

Colorado Public Health Practice-Based Research Network Quick
Strike Research Funds

Colorado Safe Routes to School (SRTS) Program,
2007-2010

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Significance: Citing a national need to broaden the reach of SRTS programs, the Robert Wood Johnson Foundation, Kaiser Permanente, and the Centers for Disease Control have funded SRTS State Network Projects in 19 states in January 2010. These SRTS State Networks create coalitions of leaders from public health, transportation, and education to advocate for policy initiatives that reduce barriers to active transportation. This study will produce information that can immediately inform these SRTS State Networks' to influence state policies that hinder the equitable distribution of SRTS funds. This project would also allow the Colorado Public Health PBRN to establish new partnerships with over fifty state and local organizations involved in the Colorado SRTS State Network.

Colorado Safe Routes to School 2007-2010

Background: The U.S. Department of Transportation established the Safe Routes to School (SRTS) program in 2005. State departments of transportation are responsible for administering the federal SRTS program and providing funds to local communities for education and infrastructure projects that improve primary and middle school students' ability to walk and bicycle to school safely.

Previous studies have documented significant disparities in rates of students' active transportation to school by household income, race/ethnicity, and characteristics of a local community's social and built environment.¹ This research also suggests that state department of transportation policies may hinder equitable distribution of SRTS funds among local communities to the extent that their funding application procedures create biases toward communities with a greater capacity and resources to plan projects and write grant proposals.

Research Aims: This study will examine how communities' demographic characteristics and organizational resources influence their ability to apply for and obtain SRTS grants. The project will explore potential correlates between capacity in a local public health system, including the availability of local data and organizational partnerships, and the development of successful SRTS grant proposals.

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Research Approach

Copies of funded and unfunded applications were obtained from the Colorado Department of Transportation (CDOT) SRTS program for the funding cycles 2007, 2008, 2009, 2010.

Applications for funding cycles 2007, 2008, 2009 and 2010 submitted to the Safe Routes to School Program for Colorado were provided by staff at CDOT. Variables of interest were:

- Racial/ethnic composition of school
- Percentage of students eligible for free or reduced lunch
- Size of school
- Percentage of students living within a 2-mile radius of school

¹ McDonald N. Critical factors for active transportation to school among low-income and minority students. *American Journal of Preventive Medicine*. 2008; 34:341-344.

- Percentage of students eligible for busing
- Types of community partners supporting project

For those projects which included the local public health agency as one of the partners, the following information was also sought:

- Local public health agency staffing
- Local public health agency budget
- Local public health agency activities of epidemiology, primary prevention in injury, school health, and physical activity primary prevention.

Projects which received funding were identified from the Colorado Safe Routes to School website (<http://www.coloradodot.info/programs/bikeped/safe-routes/funded-co-projects.html>).

Results

In 2007 a total of 33 applications were received. Of these, 16 received funding. Eight infrastructure projects were funded ranging from \$54,300 to \$230,553. Two of these were in Denver and one each in Boulder, Wheat Ridge, Palmer Lake, Pueblo, Colorado Springs, and Ridgeway. Eight received funding as non-infrastructure projects ranging in funding from \$13,581 to \$68,700. Of these, three were in Denver and one each in Teller County, the city of Aurora, Boulder School District, the City of Fort Collins and a statewide program operated by Bicycle Colorado in cooperation with CDOT.

In 2008 a total of 37 applications were received. Of these, 18 were funded. Nine infrastructure projects were funded ranging from \$69,093 to \$249,698. Two were in Colorado Springs and one each was in Lyons, Pueblo, Loveland, Arvada, Hayden, Boulder and Paonia. Nine received funding as non-infrastructure projects ranging from \$5,800 to \$60,765. Two were in Boulder and two were in Denver. One each was funded in the following communities: Durango; Loveland; Ignacio; Golden; and Centennial.

In 2009 a total of 37 applications were received. Of these 19 were funded. Seven were infrastructure projects ranging from \$60,000 to \$250,000. Two were in Boulder and one each was in Crested Butte, Montrose, Milliken, Colorado Springs and Douglas County. Twelve were non-infrastructure projects ranging from \$4,700 to \$119,041. Two were in Denver and one each was in Boulder, Pueblo, Calhan, Loveland, St. Vrain, Adams County, Ignacio, Fort Collins, Brush, and Douglas County.

In 2010 a total of 44 applications were received. Of these, 25 were funded. Nine were infrastructure projects ranging from \$50,733 to \$249,980. Two were in Colorado Springs and one each was in Calhan, Craig, Durango, Pueblo, Fruita, Manitou Springs and Boulder. Sixteen were non-infrastructure projects ranging from \$4,293 to \$89,967. Two were in Adams County and three were in Denver and one each was in Colorado Springs, Boulder, Calhan, Fort Collins, Loveland, Arvada, Ignacio, Jefferson County, Broomfield, and Routt County. One funded a statewide program through the Colorado Department of Transportation.

Table 1 contains a description of the averages for funded and not funded proposals on the variables of interest. In 2007, among the funded school there were significantly more community partners involved. Significantly fewer students per school were in the funded applications in 2007 and 2008 but not in 2009 or 2010. No differences were seen in any year between the numbers of schools per application compared with the programs that were not funded. Overall there was more racial and ethnic diversity among funded compared with the unfunded schools. There were higher percentages of students eligible for free or reduced cost lunches among the funded projects compared to those that were not funded. A higher percentage of students in the not funded projects were eligible for busing compared with the funded projects.

Teller County Public Health

Teller County Public Health does not publish the agency budget on their website. There are seven staff members listed, four RNs, a Director and an office manager. Programs listed include school health, America on the Move, chronic diseases, immunizations, women's and men's health programs, prenatal care, seniors/disabled programs, tobacco and a number of nutrition programs.

Pueblo City-County Health

Pueblo City/County Health Department has a total of 86.4 full-time equivalent employees listed for 2010. Of these, 13.6 FTE are administrative/operation personnel, 16.75 FTE are in disease prevention, 37.55 FTE are in community health services, and 18.5 FTE are in environmental health services. They have extensive programs in all areas of public health. The total budget for the health department for 2010 was \$6,906,898. The budget was distributed as follows: Administration/operations \$1.452 million; Disease prevention/emergency preparedness \$1.465 million; Community Health Services \$2.489 million; and Environmental Health \$1.499 million.

Broomfield Health and Human Services-Division of Public Health and the Environment

The Broomfield Public Health and the Environment Division has programs in health promotion, environmental health, maintains the vital records and operates health nursing clinics. Of the total Health and Human Services budget, 14% or \$1.9 million goes into public health. Between 2008 and 2009, expenditures in public health declined by 4% due to staff vacancies during the year.

Conclusions

Local health departments have relatively little direct involvement in the Safe Routes to School programs that have been funded throughout the state of Colorado. There are few evident differences between the quantitative information provided comparing the funded to the not funded programs in terms of the data provided in the applications. Further assessment of the qualitative information provided in the applications is required to understand what characteristics of the communities and the applications lead to increased likelihood of receiving funding.