

MARYLAND STATE ADVISORY COUNCIL ON HEALTH AND WELLNESS

January 18, 2022

MEMBERS

Jessica Kiel, R.D., Chair

Salliann Alborn

Mary Backley

Sumit Bassi, M.D.

Crystal Bell, M.P.A.

E. Felicia Brannon, M.P.A.

Mary Pat Raimondi Bertacchi, R.D.

Jonathan Dayton, I.A.A.I-F.I.T.,

N.R.E.M.T.

Jennifer Eastman, M.B.A.

Mychelle Farmer, M.D.

Lois Freeman, D.N.P.

Gary Gerstenblith, M.D.

Roger Harrell, M.H.A.

Namisa Kramer, M.S.

Julie Maneen, M.S.

Seth Martin, M.D.

Aruna Nathan, M.D.

Rachel Pigott, O.T.R./L, M.P.H.

Cameron Pollock, M.P.H.

Erika Prolifi, M.S., C.P.T.

Vaple Robinson, Ph.D.

Vivienne Rose, M.D.

Jason Semanoff, M.S.

Geeta Sharma, M.P.T.

Afton Thomas, M.D.

Teresa Titus-Howard, Ph.D.

Sara Vazer, M.D.

Kristin Watson, PharmD.

Pamela Williams, M.H.A.

Vanina Wolf, L.Ac.

Pamela Xenakis, R.D.

The Honorable Maggie McIntosh
Chair, House Appropriations Committee
Room 121 House Office Building
Annapolis, MD, 21401

RE: HB 19 - Education - School Construction - Pedestrian Safety Plans (Safe Walk to School Act)

Dear Chair McIntosh,

The Maryland State Advisory Council on Health and Wellness (the Council) submits this letter of support for House Bill 19 (HB 19) Education- School Construction – Pedestrian Safety Plans (Safe Walk to School Act).

The purpose of HB 19 is to require certain county boards of education seeking State funds for the construction of a new school, or the renovation of or an addition to an existing school that would increase the capacity by more than a certain number of students, to submit a pedestrian safety plan to the Interagency Commission on School Construction; requiring the Interagency Commission to review the pedestrian safety plans in consultation with the State Highway Administration; and generally relating to pedestrian safety plans for schools.

The Council supports HB 19 as an effective intervention to improve safety and encourage physical activity among Maryland students by requiring a comprehensive pedestrian safety plan for newly constructed or expanded public schools. The comprehensive plans are intended to evaluate existing and potential infrastructure and school zone areas to facilitate safe walking and biking routes to school.

Safe walking and biking routes are beneficial to all students, not just those in cities of 10,000 residents that add 100 or more students, as HB 19 specifies. Children in rural areas tend to be less physically active than those in urban areas, and rural areas frequently lack safe opportunities for young people to engage in physical activity.¹ Schools and students in cities or towns that do not reach the 10,000 resident threshold could benefit substantially from the pedestrian safety plans required by HB 19. The Council asks for consideration to amend the bill to include schools in less populated areas.

Regular physical activity can improve cardiovascular, muscular and bone health and reduces the risk for chronic disease like hypertension, diabetes, obesity and heart disease. The U.S. Department of Health and Human Services recommends

¹ Safe Routes to School National Partnership (2016). Safe Routes to School in Small Rural Communities: Challenges and Strategies to Accessing Funding. https://www.saferoutespartnership.org/sites/default/files/resource_files/srts_brief_ruralcomm_final.pdf.

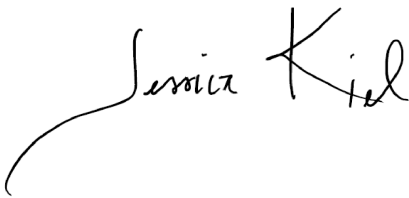
that young people aged 6-17 years participate in at least 60 minutes of physical activity daily, however just one in five Maryland children meet that recommendation.^{2,3}

Physical activity is also a key factor in helping children achieve and maintain a healthy weight. Nearly 17% of Maryland 10-17 year olds are obese, placing them at higher risk for cardiovascular disease, diabetes, and breathing problems.^{4,5} Safe Routes to School is an evidence-based, CDC-recommended strategy to increase child physical activity and thereby combat childhood obesity and chronic disease risk. Safe Routes to School works with partners in the community, including planning, engineering, transportation and education partners, to address the built environment and ensure safe conditions for walking and biking.⁶ One three-year study found that Safe Routes to School programs doubled the percentage of children who walked and biked to school.⁷

Community-wide approaches to population health are necessary to improve and sustain health outcomes, as they shape the environments where we live, learn, work, and play. Community interventions, such as the pedestrian safety plans proposed in HB 19, have the greatest potential impact on our health.⁸ Improving the conditions for walking and biking to school can benefit the entire community by increasing physical activity and reducing injuries from car and pedestrian collisions.^{9,10}

The Council respectfully urges this Committee to approve HB 19, with the expansion to all new school construction and expansion, as an important public health measure to keep Maryland's children safe and healthy.

Sincerely,



Jessica Kiel, R.D., Chair, State Advisory Council on Health and Wellness

**The opinion of the Council expressed in this document does not necessarily reflect that of the Department of Health or the Administration.*

² U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S. Department of Health and Human Services; 2018.

³ National Survey of Children's Health (2020). <https://www.childhealthdata.org/browse/survey/results?q=8538&r=22>; retrieved 7 January 2022.

⁴ Robert Wood Johnson Foundation (2020). State of Childhood Obesity: Maryland. <https://stateofchildhoodobesity.org/states/md/>; retrieved 7 January 2022.

⁵ Centers for Disease Control and Prevention (2021). Childhood Obesity Causes and Consequences. [https://www.cdc.gov/obesity/childhood/causes.html#:~:text=Children%20who%20have%20obesity%20are%20more%20likely%20to%20have%3A&text=High%20blood%20pressure%20and%20high%20asthma%20and%20sleep%20apnea](https://www.cdc.gov/obesity/childhood/causes.html#:~:text=Children%20who%20have%20obesity%20are%20more%20likely%20to%20have%3A&text=High%20blood%20pressure%20and%20high%20asthma%20and%20sleep%20apnea;); retrieved 7 January 2022.

⁶ Centers for Disease Control and Prevention (2018). Safe Routes to School. <https://www.cdc.gov/policy/hst/hi5/saferoutes/index.html>, retrieved 7 January 2022.

⁷ National Center for Safe Routes to School. Shifting modes: a comparative analysis of Safe Routes to School Program elements and travel mode outcome. In: U.S. Department of Transportation FHWA, ed. saferoutesinfo.org: National Center for Safe Routes to School; 2012.

⁸ Centers for Disease Control and Prevention (2018). The Health Impact in 5 Years (HI-5) Initiative. <https://www.cdc.gov/policy/hst/hi5/index.html>, retrieved 7 January 2022.

⁹ Watson, M. and Dannenberg, A. (2008). *Investment in Safe Routes to School Projects: Public Health Benefits for the Larger Community*, Preventing Chronic Disease 5(3): A90. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2483559/>.

¹⁰ DiMaggio, C. and Li, G. (2013). *Effectiveness of a Safe Routes to School Program in Preventing School-Aged Pedestrian Injury*, Pediatrics 131(2): 290–296. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3557410/>.