The Center of the Neighborhood

Healthy Schools in Healthy Communities

Schools were once the physical and social center of communities—primary sites where community members learned, played, voted, volunteered and worked. Today’s schools are increasingly distant or inaccessible from neighborhoods and are unlikely to serve as an anchor for the community. Among other actions, legislators can encourage school districts to make school facilities accessible to the community; require or support location of new schools integrated into communities; and encourage schools to develop health promotion programs for families and communities. Several states have taken action to help improve physical activity levels among students.

The Role of Schools in Communities

Parents like to tell their children that, when they were young, they walked five miles to school in the snow—uphill, both ways. Exaggerations aside, however, the truth is that schools were once the physical and social center of our communities—primary sites where community members learned, played, voted, volunteered and worked. Today, it is less common for a school campus to serve as an anchor for its surrounding community. Schools are increasingly distant or otherwise inaccessible from the neighborhoods in which families live, work and play.

Community-centered schools provide an excellent opportunity to introduce and promote healthy behaviors not only to children, but to all residents. America’s obesity epidemic poses a complex public health challenge, and state legislators need to address it by creating policies and implementing changes in their communities and schools that support healthy lifestyles for both children and adults. Reconnecting schools and communities is a critical step.

Policymakers across the country are addressing obesity issues by creating and supporting legislation that encourages collaboration; considers how school size, location and layout affect health; and promotes joint community and school action. To help create community-centered schools, legislators can:

- Encourage policies that make school facilities accessible to the community. A major barrier to youth physical activity is lack of access to sports and recreation facilities. Increased access to school facilities can help encourage physical activity among youth and their families. Afterschool programs also can benefit from increased access to fitness facilities.
• Require or support school siting and other infrastructure decisions that promote health. Maintaining or building schools integrated into communities provides many important benefits. Legislators can help by targeting education funds in developed areas or areas designated for growth, reducing acreage requirements for buildings to encourage smaller schools, and fostering close coordination with local school boards.

• Encourage schools to develop health promotion programs for families and communities. Policymakers can introduce and promote healthy eating, physical activity and other healthy behaviors to all residents through wellness programs, advisory councils and school-based programs.

• Support or create comprehensive community campaigns that involve schools. Through appropriations or other legislation, lawmakers can provide resources and direction for statewide or smaller campaigns that support community- and school-level involvement in promoting healthy behaviors.

• Champion health-promoting schools. As hometown leaders, lawmakers can be powerful advocates for improving their surroundings in order to promote health.

Policy Tools are Working to Improve School Communities

Create Safe Routes to School

The choices children and families make regarding physical activity are influenced heavily by their surroundings. The 2001 National Household Travel Survey indicates that less than 15 percent of all students ages 5 to 15 walked to or from school in 2001, compared to 48 percent in 1969.1 Barriers to walking and biking to school include long distances, traffic, crime, adverse weather conditions and even school policies that discourage or disallow students from traveling by foot or bike. Children with no barriers to walk or bike are six times more likely to do so.2

At least nineteen states have enacted legislation implementing traffic-calming measures near schools, requiring plans for safer pedestrian access near schools, or formally creating Safe Routes to School (SRTS) programs. These states include California, Colorado, Delaware, Florida, Illinois, Maine, Maryland, Massachusetts, Nevada, New Jersey, New Mexico, New York, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Virginia and Washington.3,5,6

California was the first state to pass legislation allocating transportation funds to improve routes to schools. Marin County’s SRTS program, which was created in 1999, reported a 64 percent increase in walking to school and a 114 percent increase in children biking to school in its first two years.7 The effort combined infrastructure improvements for traffic safety—including better crosswalks, bike lanes and sidewalks—with education programs and enhanced traffic enforcement.

In New York, a Bronx SRTS project is working to maintain the high number of students who walk to school. Current estimates show that 85 percent of children in the Bronx walk to school. However, in 1995–97, the Bronx had New York state’s highest rate of pedestrian fatalities and injuries,8 and it is estimated that more than 30 percent of pedestrian fatalities in the Bronx are children 14 and under.9 Using model SRTS programs as a starting point, the nonprofit organization Transportation Alternatives began an initiative that involves parents and community members in planning traffic-calming measures around schools in an effort to maintain the high percentage of children walking to school while improving safety. The New York City Department of Transportation has taken notice and is implementing SRTS citywide, beginning with the computer mapping of street conditions around 1,350 neighborhood schools.

New Mexico, Colorado, Massachusetts, New York and South Carolina all enacted SRTS legislation in 2004. Examples of the legislation include:
• **Colorado** House Bill 1309 created a SRTS program in the department of transportation to distribute federal funds to local governments for construction projects, educational programs, traffic-calming programs in neighborhoods near schools, traffic diversion improvements, and bicycle parking facilities.

• **New York** House Bill 10057 authorized the department of transportation to establish and administer the SRTS program to eliminate or reduce physical impediments for primary and secondary school-aged children walking or bicycling to school. The department approves funding for authorized projects made upon application by the project sponsor.

• **South Carolina** House Bill 4740 required municipal and county governing bodies to work with school districts in their jurisdictions to identify barriers and hazards to children walking or bicycling to and from schools.

**Washington** Senate Bill 6241, enacted in 2006, makes state funds available for pedestrian and bicycle safety program projects, including SRTS program projects.

The **federal** Safe Routes to School (SRTS) program was established in August 2005 to support safe walking and bicycling routes. The law provides multi-year funding for surface transportation programs that guide the spending of federal gas tax revenue. The federal SRTS program ensures that all states have resources to enhance pedestrian safety near schools, but it may not offer sufficient funds to meet the demand for programs. Some states receive dedicated federal resources for SRTS as a specific program of the state government, while others simply include SRTS projects among other projects eligible for federal funding. Most Safe Routes to School projects rely on a mixture of local, state, and federal funding.¹⁰

**Support Healthy Environments Through School Siting and Infrastructure Decisions**

Campus size and location are key factors for creating healthy community-centered schools. Large school buildings that are designed to serve multiple communities and, thus, an expanded student body are less accessible for students in more distant neighborhoods. This results in longer commutes for students, which discourages walking and biking. Quite logically, children who live within one mile of school are more likely to walk (31 percent) than children who live between one and two miles from school (5 percent).¹¹ Building schools on the outskirts of communities also decreases the school’s use and desirability as a site for community recreation.
Education departments in several states—including Florida, New Hampshire, New York and Washington—recommend sites smaller than those recommended by the Council of Educational Facility Planners International. In 2005, Utah enacted legislation that encourages local school boards to build more moderately sized community-based neighborhood schools and urges the state office of education to promote research on innovative ways to create smaller schools.

Acreage requirements often represent a challenge for districts during times of growth and renovation. Typically, acreage requirements for new school construction and renovation projects call for a specific amount of space for a designated number of students. An elementary school, for example, might require 14 acres per 400 students. School districts, then, often must decide between tearing down existing structures and building a more remote facility in order to meet building code standards. Some states, like Maryland and Oregon, impose no acreage requirements.

In Missouri, policymakers took action to improve the existing infrastructure by creating a compact that encourages strong community collaboration. The Vashon Education Compact is a public-private partnership that includes the school system and board of education, several foundations and private-sector developers. The partnership focuses on identifying and retaining highly effective principals and teachers to live in surrounding neighborhoods while working in the schools to provide high-quality, community-oriented public education. The compact successfully converted Jefferson Elementary School from a commuter school to one in which 80 percent of the students walk to school. The attendance rate at the school is now 94 percent, and nearly 60 percent of the parents are involved with the school. In addition, the school’s neighborhood has been redeveloped with quality housing.
Examples of State Action in Communities and Schools

Schools as Community Resources and Health Promotion Centers

School-aged children are at a critical and impressionable point in their lives, and the health habits they establish will have a long-term impact on their quality of life. Through community-centered schools, state legislators can implement in- and out-of-school programs that encourage good nutrition and regular physical activity for both children and their families. Campuses also provide an excellent venue for workshops, classes and informal activities to offer residents nutrition and health education.

Across the country, many policymakers are collaborating with schools and communities to create programs that will influence the health of children and adults alike.

Healthy Maine Partnerships is an innovative community-school initiative designed to support community-based efforts to reduce tobacco use and increase physical activity and healthy eating. Just three years after it was launched, the state observed several positive outcomes, including:

- Dramatic increases in the number of schools engaging staff and students in walking programs;
- Buildings remaining open for afterschool physical activities;
- Development of fitness facilities; and
- Leveraging grants and local funds to support physical education and other programs.  

<table>
<thead>
<tr>
<th>State</th>
<th>Bill</th>
<th>Description</th>
<th>Year Enacted or Adopted</th>
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<tr>
<td>Florida</td>
<td>Senate Bill 2372</td>
<td>Requires the department of health, in partnership with the department of education, to promote healthy lifestyles to decrease rates of obesity and overweight, with emphasis on awareness campaigns, training and other healthy lifestyle resources.</td>
<td>2004</td>
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<td>Vermont</td>
<td>House Joint Resolution 48</td>
<td>Requests that schools engage their communities in developing nutrition and fitness programs; that schools and communities work with organizations to help understand childhood wellness programs; and that they develop programs, activities and policies to address inactivity and poor nutrition.</td>
<td>2004</td>
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<td>Delaware</td>
<td>Senate Bill 289</td>
<td>Establishes an 18-member statewide Health Advisory Council to provide advice and guidance to the department of education regarding current and future physical education and physical activity programs in Delaware public schools. The council consists of representatives from the general public, the legislature and community organizations, and is required to publish an annual strategic plan and to report on fitness and childhood obesity in Delaware.</td>
<td>2006</td>
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<tr>
<td>Indiana</td>
<td>Senate Bill 111</td>
<td>Requires school boards to establish a coordinated school health advisory council consisting of parents, food service directors and staff, students, nutritionists or certified dietitians, health care professionals, school board members, a school administrator and representatives of interested community organizations to develop a local wellness policy that complies with the USDA Child Nutrition and the WIC Reauthorization Act of 2004.</td>
<td>2006</td>
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The School Board of Broward County, Fla., worked with local YMCAs and a fitness equipment company to provide physical activity opportunities—during the school day, after school, on Saturdays and in the summer—to students ages 9 to 12 in the cities of Lauderhill and Lauderdale Lakes. The project provided a 20-station fitness trail at one high school and complete fitness rooms at two middle schools, benefiting more than 6,000 students and staff. The YMCA also used the equipment and associated training to serve 1,300 additional students.16

The Eugene, Ore., School District has received a federal Carol M. White Physical Education Progress (PEP) Grant that improves school fitness facilities and calls for more focus on lifetime individual activities rather than traditional competitive sports. For example, elementary schools added climbing walls and plan to open these facilities to the community. A partnership with city-sponsored afterschool programs in Eugene’s middle schools trains city staff to encourage similar lifetime individual fitness activities.17

The Impact of Health-Promoting Campaigns

Small- and large-scale campaigns that involve communities and schools working together to promote healthy behaviors need state-level support. Policymakers can be instrumental in the success of these campaigns by publicly promoting the initiatives, serving in a leadership capacity, securing appropriations and supporting appropriate legislation. Many successful campaigns are already beginning to have an impact in states across the country.

In 2005, Tempe’s Seventh Annual Walk to School Day event in Arizona included 7,500 children and 15 elementary schools—up from 1,000 participants in 1999. The event included free breakfast with tree-planting ceremonies and prizes sponsored by local corporations. As part of a larger effort to promote walking, biking and public transportation, Walk to School Day has helped reduce traffic around elementary schools during the morning and afternoon rush hours.18
The Michigan Coordinated School Health Program—a partnership between the state departments of education, community health and human services, Michigan Action for Healthy Kids and the Michigan Cooperative Extension—recognizes that healthy weight among children can’t be achieved by schools’ efforts alone. Healthy Kids, Healthy Weight produced and worked with community groups to disseminate educational materials, such as “The Family’s Role,” “Your Healthy Home,” “Fit Families at Home,” “Healthy Choices Away from Home,” and “Fit Families on the Move.” These resources have been in high demand and recently were published in Spanish, too. By encouraging consistent messages from schools, communities and families, Michigan’s Coordinated School Health Program has strengthened the role of schools in promoting children’s health.

Conclusion

Through our schools, policymakers have an exceptional opportunity to promote healthy behaviors to our children, families and communities. By strengthening every school’s connection to its community, legislators can reinforce the importance of creating and sustaining a healthy environment in which residents can live, work and play. And that will enhance the health of our children and families today and in the future.

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Sources

13 Ibid.


