**Model MPO Resolution Supporting Safe Routes to School**

Revised August 2016  
(Originally issued July 2015)

The National Policy & Legal Analysis Network to Prevent Childhood Obesity (NPLAN) is a project of ChangeLab Solutions. ChangeLab Solutions is a nonprofit organization that provides legal information on matters relating to public health. The legal information in this document does not constitute legal advice or legal representation. For legal advice, readers should consult a lawyer in their state.

Support for this document was provided by a grant from the Robert Wood Johnson Foundation.

© 2016 ChangeLab Solutions

# **Introduction**

This Model Resolution Supporting Safe Routes to School (SRTS) for Metropolitan Planning Organizations (MPOs) is based on ChangeLab Solutions’ independent, nonpartisan analysis of the relevant law and the available data and research base linking physical activity to reduced risk of childhood overweight/obesity and chronic disease. It is intended to be used as a policy intervention to increase physical activity in children by increasing the number of students who travel to school by foot or bicycle rather than by car. It is designed for broad distribution to the public and MPOs for the purpose of education and dissemination of information.

#### Importance of healthy weight and the role of physical activity in school-aged kids

Lack of regular physical activity is among the top preventable risk factors for premature mortality in the United States. Many U.S. children fail to get even the minimum 60 minutes of recommended daily physical activity.[[1]](#endnote-1) This has serious consequences. Inadequate physical activity not only contributes to childhood obesity,[[2]](#endnote-2),[[3]](#endnote-3) but also increases the risk of many associated health problems, including chronic diseases such as diabetes, heart disease, high blood pressure, and high cholesterol, as well as certain cancers, stroke, and asthma.[[4]](#endnote-4),[[5]](#endnote-5),[[6]](#endnote-6),[[7]](#endnote-7) Children who do not get regular physical activity also tend to experience more stress, poor sleep, and even depression.[[8]](#endnote-8) ,[[9]](#endnote-9),[[10]](#endnote-10)

Over the last 30 years, obesity and overweight rates have soared in all age groups, particularly among children. Rates more than doubled for preschoolers and more than tripled for children ages six to 11 and adolescents ages 12 to 19.[[11]](#endnote-11),[[12]](#endnote-12) After decades of steady increase, adult[[13]](#endnote-13),[[14]](#endnote-14) and childhood[[15]](#endnote-15),[[16]](#endnote-16),[[17]](#endnote-17),[[18]](#endnote-18) obesity rates appear to have leveled off. Nonetheless, existing obesity rates are still staggeringly high, especially for low-income people and people of color, who suffer higher obesity and overweight rates than the overall U.S. population. While 14 percent of white children and adolescents are obese, 21 percent of Latino children and adolescents, and 24 percent of African-American children and adolescents, are obese.[[19]](#endnote-19)

Many factors contribute to the obesity epidemic, and there is no single solution. However, the evidence indicates that children who engage in more physical activity by walking and biking to school reduce their risk for obesity and other diseases.[[20]](#endnote-20),[[21]](#endnote-21) They may also benefit from improved behavior and academic achievement associated with increased physical activity.[[22]](#endnote-22)

Increasing the number of children who walk and bike to and from school has an added benefit: improved air quality. A substantial number of motor vehicle trips are generated by parents driving children back and forth to school,[[23]](#endnote-23),[[24]](#endnote-24) which produces air pollution linked to asthma and other respiratory illnesses.[[25]](#endnote-25),[[26]](#endnote-26),[[27]](#endnote-27) When more kids walk and bike to school, fewer parents drive; this reduces air pollution and related health risks, particularly around schools. It also reduces the risk of injury and fatality from motor vehicle crashes, which are in decline, but remain a leading cause of childhood death.[[28]](#endnote-28),[[29]](#endnote-29)

#### The origin and current status of Safe Routes to School programs

In 1969, 48 percent of children walked and biked to school.[[30]](#endnote-30) This figure declined dramatically over the years, and by 2009, it had fallen to 13 percent.[[31]](#endnote-31) In 2005, Congress aimed to reverse this trend by enacting the Safe Routes to School program as part of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users Act (SAFETEA-LU), § 1404 (2005). Under this law, each state received funding for local SRTS projects that made walking and biking to school safer and directly encouraged these modes of travel. Specifically, the SRTS program funded (1) pedestrian- and bicycle-friendly infrastructure near schools (e.g., crosswalks, signals, sidewalks, bike lanes); (2) programs to develop “walking school buses” and “bike trains,” which allow children to walk or bike together in groups under adult supervision; and (3) other encouragement activities and support (e.g., pedestrian and bicycle safety education, safe walking and biking to school route maps).

The need for these projects is particularly strong in low-income communities and communities of color. These communities have the highest obesity rates[[32]](#endnote-32) and the worst pedestrian and bicycle infrastructure,[[33]](#endnote-33),[[34]](#endnote-34) which discourages walking and biking[[35]](#endnote-35),[[36]](#endnote-36) and contributes to disproportionately high pedestrian and bicycling injury rates.[[37]](#endnote-37),[[38]](#endnote-38),[[39]](#endnote-39)

Under SAFETEA-LU, every state initiated a Safe Routes to School program, and the programs are having a significant impact. One study found that schools that implemented SRTS infrastructure and encouragement projects increased the number of children walking and biking to school from five to 20 percentage points.[[40]](#endnote-40) In another survey, school administrators estimated that 60 percent more students from schools participating in SRTS programs actively traveled to school (by walking or biking) than students from schools that did not participate.[[41]](#endnote-41),[[42]](#endnote-42)

SAFETEA-LU expired in 2012, however, and subsequent transportation bills eliminated dedicated funding for SRTS. Under the current federal transportation bill, known as the FAST Act,[[43]](#endnote-43) SRTS projects must compete with other bicycling, walking, and active transportation projects for a share of funds allocated to a Surface Transportation Block (“STP”) Grant Set-Aside Program (formally known as the Transportation Alternatives Program (“TAP”)).[[44]](#endnote-44) There is no guarantee that SRTS will receive any funds at all from this program.

Since SAFETEA-LU expired, Metropolitan Planning Organizations (“MPOs”) also have a significant new role with respect to SRTS. SAFETEA-LU gave states the responsibility for obligating all SRTS funds. Under the FAST Act, MPOs serving populations over 200,000 receive STP Grant Set-Aside funds directly from the federal government and are responsible for obligating these funds within their region.[[45]](#endnote-45) The FAST Act also allows MPOs to redirect up to 50% of their STP Grant Set-Aside funds for use on non-bicycling and walking projects.[[46]](#endnote-46)

#### Model MPO resolution supporting Safe Routes to School projects

As noted, MPOs in larger metropolitan areas now determine whether to allocate any of their STP Grant Set-Aside funds for SRTS projects. This model resolution and introduction provide MPOs with information to help them make policy decisions regarding funding for SRTS projects within their jurisdiction.

Specifically, the model resolution allows MPOs to dedicate a portion of their STP Grant Set-Aside funds for projects that improve the safety of students walking and biking to school. It can also help MPOs identify ways to ensure that low-income communities equitably share in this funding. Finally, MPOs can use the model resolution to ensure that all of their STP Grant Set-Aside funds are directed to projects that support walking and bicycling.

This resolution is consistent with MPO Long Range Transportation Plans that include a goal of increasing active transportation. It is also consistent with U.S. Department of Transportation requirements that MPOs consider environmental justice, ensure equitable participation in the transportation planning process, and mitigate disproportionate impacts of transportation investments.[[47]](#endnote-47),[[48]](#endnote-48),[[49]](#endnote-49)

Although this model is designed for MPOs, it could also potentially be adapted by states that seek to support SRTS projects or by MPOs for use as non-binding guidance.

**[NAME OF MPO] RESOLUTION NUMBER [\_\_\_\_\_\_\_]**

A RESOLUTION SUPPORTING SAFE ROUTES TO SCHOOL (“SRTS”) PROJECTS

WHEREAS, obesity is one of the most serious threats to American public health, ranking third among preventable causes of death in the United States;

WHEREAS, motor vehicle crashes are also a leading cause of death and injury to children;

WHEREAS, between 1969 and 2009 the percentage of children walking and biking to school dramatically declined from 48 percent to 13 percent;

WHEREAS, the Safe Routes to School program, created by Congress in 2005, aimed to increase the number of children engaged in active transportation when traveling to school by funding (1) infrastructure projects, located within two miles of a public school, that directly increase safety and convenience for public school children walking and/or biking to school, and (2) non-infrastructure projects designed to encourage public school children to walk and bicycle to school;

WHEREAS, Safe Routes to School projects are a proven, effective approach to increasing the number of children actively traveling to school by foot or bike;

WHEREAS, Safe Routes to School projects provide important health, safety, and environmental benefits for children, including reducing risk of obesity/chronic disease and pedestrian/bicycle injuries as well as improving air quality;

WHEREAS, the need for Safe Routes to School projects is especially strong in low-income areas, which suffer from a disproportionately high incidence of both childhood obesity/chronic disease and pedestrian and bicycle injuries and often have inferior pedestrian and bicycle infrastructure [*add “and lower levels of active transportation funding” if applicable*];

WHEREAS, Safe Routes to School projects make it safer and more convenient for all residents to walk and bike to destinations, further promoting public health;

WHEREAS, a goal of [*Name of MPO*]’s current Long Range Transportation Plan is to [*insert language from LRTP plan that supports active transportation options*], which can be met in part by implementation of Safe Routes to School projects;

**COMMENT:** If there are other policy documents, besides the LRTP, that contain language supporting active transportation options, they should be cited as well, as it is important to emphasize support in existing policies.

WHEREAS, the U.S. DOT requires metropolitan planning organizations (MPOs) to consider environmental justice as part of the planning process, ensure equitable participation in the process, and mitigate disproportionate impacts of transportation investments;

WHEREAS, the Surface Transportation Block Grant Set-Aside (“STP Grant Set-Aside”), 23 U.S.C. § 23 U.S.C. § 133(h), set forth in *Fixing America’s Surface Transportation Act (“FAST Act”),* PL 114-94, December 4, 2015, 129 Stat 1312, provides federal funding for bicycle and pedestrian projects, including Safe Routes to Schools, to states and MPOs serving populations of 200,000 or more;

WHEREAS [*Name of MPO*] has authority under the FAST Act and other governing documents to determine how and where such funds will be spent.

NOW, THEREFORE, BE IT RESOLVED that [*Name of MPO*] affirms its commitment to active transportation and supporting Safe Routes to School infrastructure and non-infrastructure projects with federal funds received by [*Name of MPO*] through the STP Grant Set-Aside;

**COMMENT:** This clause specifically refers to both infrastructure and non-infrastructure projects because applicants and agencies can easily overlook the latter. Non-infrastructure projects are not typically allowed in transportation funding programs; SRTS is an exception. When Congress established the SRTS program in 2005, it recognized that non-infrastructure outreach and encouragement projects are often a key complement to the infrastructure projects. It required that between 10 and 30 percent of SRTS funds be dedicated to non-infrastructure projects Research shows that Safe Routes to School programs that include both infrastructure and non-infrastructure approaches yield higher levels of mode shift. *See* Noreen McDonald, Ruth Steiner, Chanam Lee, Tori Rhoulac Smith, Xuemei Zhu and Yizhao Yang (2014). “Impact of the Safe Routes to School Program on Walking and Bicycling.” *Journal of the American Planning Association.* Vol 80, Iss 2, p 153-167.”

BE IT FURTHER RESOLVED that all federally appropriated STP Grant Set-Aside funds received pursuant to each FAST Act funding cycle must be used 100 percent for STP Grant Set-Aside purposes and shall not be transferred to any other program, fund, or account, notwithstanding any provision permitting the transferability of such funds under the FAST Act, including 23 U.S.C. § 123(h)(6)(B).

**COMMENT:** This clause is included to further confirm the MPOs commitment to active transportation by protecting against use of a provision in the FAST Act that permits MPOs to redirect up to 50% of STP Grant Set-Aside funds to eligible, non-biking/pedestrian projects.

BE IT FURTHER RESOLVEDthat no less than 95 percent of federally appropriated STP Grant Set-Aside funds received pursuant to each FAST Act funding cycle shall be awarded;

**COMMENT:** In some jurisdictions, it is not uncommon for a significant portion of federally appropriated alternative transportation funds to go unspent. This clause is designed to prevent underutilization of these funds.

BE IT FURTHER RESOLVEDthat no less than 15 percent of all such STP Grant Set-Aside funds received pursuant to each FAST Act funding cycle shall be awarded to Safe Routes to School infrastructure and non-infrastructure projects;

**COMMENT:** This clause is intended to ensure the continued success of the SRTS program at the regional level. MPOs that choose not to dedicate a specific percentage of funds to SRTS projects could consider substituting the following language: “Be it further resolved that [*name of MPO*] will take steps to ensure that a significant portion of STP Grant Set-Aside funds are awarded to SRTS infrastructure and non-infrastructure projects in order to substantially increase the safety of school children traveling to or from school within the region.”

BE IT FURTHER RESOLVED that [*Name of MPO*] shall take steps to ensure that demonstrated low-income areas equitably participate in funds awarded to Safe Routes to School infrastructure and non-infrastructure projects, including establishing plans and goals for such equitable participation, providing pre-application assistance, prioritization of applications from low-income areas, and developing matching funds for such communities.

**COMMENT**: Low-income areas, both rural and urban, can be the least safe for children walking and biking to school, often because these areas lack safe pedestrian and bicycle infrastructure and have high-volume roads. At the same time, these areas typically have limited financial and technical resources to invest in competing for SRTS project funds. This clause helps ensure that these low-income areas are not unfairly excluded from SRTS project funding.

MPOs should further define what constitutes a “low-income area,” either based on existing policies or guidelines or using some objective criteria, such as census tract data or participation in the federal school lunch program. For example, a “low-income area” could be defined as “a project area or school in which at least 50 percent of the children are eligible to receive free and reduced-priced meals under the federal school lunch program.”

PASSED AND ADOPTED this day of \_\_\_\_\_\_\_\_\_ [*Month/Year*].

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairperson, MPO Board

Attest:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director, MPO Board

1. # **References**

   Adolescent and School Health: Physical Activity Facts. Centers for Disease Control and Prevention website. *www.cdc.gov/healthyyouth/physicalactivity/facts.htm*. Updated May 19, 2015. Accessed July 6, 2015. [↑](#endnote-ref-1)
2. Hills, A, Anderson L, Byrne N. Physical Activity and Obesity in Children. *British Journal of Sports Medicine*. 2011; 45(11): 866-70. doi: 10.1136/bjsports-2011-090199. [↑](#endnote-ref-2)
3. Pate R, Davis M, Robinson T, Stone E, McKenzie T, Young J. A Leadership Role for Schools: A Scientific Statement from the American Heart Association Council on Nutrition, Physical Activity, and Metabolism (Physical Activity Committee) in Collaboration with the Councils on Cardiovascular Disease in the Young and Cardiovascular Nursing. *Circulation*. 2006; 114: 1214-1224*.* doi: 10.1161/CIRCULATIONAHA.106.177052. [↑](#endnote-ref-3)
4. Physical Activity and Health. Division of Nutrition, Physical Activity, and Obesity. Centers for Disease Control and Prevention website. *www.cdc.gov/physicalactivity/basics/pa-health/index.htm*. Updated June 4, 2015. Accessed July 6, 2015. [↑](#endnote-ref-4)
5. Surgeon General’s Perspectives: The importance of 60 minutes or more of daily physical activity. *Public Health Reports*. 2013; 128: 350-51. *www.publichealthreports.org/issueopen.cfm?articleID=3002*. [↑](#endnote-ref-5)
6. ChangeLab Solutions. Getting the Wheels Rolling: A Guide to Using Policy to Create Bicycle Friendly Communities. Oakland, CA; 2013. *www.changelabsolutions.org/bike-policies*. [↑](#endnote-ref-6)
7. Lee IM, Shiroma EJ, Lobelo F, Puska P, Blair SN, Katzmarzyk PT. Impact of physical inactivity on the world’s major non-communicable diseases*. Lancet*. 2012; 380(9838): 219-29. doi:10.1016/S0140-6736(12)61031-9. [↑](#endnote-ref-7)
8. Exercise for Children: Medline Plus. National Institutes of Health website. *www.nlm.nih.gov/medlineplus/exerciseforchildren.html*. Updated July 2, 2015. Accessed July 6, 2015. [↑](#endnote-ref-8)
9. Changing Diet and Exercise for Kids. American Psychological Association website. *www.apa.org/topics/children/healthy-eating.aspx*. Accessed July 6, 2015. [↑](#endnote-ref-9)
10. Rothon C., Edwards P, Bhui K, Viner RM, Taylor S, Stansfeld SA. Physical activity and depressive symptoms in adolescents: A prospective study. *BMC Med.* 2010; 8: 32. doi: 10.1186/1741-7015-8-32. [↑](#endnote-ref-10)
11. Ogden CL, Flegal KM, Carroll MD, Johnson CL. Prevalence and trends in overweight among US children and adolescents, 1999-2000. *JAMA*.2002; 288(14): 1728-32. doi:10.1001/jama.288.14.1728. [↑](#endnote-ref-11)
12. Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of obesity and trends in body mass index among US children and adolescents, 1999-2010. *JAMA*. 2012; 307(5): 483-90. doi: 10.1001/jama.2012.40. [↑](#endnote-ref-12)
13. Flegal KM, Carroll MD, Kit BK, Ogden CL. Prevalence of obesity and trends in the distribution of body mass index among US adults, 1999-2010. *JAMA.* 2012; 307(5): 491-97. doi:10.1001/jama.2012.39. [↑](#endnote-ref-13)
14. Ogden CL, Carroll MD, Kit BK, Flegal KM. Prevalence of childhood and adult obesity in the United States, 2011-2012. *J Am Med Assoc*. 2014;311(8):806-814. [↑](#endnote-ref-14)
15. *Supra* note 12t rnmentss.t rnmentss [↑](#endnote-ref-15)
16. Sekhobo J, Edmunds L, Whaley S, Koleilat M. Obesity prevalence among low-income, preschool-aged children — New York City and Los Angeles County, 2003–2011. *MMWR*. 2013; 62(2): 17-22. *www.cdc.gov/mmwr/preview/mmwrhtml/mm6202a1.htm.* [↑](#endnote-ref-16)
17. May AL, Pan L, Sherry B, et al. Obesity among low-income, preschool-aged children--United States, 2008-2011. *MMWR*. 2013;62(31):629-634. [↑](#endnote-ref-17)
18. *Supra* note 14. [↑](#endnote-ref-18)
19. *Supra* note 12. [↑](#endnote-ref-19)
20. Davison KK, Werder JL, Lawson CT. Children’s active commuting to school: Current knowledge and future directions. *Prev Chronc Dis*. 2008; 5(3). *www.cdc.gov/pcd/issues/2008/jul/07\_0075. htm*. Accessed July 6, 2015. [↑](#endnote-ref-20)
21. McMillan TE. *Walking and Biking to School, Physical Activity and Health Outcomes*. San Diego, CA: Active Living Research; 2009. *http://activelivingresearch.org/sites/default/files/ALR\_Brief\_ActiveTransport\_0.pdf*. [↑](#endnote-ref-21)
22. Centers for Disease Control and Prevention. *The Association Between School-Based Physical Activity, Including Physical Education, and Academic Performance*. Atlanta, GA: U.S. Department of Health and Human Services; 2010. *www.cdc.gov/healthyyouth/health\_and\_academics/pdf/pa-pe\_paper.pdf*. [↑](#endnote-ref-22)
23. McDonald NC, Brown AL, Marchetti LM, Pedroso MS. U.S. school travel, 2009: An assessment of trends. *Am J Prev Med.* 2011; 41(2): 146-151. doi: 10.1016/j.amepre.2011.04.006. [↑](#endnote-ref-23)
24. Federal Highway Administration. *National Household Travel Survey: Congestion: Who is Traveling in the Peak?* Washington, DC: U.S. Department of Transportation; 2007. *http://nhts.ornl.gov/briefs/Congestion%20-%20Peak%20Travelers.pdf*. [↑](#endnote-ref-24)
25. Brandt S, Perez L, Kunzli N, Lurmann F, McConnell R. Costs of childhood asthma due to traffic-related pollution in two California communities. *Eur Respir J*. 2012; 40(2): 363-70. doi: 10.1183/09031936.00157811. [↑](#endnote-ref-25)
26. Particulate Matter. Maryland Department of the Environment website. *www.mde.state.md.us/programs/Air/Pages/CP\_ParticulateMatter.aspx*. Accessed July 6, 2015. [↑](#endnote-ref-26)
27. Climate Change – What You Can Do. U.S. Environmental Protection Agency website. *www.epa.gov/climatechange/wycd/*. Updated April 13, 2015. Accessed July 6, 2015. [↑](#endnote-ref-27)
28. Child Passenger Safety: Get the Facts. Centers for Disease Control and Prevention website. *www.cdc.gov/motorvehiclesafety/child\_passenger\_safety/cps-factsheet.html*. Updated September 12, 2014. Accessed July 6, 2015. [↑](#endnote-ref-28)
29. Safe Kids Worldwide. *Motor Vehicle Safety Fact Sheet: 2015*. Washington, DC; 2015. *www.safekids.org/sites/default/files/documents/skw\_motor\_vehicle\_fact\_sheet\_january\_2015.pdf*. [↑](#endnote-ref-29)
30. National Center for Safe Routes to School. *How Children Get to School: School Travel Patterns from 1969 to 2009*. Chapel Hill, NC; 2011. *http://saferoutesinfo.org/sites/default/files/resources/NHTS\_school\_travel\_report\_2011\_0.pdf*. [↑](#endnote-ref-30)
31. *Id.* [↑](#endnote-ref-31)
32. *See* *supra* note 12. [↑](#endnote-ref-32)
33. Gibbs K, Slater SJ, Nicholson N, Barker DC, Chaloupka FJ. *Income Disparities in Street Features that Encourage Walking – A BTG Research Brief*. Chicago, IL: Bridging the Gap Program, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago; 2012. *www.bridgingthegapresearch.org/\_asset/02fpi3/btg\_street\_walkability\_FINAL\_03-09-12.pdf*. [↑](#endnote-ref-33)
34. Fecht S. Accident-zone: Poorer neighborhoods have less-safe road designs. *Scientific American.* May 3, 2012. *www.scientificamerican.com/article/accident-zone-poorer-neighborhoods*. Accessed July 6, 2015. [↑](#endnote-ref-34)
35. Swanson J, Ramirez, A, Gallion K. *Increasing Out-of-School and Out-of-Class Physical Activity among Latino Children*. San Antonio, TX: Salud America; 2013. *www.communitycommons.org/wp-content/uploads/2013/08/Active-Play-Research-Review.pdf*. [↑](#endnote-ref-35)
36. Lee V, Mikkelsen L, Srikantharajah J, Cohen L. *Strategies for Enhancing the Built Environment to Support Healthy Eating and Active Living.* Oakland, CA: Healthy Eating Active Living Convergence Partnership; 2008. *www.preventioninstitute.org/component/jlibrary/article/download/id-682/127.html*. [↑](#endnote-ref-36)
37. Morency P, Gauvin L, Plante C, Fournier M, Morency C. Neighborhood social inequalities in road traffic injuries: The influence of traffic volume and road design. *Am J Public Health*. 2012; 102(6): 1112-19. doi: 10.2105/AJPH.2011.300528. [↑](#endnote-ref-37)
38. Kaplan K. Traffic injuries much more common in poor areas, study finds. *Los Angeles Times*. April 19, 2012. *http://articles.latimes.com/2012/apr/19/news/la-heb-road-crashes-poor-neighborhoods-20120419*. [↑](#endnote-ref-38)
39. League of American Bicyclists. *The New Majority: Peddling Towards Equity*. Washington, DC: 2013. *www.ssti.us/wp/wp-content/uploads/2013/06/Sierra-+-LAB-bike-equity\_report-May-2013.pdf*. [↑](#endnote-ref-39)
40. McDonald NC, Steiner RL, Lee C, Smith TR, Zhu X, Yang Y. Impact of the Safe Routes to School Program on walking and bicycling. *J Am Plann Assoc*. 2014; 80(2): 153-67. doi: 10.1080/01944363.2014.956654. [↑](#endnote-ref-40)
41. Turner L, Slater S, Chaloupka FJ*. Elementary School Participation in Safe Routes to School Programming is Associated with Higher Rates of Student Active Travel to School - A BTG Research Brief.* Chicago, IL: Bridging the Gap Program, Health Policy Center, Institute for Health Research and Policy, University of Illinois at Chicago; 2014. *www.bridgingthegapresearch.org/\_asset/14t5ph/btg\_SRTS\_brief\_FINAL\_March2014.pdf*. [↑](#endnote-ref-41)
42. National Center for Safe Routes to School. Celebrating Local Successes. National Center for Safe Routes to School website. *www.saferoutesinfo.org/program-tools/success-stories/celebrating-local-successes.* Accessed July 6, 2015; *see also* Stewart O, Moudon AV, Claybrooke C. Multistate evaluation of safe routes to school programs. *Am J Health Promot*. 2014; 28(3): S89-S96. doi: 10.4278/ajhp (State-funded SRTS projects are achieving one of the primary program goals of increasing rates of active student transportation (walking and biking)); National Center for Safe Routes to School. *Shifting Modes: A Comparative Analysis of Safe Routes to School Program Elements and Travel Mode Outcomes*. Chapel Hill, NC; 2012 *http://www.saferoutesinfo.org/sites/default/files/resources/Shifting\_Modes\_Comparative\_Analysis.PDF* (number of students walking or bicycling to school doubled in three years in some schools); *see also* National Center for Safe Routes to School. *Creating Healthier Generations: A Look at the 10 Years of the Federal Safe Routes to School Program*. Chapel Hill, NC; 2015. *http://saferoutesinfo.org/sites/default/files/SRTS\_10YearReport\_Final.pdf.* [↑](#endnote-ref-42)
43. *See* Fixing America's Surface Transportation (FAST) Act of 2015, Pub. L. No. 114-94, 129 Stat. 1312. The FAST Act replaced the Moving Ahead for Progress in the 21st Century (MAP-21) Act of 2012, Pub. L. No. 112-141, 126 Stat. 405, the federal transportation bill in effect between 2012 and 2015. [↑](#endnote-ref-43)
44. 23 U.S.C. § 133(b). [↑](#endnote-ref-44)
45. 23 U.S.C. § 133(d), (e). [↑](#endnote-ref-45)
46. 23 U.S.C. § 133 (h)(6)(B). [↑](#endnote-ref-46)
47. Environmental Justice at Department of Transportation. Federal Highway Administration website. *www.fhwa.dot.gov/environment/environmental\_justice/ej\_at\_dot/.* Updated September 22, 2014. Accessed July 6, 2015. [↑](#endnote-ref-47)
48. Federal Highway Administration. *The Transportation Planning Process: Key Issues. A Briefing Book for Transportation Decisionmakers, Officials, and Staff*. Washington, DC: U.S Department of Transportation; 2007. *www.planning.dot.gov/documents/BriefingBook/bbook\_07.pdf*. [↑](#endnote-ref-48)
49. Federal Transit Administration. *Environmental Justice Policy Guidance for Federal Transit Administration Recipients.* FTA Circular 4703.1. Washington, DC; 2012. *www.fta.dot.gov/legislation\_law/12349\_14740.html*. [↑](#endnote-ref-49)