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Author manuscript

*J Phys Act Health*. Author manuscript; available in PMC 2015 June 29.

Published in final edited form as:

*J Phys Act Health*. 2013 February ; 10(2): 141–142.

## Safe Routes to School: A Public Health Practice Success Story —Atlanta, 2008–2010

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Walking and bicycling to school (ie, active transport) are ways to increase physical activity among both children and parents. Safe Routes to School (SRTS) is a federally funded program established to support school communities in making the changes necessary to promote safe walking and biking to school.<sup>1</sup> In this commentary, we report findings associated with the successful implementation of a SRTS program in an elementary school in metropolitan Atlanta, GA, between 2008–2010. In addition, we identify the elements of the program that led to its success in order to inform future policy efforts related to active transport to school.

The SRTS program ([www.saferoutesinfo.org/guide/steps/index.cfm](http://www.saferoutesinfo.org/guide/steps/index.cfm)) was implemented at the metropolitan Atlanta school, Oak Grove Elementary School, which contains approximately 658 students of which the majority was white (73%). The SRTS program was a multiple sector, multi-level intervention involving education, community capacity building, enablement, and reinforcement through supportive environments and evaluation.<sup>2</sup> In 2008, parent volunteers formed a SRTS Task Force comprising the school principal, nurse, and physical education teacher, as well as the county police, public works staff, board of health, and a county commissioner. This SRTS Task Force formed the basis of a movement to increase social capital at the community, school, family, and the individual level in order to shift the entire school community culture toward one of active transport.

The education component of the SRTS program targeted students, as well as their parents and the faculty and staff of the school. Student and faculty education focused on SRTS goals: 1) increasing walking to and from school, 2) decreasing traffic congestion, and 3) improving the air quality around the school by decreasing motor vehicle use.<sup>1</sup> At the same time, a pedestrian safety curriculum was adapted from the National Highway Traffic Safety Administration by the SRTS Task Force and then implemented by the physical education teacher. Parent education on the benefits of walking and biking to school (along with the distribution of maps illustrating safe routes to school) was accomplished during PTA meetings and *via* the weekly school e-newsletter. To reinforce these educational messages, Wednesday was chosen as the designated *Walk to School Day*. For those who lived further

away, a local church (approximately 0.3 miles away) provided support by offering space for parents to park and walk with their children to school. In addition, the names and contact information of walking school bus volunteer leaders were published and made available to parents. In an effort to promote further participation in the *Walking Wednesday* program and to “market” the SRTS efforts, multiple small items (eg, pencils, stickers) were given as incentives, reminder notices about *Walking Wednesdays* were posted on the school marquis, and t-shirts were designed and worn by parents and students on International Walk to School Day. Thus, education, marketing, community support, and reinforcement were key factors in the program implementation. The SRTS program in Marin County, CA, has identified similar characteristics of a successful program, including mapping of walking routes, promotion of walking days, classroom education, walking school buses, newsletters, networking, and community action.<sup>3</sup>

Prior to the start of the program, the most commonly cited barriers to walking or biking to school among parents were the safety of intersections and crossings (68%), the amount of traffic along the route (64%), and the speed of traffic (55%). As a result of the community capacity building that was emphasized in this program, a petition with more than 70 signatures was submitted directly to the director of public works demanding changes to the neighboring built environment. Subsequently, 5 cross-walks were striped at high walking-traffic intersections and 2 new intersection lights were installed, along with disability ramps and pedestrian countdown signals. Also, the local Special Operations Unit of the police department set up a speed monitoring unit on the main road outside the school. The Interactive Community Police, a component of the local police department that makes officers more accessible to the general population, participated in escorting groups of students who used the walking school bus once the program began.

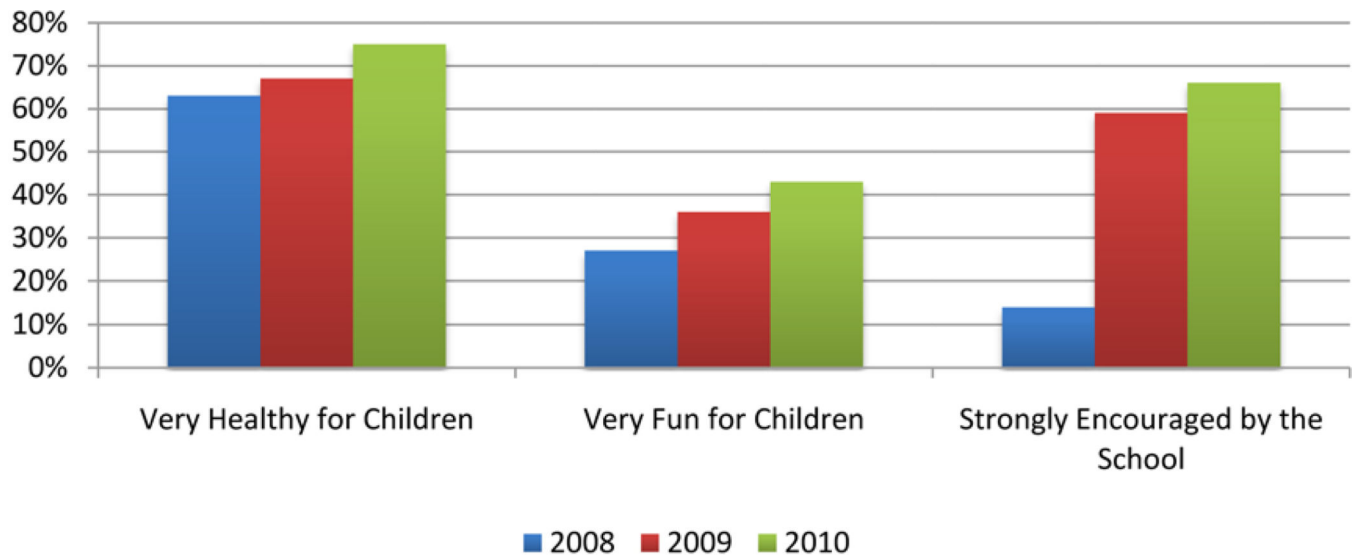
In order to evaluate the SRTS program, a 2-page survey was administered to parents each fall during 2008–2010 to determine methods of transportation to/from school, to identify additional barriers to walking or biking to school, and to measure the level of school support for SRTS.<sup>2</sup> Results indicated that walking to school in the morning (on most days) increased from 18% in 2008 to 42% in 2010 ( $P < 0.0001$ ); however, there was no significant change in the proportion of students walking home after school (18% in 2008 to 23% in 2010). Parental perceptions about the health benefits and the enjoyment associated with walking/biking to school also changed significantly ( $0.01 > P > 0.001$ ) over the course of the 2-year intervention (Figure 1), as did the proportion of parents who reported that walking was strongly encouraged by the school (14% in 2008 to 66% in 2010;  $P < 0.0001$ ). Overall, we believe this program was quite successful in positively changing the culture toward walking to school—at least in the morning.

Behavior change at the community level is quite complex and involves massive and coordinated efforts among multiple sectors of a community (eg, school teachers, police officers, urban planners) who often may not be considered traditional public health partners. In addition, an informed and engaged community that participates on its own behalf is the foundation of human and community capacity-building. Of note is the fact that this SRTS program operated with no initial funding; however, various local and federal resources are available to help support community infrastructure projects.<sup>4</sup> Moreover, Watson and others

report that 39% of the land area in the United States is within a half-mile of a public school, and in small urban areas, 26.5% of the land area is within a half-mile of a public school.<sup>5</sup> Thus, any resources directed toward improving the built environment in a manner that increases active transport to school will no doubt also benefit the surrounding community in many other ways.

## References

1. [Accessed September 27, 2012] Safe Routes to School: About us; History of SRTS. Available at: <http://www.saferoutesinfo.org/about-us/mission-and-history>
2. [Accessed September 27, 2012] Steps to creating a safe routes to school program. Available at: <http://guide.saferoutesinfo.org/steps/index.cfm>
3. Staunton CE, Hubsmith D, Kallins W. Promoting safe walking and biking to school: the Marin County success story. *Am J Public Health*. 2003; 93(9):1431–1434. [PubMed: 12948957]
4. Centers for Disease Control and Prevention. [Accessed August 7, 2011] Community Transformation Grants. Available at: <http://www.cdc.gov/communitytransformation/>
5. Watson M, Dannenberg AL. Investment in safe routes to school projects: public health benefits for the larger community. *Prev Chronic Dis*. 2008; 5(3):A90. [PubMed: 18558040]



**Figure 1.**

Parental perceptions about walking and biking to/from school, Atlanta, GA, 2008–2010.

Significant changes from 2008 in the belief that walking/biking is very healthy ( $P = 0.018$ ), very fun ( $P = 0.001$ ), and strongly encouraged by the school ( $P < 0.0001$ ).