
- Children in neighborhoods with sidewalks and safe places to cross the street are more likely to be physically active than children living in neighborhoods without those safe infrastructure elements.<sup>11</sup>
- Communities that are more walkable and bikeable and that have pedestrian-accessible destinations increase physical activity levels.<sup>12</sup>
- People living in auto-oriented suburbs drive more, walk less, and are more obese than people living in walkable communities. For each hour of driving per day, obesity increases six percent, but walking for transportation reduces the risk of obesity.<sup>13</sup>
- A 5% increase in neighborhood walkability was associated with 32.1% more minutes devoted to physically active travel.<sup>14</sup>

These studies do not begin to get into the many co-benefits of higher levels of walking and the creation of safe, walkable places—such as reducing traffic fatalities and serious injuries, increasing property values, decreasing school busing expenditures, improving academic performance, and managing traffic congestion.

### **Barriers to Walking**

In spite of the significant benefits of increased walkability, our nation faces substantial barriers that must be addressed if we are to make walking the safe and easy choice for parents and children.

First and foremost is the issue of safety. In 2009, more than 23,000 children (ages 5 to 15) were injured and 250 killed by cars when they were struck while walking or bicycling. This represents 25% of all children's traffic fatalities and 15% of all children's traffic injuries.<sup>15</sup> We know what works: for example, adding a sidewalk cuts in half the risk that a pedestrian will be struck by a car.<sup>16</sup> We also know that Safe Routes to School works to increase safety: a new Pediatrics study found that in areas with Safe Routes to School infrastructure improvements, the rate of injuries for school-aged pedestrians during school travel hours decreased 44 percent, compared

to no change in areas without Safe Routes to School improvements.<sup>17</sup> But, it takes financial resources to implement these changes, and we have a very long way to go before even the built environment near schools is safe for pedestrians.

These challenges are even greater in small rural towns and lower-income communities, which face significant disparities in safe infrastructure for walking, even when many of their residents lack access to other transportation options. Small towns often lack sidewalks, lighting and crosswalks even though 1.6 million rural households do not have access to cars.<sup>18</sup> In rural areas, drivers often do not slow down adequately when passing through towns, creating hazards for pedestrians and bicyclists.<sup>19</sup> In lower-income communities, fewer sidewalks and crosswalks plus more high-speed traffic<sup>20</sup> result in a higher risk of children from lower-income families being injured or killed by cars when walking.<sup>21</sup>

Another key barrier is distance. Specific to the trip to school, public school enrollment has nearly doubled since the 1930s; however, during this time the number of public school buildings has decreased by 60 percent.<sup>22</sup> This trend has resulted in larger schools that are increasingly distant from the families they serve. Larger, more distant schools also have an impact on active transportation, since walking and bicycling rates decline dramatically when children live more than a mile from school.

## **Strategies and Solutions to Increase Walking and Walkability**

While there are many strategies that can increase rates of walking and walkability, we are focusing our recommendations for the call to action for walking on five areas that we believe have demonstrated potential for having a significant impact, particularly on children.

### **1. Increase adoption of and funding for Safe Routes to School initiatives.**

As stated earlier in these comments, we know that Safe Routes to School initiatives improve safety for children and get more children walking and bicycling to and from school. An important aspect of Safe Routes to School is its comprehensive approach—including the installation of safe infrastructure (sidewalks, crosswalks, bike paths, lighting and more) paired with increased traffic enforcement, safety education for children and encouragement programs like walking school buses. Its success is built on collaborative partnerships among many stakeholders that include educators, parents, students, elected officials, engineers, city planners, business and community leaders, health officials, and bicycle and pedestrian advocates. Often, these collaborations start with a planning exercise to identify hazards—engaging parents and school officials in the transportation planning process.

However, the demand for Safe Routes to School dollars have always been greater than available funding. This will only be exacerbated by the new transportation bill, MAP-21, which consolidates Safe Routes to School initiatives with other federal bicycling and walking programs and reduces overall funding.

We ask that the Surgeon General's call to action encourage more states and localities step forward to commit federal, state and local dollars to the advancement of Safe Routes to School programs and infrastructure, and to challenge parents and school personnel to start and strengthen Safe Routes to School initiatives in their communities.

## **2. Prioritize the use of federal, state and local dollars for active transportation.**

All too often, we see state departments of transportation that favor investments in infrastructure that prioritize drivers over other modes of transportation.

This has led to communities without the most basic infrastructure for safe walking and bicycling and high-speed, high-volume roads that create dangers for pedestrians and bicyclists. An example of how state departments of transportation de-emphasize active transportation is how states have used their federal safety funds. Over the years, few states have used their Highway Safety Improvement Program (HSIP) funds for improving bicycle and pedestrian safety. In 2010, just six states spent any of their HSIP funds on bicycle and pedestrian projects and nationally just 0.5% of these safety funds are spent on bicycling and walking. At the same time, bicycle and pedestrian fatalities are on the rise—both in actual numbers and as a percentage of overall fatalities—now making up 15.8 percent of all traffic fatalities.

We recommend that the Surgeon General's call to action urge state and local departments of transportation to re-examine how they spend federal, state and local transportation dollars and the types of projects they approve to ensure that walking and bicycling infrastructure is adequately supported. We also suggest the call to action prioritize adoption of Complete Streets policies at state, regional and municipal levels, which ensure that transportation planning, maintenance and construction projects accommodate the needs of all users, including pedestrians, bicyclists and people with disabilities.

## **3. Reduce disparities by prioritizing lower-income communities.**

As discussed previously, traffic safety concerns are greatest in lower income communities and communities of color—the very same communities where safe and affordable transportation options are most needed. It is also important to ensure that communities struggling with high rates of violence have the assistance necessary to improve personal safety. Both real and perceived threats of violence reduce levels of walking and physical activity. There are many approaches to reduce and prevent violence, including Safe Passages programs and community design techniques.

It is critical that the call to action emphasize equity in all recommendations, and encourage all those who respond to the call to action to prioritize improvements in lower-income communities to reduce disparities. These improvements should be

implemented by working directly with community leaders and coupling efforts with anti-displacement policies.

**4. Eliminate state laws, policies and regulations that discourage community-centered schools.**

When schools are built many miles away from the students they serve, there is no way for students to ever walk or bicycle to and from school. Many state laws, policies and regulations have an impact on local school siting decisions, intentional or unintentional, and have led to the decline in community-centered schools, which are located near the families they serve. School construction formulas can favor new construction, which often results in schools in outlying areas, over renovation of existing schools, which are more likely to be smaller neighborhood schools. Many states have outdated “minimum acreage standards” in place requiring large plots of land for school sites, which are difficult to find within neighborhoods and often force the siting of schools in undeveloped, outlying areas. Formulas for funding allocations to schools can favor high-enrollment schools, which are challenging to build within neighborhoods. Finally, many states have school busing reimbursement formulas in place that do not encourage efficient location of schools and judicious use of busing.<sup>23</sup>

We recommend that the Surgeon General’s call to action include a request to re-examine and update all of these laws and policies to ensure that communities are not penalized for renovating or building schools close to the students they serve, and to encourage closer collaboration between school systems and local governments in land use discussions.

**5. Endorse and promote the *Let’s Move! Active Schools* initiative and its partner initiatives, including *Fire Up Your Feet*.**

In February, First Lady Michelle Obama launched *Let’s Move! Active Schools*, a collaboration providing simple steps and tools to help schools create active environments so that students can reach 60 minutes of physical activity each day. The initiative’s goal is to engage 50,000 schools over the next five years. A number of nonprofits and corporations are partners in the *Let’s Move! Active Schools* initiative, including the Safe Routes to School National Partnership’s *Fire Up Your Feet* program. *Fire Up Your Feet* helps teachers, parents and administrators get students moving before, during and after the school day. It also helps schools conduct healthy fundraisers that promote walking, bicycling and other types of physical activity.

We recommend that the Surgeon General’s call to action highlight the goals and initiatives of the *Let’s Move! Active Schools* collaboration to help reach thousands of schools and students nationwide.

Thank you again for your leadership on this important issue. The Safe Routes to School National Partnership looks forward to serving as a partner in the Surgeon General's call to action to get more Americans walking and to ensure that their communities have the infrastructure necessary to make walking safe and accessible for children and everyone.

Sincerely,



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<sup>1</sup> Marla R. Orenstein, Nicolas Gutierrez, Thomas M. Rice, Jill F. Cooper, and David R. Ragland, "Safe Routes to School Safety and Mobility Analysis" (April 1, 2007). UC Berkeley Traffic Safety Center. Paper UCB-TSC-RR-2007-1. <http://repositories.cdlib.org/its/tsc/UCB-TSC-RR-2007-1>

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<sup>5</sup> Lubans, D. R., C. A. Boreham, et al. (2011). "The relationship between active travel to school and health-related fitness in children and adolescents: a systematic review." *International Journal of Behavioral Nutrition and Physical Activity* 8(1): 5.

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<sup>11</sup> Davison, Kirsten and Catherine Lawson. "Do attributes in the physical environment influence children's physical activity? A Review of the literature." *International Journal of Behavioral Nutrition and Physical Activity* 3 (2006).

<sup>12</sup> Rahman T, RA Cushin and RJ Jackson. "Contributions of Built Environment to Childhood Obesity." *Mt. Sinai Journal of Medicine* 78 (2011): 49-57.

<sup>13</sup> Frank LD, Andresen MA, Schmid TL. "Obesity relationships with community design, physical activity, and time spent in cars." *American Journal of Preventative Medicine* 2004; 27: 87-96.

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<sup>15</sup> "Pedestrians: 2009 Data" and "Bicyclists and Other Cyclists: 2009 Data" Washington, DC: National Highway Traffic Safety Administration, 2009. Available at <http://www-nrd.nhtsa.dot.gov/Pubs/811394.pdf> and <http://www-nrd.nhtsa.dot.gov/pubs/811386.pdf>.

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