



## Walking to School: Trends, Issues and Evidence

There has been a growing body of research about frequency of walking to school and factors that impact walking to school. This document summarizes the major patterns and research. Use the information categorized under the topics most compelling for your community.

## Trends in school travel

Fewer children walk or bicycle to school than did so a generation ago.

- In 1969, 48 percent of students in grades K through eight (ages 5 through 14) walked or bicycled to school.<sup>1</sup>
- In 2009, only 13 percent of students in grades K through eight walked or bicycled to school.<sup>1</sup>
- In 1969, 89 percent of students in grades K through eight who lived within one mile of school usually walked or bicycled to school.<sup>2</sup>
- In 2009, only 35 percent students in grades K through eight students who lived within a mile of school usually walked or bicycled to school even once a week.<sup>2</sup>
- This is an opportunity lost. Walking or bicycling to school gives children time for physical activity and a sense
  of responsibility and independence; it also creates an opportunity to be outdoors and provides time to
  connect with parents, friends and neighbors. The entire community benefits when there is less traffic
  congestion.
- One-time events like Walk to School Day can increase the number of students who walk or bicycle to school even weeks after the day of the event.<sup>3</sup>

#### Changes in school size and location have affected children's ability to walk or bicycle to school.

- Over the past few decades, many school districts have moved away from smaller, centrally located schools and have instead built schools on the edge of communities where land costs are lower and acreage has been more available.
- The percentage of students in grades K through 8 who live less than one mile from school has declined from 41 percent in 1969 to 31 percent in 2009.<sup>1,2</sup>
- Neighborhood schools not only have more students who live within walking and bicycling distance, they also
  encourage civic engagement and help strengthen sense of place in communities. Students at these schools
  also perform better academically and have higher graduation rates.<sup>4</sup>

#### Transportation costs are a significant expense.

- Environments that support walking and bicycling can help reduce school transportation costs. For example, infrastructure improvements at Pioneer Elementary School in Auburn, Washington, encouraged more children to walk and bicycle to school, decreasing bus use from six buses to one. Transportation costs were reduced by an estimated \$220,000 per year and over 85 percent of students now walk or bicycle to school.<sup>5</sup>
- After adjusting for inflation, the average cost per student transported using bus service in 1980-1981 was \$541. In 2012-2013 (the most recent year with data available), the average cost had risen to \$950.<sup>6</sup>

# Traffic-related safety concerns can impact decisions to walk or bicycle. When more children are driven, more parents become convinced that traffic conditions are unsafe for walking or bicycling.

School travel by private family vehicle for students grades K through 12 accounted for 10 to 14 percent of all
automobile trips made during the morning peak period in 2009 and two to three percent of the total annual
trips made by family vehicle in the U.S.<sup>1</sup>

- If more children walked or bicycled to school, it would reduce the number of cars near the school at pick-up and drop-off times, making it safer for walkers and bicyclists and reducing congestion.<sup>7</sup>
- Fifty-five percent of parents who reported not allowing their children to walk or bicycle to school identified the number of cars along the route to school as a significant issue in their decision-making process.<sup>8</sup>

# **Promising trends**

Around the country communities are working to improve health and increase the appeal of walking and bicycling to school. And there are signs of success that help shed light on what could help bring positive changes to even more places. While there is much work to be done, we are on the right road.

- One-time events like Walk to School Day can increase the number of students who walk or bicycle to school even weeks after the day of the event.<sup>3,9</sup>
- Walk to School Day events often turn into regularly occurring walking and bicycling programs, which over time can get significantly more students walking and bicycling to school.<sup>3</sup>
- Parent survey data collected by 6,500 schools from 2007 through 2014 show that parent-perceived school support for walking and bicycling for the school trip increased from 24.8 percent to 40.8 percent from 2007 to 2014.<sup>10</sup>
- Complete Streets policies which aim to enable safe access for all users, including pedestrians, bicyclists, motorists and transit riders of all ages and abilities, support the concepts needed for safe walking and bicycling to school. Since the late 1990s more than 900 regional and local agencies, 33 states, the Commonwealth of Puerto Rico, and the District of Columbia have adopted Complete Streets policies.<sup>11</sup>

## Safety

Walking and bicycling need to be safe and accessible transportation options. This means creating safe environments for students of all abilities and teaching safety skills to walkers, bicyclists and drivers.

### Safe walking and bicycling environments include:

- Neighborhood schools that are within walking and bicycling distance from homes;
- Sidewalks or bicycle-paths that connect homes with schools;
- Child-friendly opportunities to cross streets (such as the presence of adult crossing guards, raised medians, as well as traffic and pedestrian signals);
- Slow vehicle speeds accomplished through roadway safety measures (traffic calming) and police enforcement where needed; and
- Pathways that are accessible for students of all abilities.

# Driver behaviors, like speeding and distracted driving, can undermine safety. Attentive drivers traveling at slower speeds can saves lives.

- Speeding reduces a driver's peripheral vision, increases the distance needed to stop and increases the severity
  of injury to a pedestrian in a crash.
- A car traveling 40 mph requires 300 feet, or an entire football field, to come to a complete stop. At 30 mph a car needs 200 feet to stop and at 20 mph requires only 100 feet.<sup>12</sup>
- Higher speeds exponentially increase the chances that a driver will hit a pedestrian crossing or along the roadway and that the injuries sustained will be life changing (brain injury, physical impairment) or life ending.
- Distracted driving draws a driver's vision from the road, hands off the steering wheel or mind off of the act of driving. Examples include talking or texting on the phone and eating while driving.
- Distracted driving increases the braking distance needed to safely avoid pedestrians and bicyclists. Multitasking while driving also slows cognitive ability, processing and reaction time.<sup>13</sup>

### Safety education includes working with:

- Children to provide them with basic safety skills, such as how to choose where to walk and where to cross streets, how to obey crossing guards and be visible to drivers.
- Parents to create awareness of the need for pedestrian and bicyclist safety education and opportunities to
  walk and bicycle and the importance of practicing safety skills with their children.

- Drivers to alert all drivers to the presence of walkers and bicyclists and the need to slow down.
- Law enforcement to enhance pedestrian and bicyclist safety with school zone enforcement.
- Local officials to identify changes that improve walking and bicycling conditions around schools.

#### Teaching children walking and bicycling safety skills can help create lifelong travel skills.

- Short periods of skills-based training can significantly improve child pedestrian behavior.<sup>14</sup>
- Safety education activities should be scheduled for times when all students can participate.

## Physical activity

### Physical activity contributes to overall health.

• Children need 60 minutes of physical activity every day.

#### Many kids are not getting the exercise that they need.

- As age or grade in school increases, physical activity participation drastically declines.<sup>15</sup>
- Less active children are more likely to be overweight.<sup>16</sup>
- Research shows that overweight children are at increased risk of obesity, and chronic diseases, such as diabetes, heart disease, high blood pressure, asthma and various cancer types in adulthood. <sup>17,18,19,20,21</sup>

#### In 2012, more than one-third of children aged 10 to 17 years old were overweight.<sup>22</sup>

- Childhood obesity has more than doubled in children and quadrupled in adolescents in the past 30 years.<sup>23</sup>
- Some communities and states have recently measured reductions in childhood obesity rates and promoting walking and bicycling was one of the strategies used.<sup>24</sup>
- Children with disabilities are at a higher risk for sedentary behavior and can therefore benefit from more opportunities to be active.<sup>25</sup>

# Walking and bicycling to school offers an opportunity for children to get physical activity as part of their daily routine.

 Walking and bicycling to school can contribute significantly to children getting the recommended amount of daily physical activity.<sup>26</sup>

#### Potential benefits of physical activity for youth include:

- Weight control
- Reducing blood pressure
- Raising HDL ("good") cholesterol
- Improved cardiorespiratory endurance, muscular fitness and bone health
- Reduction in the risk of diabetes and some kinds of cancer
- Improved mental health <sup>27,28,29</sup>

Physical activity is associated with improved academic performance in children and adolescents.<sup>30,31,32,33</sup>

## **Environment and air quality**

Private vehicle emissions contribute to air pollution and global climate change, both of which threaten human and environmental health.

 Transportation accounts for 26 percent of overall greenhouse gas emissions, and passenger cars are responsible for the majority, more than 60 percent, of those emissions.<sup>34</sup>

#### Air pollutants are especially harmful to children as their respiratory systems are still developing.

 Motor vehicles emit air pollutants like ozone, nitrogen oxides, carbon monoxide, particulate matter and volatile organic compounds. Exposure to these air pollutants can cause short-term health problems, like headaches; nausea; skin and eye irritation; and nose, throat, and lung inflammation. These pollutants can also aggravate and intensify long-term respiratory and cardiovascular health problems, such as asthma and heart disease.<sup>35</sup>

- Children are particularly vulnerable to the effects of air quality because they breathe 50 percent more air per pound of body weight than adults. As a result, childhood asthma rates are one of the most common pollution-related health problems in America and more than seven million children currently live with asthma.<sup>36</sup>
   Annually, more than 10.5 million school days in the United States are lost due to childhood asthma.<sup>37</sup>
- Children exposed to high levels of vehicle emissions were found to have significantly lower grades, even when controlling for other factors that affect school performance.<sup>38</sup>

Air quality is measurably better at schools placed in neighborhoods with integrated street and sidewalk networks, and these schools have more students arriving by bicycle and on foot.<sup>39</sup>

Walking and bicycling to school provide opportunities for children and families to reduce their carbon usage and contribute to the health of the environment.

- If a family walks to school twice a week rather than driving, they can reduce their carbon emissions by 131 pounds each year.<sup>40</sup>
- If half of the students at an average-sized elementary school choose to walk or bike to school, their impact would be a savings of 36 tons of greenhouse gas emissions a year.<sup>40</sup> This is the equivalent of the carbon-removing abilities of 1,000 trees.<sup>41</sup>

Exposure to nature and time for free outdoor play can have multiple health benefits including stress reduction, relief of ADHD symptoms in children and increased cognitive and motor functioning.

An active trip to school offers children an opportunity to spend time in the natural environment. When appropriate and safe, walking and bicycling to school is an experience that can help children develop a sense of independence that is important for development.<sup>42,43,44,45,46,47</sup>

## About Safe Routes to School

Safe Routes to School (SRTS) programs are sustained efforts by families, other community members, community leaders, schools and local, state, and federal governments to enable and encourage children to safely walk or bicycle to school.

- As of June, 2016 federal funding has enabled more than 19,035 schools across the country to participate in the national Safe Routes to School program.
- In May 2006, the National Center for Safe Routes to School was established to assist communities in enabling and encouraging children of all abilities to safely walk and bicycle to school. The National Center for Safe Routes to School is maintained by the University of North Carolina Highway Safety Research Center with funding from the U.S. Department of Transportation Federal Highway Administration.
- Many communities launch SRTS programs as a result of Bike to School events.
- For information about Safe Routes to School, please visit <u>www.saferoutesinfo.org</u>.

<sup>1</sup> The National Center for Safe Routes to School (2011). *How Children Get to School: School Travel Patterns from 1969 to 2009.* Retrieved from

<sup>2</sup> U.S. Department of Transportation (1972). *Transportation Characteristics of School Children*. Nationwide Personal Transportation Survey. Retrieved from <u>http://www.fhwa.dot.gov/ohim/1969/q.pdf</u>.

<sup>3</sup> Buckley, A., Lowry, M., Brown, H., Barton, B. (2013). Evaluating Safe Routes to School Events that Designate Days for Walking and Bicycling. *Transport Policy*, *30*, 294-300.

<sup>4</sup> Southeastern Transportation Research, Innovation, Development and Education Center (2015). *Quantifying the Costs of School Transportation* (Project No. 2012-022S).

<sup>5</sup> National Center for Safe Routes to School (2015, September). *Creating Healthier Generations: A Look at the 10 Years of the Federal Safe Routes to School Program.* Retrieved from

http://saferoutesinfo.org/sites/default/files/SRTS\_10YearReport\_Final.pdf.

<sup>6</sup> U.S. Department of Education, National Center for Education Statistics. (2016). *Digest of Education Statistics,* 2014 (NCES 2016-006), Chapter 2. Retrieved from

http://nces.ed.gov/FastFacts/display.asp?id=67https://nces.ed.gov/programs/digest/d15/tables/dt15\_236.90.asp ?current=yes.

<sup>7</sup> Vanwolleghem, G., D'Haese, S., Van Dyck, D., De Bourdeaudhuij, I., & Cardon, G. (2014). Feasibility and effectiveness of drop-off spots to promote walking to school. *International Journal of Behavioral Nutrition and Physical Activity*, 136(11).

<sup>8</sup> The National Center for Safe Routes to School. (2010, January). *Safe Routes to School Travel Data: A Look at Baseline Results from Parent Surveys and Student Travel Tallies.* Retrieved from

http://www.saferoutesinfo.org/sites/default/files/SRTS\_baseline\_data\_report.pdf.

<sup>9</sup> McDonald, N.C. et al. (2014). Impact of the Safe Routes to School Program on Walking and Bicycling. *Journal of the American Planning Association*, 82(2), 153-167. doi:10.1080/01944363.2014.956654.

<sup>10</sup> The National Center for Safe Routes to School. (2016, September). *Trends in Walking and Bicycling to School from 2007-2014*.

<sup>11</sup> Smart Growth America. National Complete Streets Coalition. (2016). *Policy Atlas*. Retrieved from <u>http://www.smartgrowthamerica.org/complete-streets/changing-policy/complete-streets-atlas</u>.

<sup>12</sup> American Association of State Highway and Transportation Officials. (2001). Chapter 3: Elements of Design. *Policy on Geometric Design of Highways and Streets*, 4<sup>th</sup> Edition.

<sup>13</sup> Safe Kids USA. (2009). *Distracted Drivers in School Zones: A National Report*. Retrieved from <u>http://www.safekids.org/assets/docs/ourwork/research/distracted-drivers-report.pdf</u>.

<sup>14</sup> National Highway Traffic Safety Administration. (NHTSA). (2009, September). *Child Pedestrian Safety Education: Applying Learning and Developmental Theories to Develop Safe Street Crossing Behaviors*. Retrieved from http://www.nhtsa.gov/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/811190.pdf.

<sup>15</sup> Dumith, S.C., Gigante, D.P., Domingues, M.R., & Kohl, H.W. (2011). Physical Activity Change During Adolescence:

A Systematic Review and a Pooled Analysis. International Journal of Epidemiology, 40(3), 685-698.

<sup>16</sup> Schoeppe, S., Duncan, M., Badland, H., Oliver, M., & Browne, M (2015). Associations between Children's Active Travel and Levels of Physical Activity and Sedentary Behavior. *Journal of Transport & Health, 2*(3), 336-342.

<sup>17</sup> Centers for Disease Control and Prevention. (2014). *The Obesity Epidemic and United States Students*. Retrieved fromhttp://www.cdc.gov/healthyyouth/data/yrbs/pdf/us\_obesity\_combo.pdf.

<sup>18</sup> McCrindle, B.W. (2015). Cardiovascular Consequences of Childhood Obesity. *Canadian Journal of Cardiology*, *31*(2), 124-130.

<sup>19</sup> Simmonds, M., Llewellyn, A., Owen, C.G., & Woolacott, N. (2015). Predicting Adult Obesity from Childhood Obesity: A Systematic Review and Meta-Analysis. *Obesity* Reviews, *17*(2), 95-107.

<sup>20</sup> Ogden, C.L., Carroll, M.D., Fryar, C.D., & Flegal, K.M. (2015). Prevalence of Obesity among Adults and Youth: United States, 2011-2014. *NCHS Data* Brief, 219.

<sup>21</sup> Lyengar, N.M., Hudis, C.A., & Dannenberg, A.J. (2015). Obesity and Cancer: Local and Systemic Mechanisms. *Annual Review of Medicine*, *66*, 297-309.

http://saferoutesinfo.org/sites/default/files/resources/NHTS\_school\_travel\_report\_2011\_0.pdf.

<sup>22</sup> Data Resource Center for Child and Adolescent Health. (2012). 2011/2012 National Survey of Children's Health. Retrieved from <u>http://www.childhealthdata.org/browse/survey/results?q=2415&r=1</u>.

<sup>23</sup> Center for Disease Control and Prevention. (2015). *Childhood Obesity Facts*. Retrieved from <u>http://www.cdc.gov/healthyschools/obesity/facts.htm</u>.

<sup>24</sup> The Robert Wood Johnson Foundation. (2015, February). *Declining Childhood Obesity Rates: Where are we seeing signs of progress?* Retrieved from

http://www.rwjf.org/content/dam/farm/reports/reports/2015/rwjf417749.

<sup>25</sup> Maiano, C. (2010). Prevalence and Risk Factors of Overweight and Obesity among Children and Adolescents with Intellectual Disabilities. *Obesity Reviews*, *12*(3), 189-197.

<sup>26</sup> Bassett, D., et al. (2013). Estimated Energy Expenditures for School-Based Policies and Active Living. *American Journal of Preventivie Medicine*, 44(2),108–113.

<sup>27</sup> American Heart Association. (2016). *Children & Physical Activity*. Retrieved from

https://www.goredforwomen.org/know-your-risk/factors-that-increase-your-risk-for-heart-disease/children-physical-activity/

<sup>28</sup> Centers for Disease Control and Prevention. (2015). *Defining Childhood Obesity*. Retrieved from <u>http://www.cdc.gov/obesity/childhood/defining.html</u>

<sup>29</sup> U.S. Department of Health & Human Services (2014, August). *At-a-Glance: A Fact Sheet for Professionals.* Retrieved from <u>http://www.health.gov/paguidelines/factSheetProf.aspx</u>.

<sup>30</sup> Pellicer-Chenoll, M., Garcia-Masso, X., Morales, J., Serr-Ano, P., Solana-Tramunt, M., Gonzalez, L., & Tocca-Herrera, J. (2015). Physical Activity, Physical Fitness and Academic Achievement in Adolescents: A Self-Organizing Maps Approach. *Health Education Research*, *30*(3), 436-448.

<sup>31</sup> Srikanth, S., Petrie, T.A., Greenleaf, C., & Martin, S.B. (2015). The Relationship of Physical Fitness, Self-Beliefs, and Social Support to the Academic Performance of Middle School Boys and Girls. *Journal of Early Adolescence*, *35*(3), 353-377.

<sup>32</sup> CDC. (2010, July). *The Association between School-Based Physical Activity, including Physical Education, and Academic Performance.* Retrieved from http://www.cdc.gov/healthyyouth/health\_and\_academics/pdf/pa-pe\_paper.pdf.

<sup>33</sup> Kirk, S.M., Vizcarra, C.R., Looney, E.C. & Erik, P. (2014). Using Physical Activity to Teach Academic Content: A Study of the Effects on Literacy in Head Start Preschoolers. *Early Childhood Education Journal, 42*(3), 181-189.

<sup>34</sup> U.S. Environmental Protection Agency. (2016, December). Fast Facts on Transportation Greenhouse Gas Emissions. Retrieved from <u>https://www.epa.gov/greenvehicles/fast-facts-transportation-greenhouse-gas-</u>emissions.

<sup>35</sup> U.S. Environmental Protection Agency. (2012, December). *Integrated Science Assessment for Particulate Matter*. Retrieved from <u>http://cfpub.epa.gov/ncea/cfm/recordisplay.cfm?deid=216546</u>.

<sup>36</sup> CDC. (2012). *Asthma*. Retrieved from <u>http://www.cdc.gov/nchs/fastats/asthma.htm</u>.

<sup>37</sup> Natural Resources Defense Council. (2014). *Asthma and Air Pollution*. Retrieved from <u>http://www.nrdc.org/health/effects/fasthma.asp</u>.

<sup>38</sup> Clark-Reynoa, S.E., Grineski, S.E., & Collins, T.W. (2016). Residential exposure to air toxins is linked to lower grade point averages among school children in El Paso, Texas, USA. *Population and Environment*, 37, 319.

<sup>39</sup> U.S. Environmental Protection Agency. (2015). *The Smart School Siting Tool User Guide*. Retrieved from <u>https://www.epa.gov/sites/production/files/2016-</u>

01/documents/smart\_school\_siting\_tool\_user\_guide\_120815.pdf

<sup>40</sup> U.S. Environmental Protection Agency. (2015). *Calculator*. Retrieved from <u>http://www.epa.gov/climatestudents/calc/index.html</u>.

<sup>41</sup> U.S. Environmental Protection Agency. (2015). *Greenhouse Gas Equivalencies Calculator*. Retrieved from <u>http://www.epa.gov/cleanenergy/energy-resources/refs.html#seedlings</u>.

<sup>42</sup> Thompson, C.W., Aspinall, P., Roe, J., Robertson, L., & Miller, D. (2016). Mitigating Stress and Supporting Health in Deprived Urban Communities: The Importance of Green Space in the Social Environment. *International Journal of Environmental Research and Public Health*, *13*(4), 440.

<sup>43</sup> Jennings, V., Larson, L., & Yun, J. (2016). Advancing Sustainability through Urban Green Space: Cultural Ecosystem Services, Equity, and Social Determinants of Health. *International Journal of Environmental Research and Public Health*, *13*(2), 196.

<sup>46</sup> Sanders, T., Feng, X., Fahey, P.P., & Astell-Burt, T. (2015). The influence of neighborhood green space on children's physical activity and screen time: findings from the longitudinal study of Australian children. *International Journal of Behavioral Nutrition and Physical Activity, 12*, 126.

<sup>47</sup> Van den Berg, M., Wendel-Vos, W., Van Poppel, M., Kemper, H., Van Mechelen, W., & Maas, Jolanda. (2015). Health Benefits of Green Spaces in the Living Environment: A Systematic Review of Epidemiological Studies. *Urban Forestry & Urban Greening*, *14*, 806-816.

<sup>&</sup>lt;sup>44</sup> Sanders, T., Feng, X., Fahey, P.P., Lonsdale, C., & Astell-Burt, T. (2015). Green Space and Child Weight Status: Does Outcome Measurement Matter? Evidence from an Australian Longitudinal Study. *Journal of Obesity*, 2015, 1-8.

<sup>&</sup>lt;sup>45</sup> Anwar, M.N., & Muhammad, A. (2015). Benefits of Outdoor Pursuits: From a Health Perspective. *Arts and Social Sciences Journal*, *6*(5), 143.