Effectiveness of the Safe Routes to School

C S B Consorci Sanitari











Katherine Pérez, Elena Santamariña, Josep Ferrando, Maria José López, Llorenç Badiella 1. Agència de Salut Pública de Barcelona (ASPB)

- 2. Instituto de investigación de Sant Pau (IIB Sant Pau)
- 3. Consorcio de Investigación Biomédica en Red de Epidemiología y Salud Pública (CIBERESP)
- 4. Departament de Matemàtiques UAB

Background

Many cities have promoted Safe Routes to School (SRTS) programs to make it easier for children to walk or cycle to school safely.

Most studies have found that implementation of these programs increases active travel to school and decreases road traffic injuries, although there is controversy because of methodological limitations.

Methods

Design: a pre-post quasi-experimental evaluation design, with a matched comparison group, including 64 intervention schools.

Inclusion and exclusion criteria:

Traffic collisions with casualties occurring in the study area (buffer with a 200-m radius around the schools) during school times.

Collisions occurring during Christmas and Easter holiday periods were excluded.

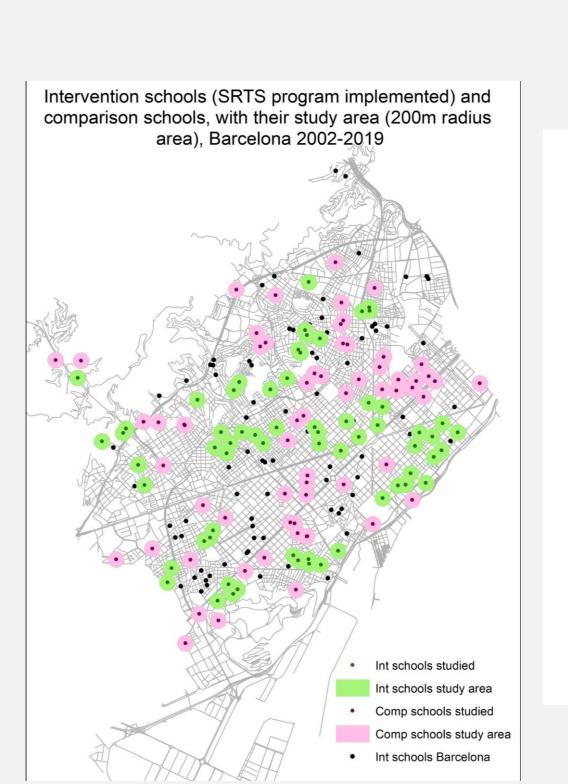
Outcomes included: Collisions, People injured, within a radius of about 200 meters around schools during school hours, (2002-2019)

Sources of information: local police register, and contextual variables.

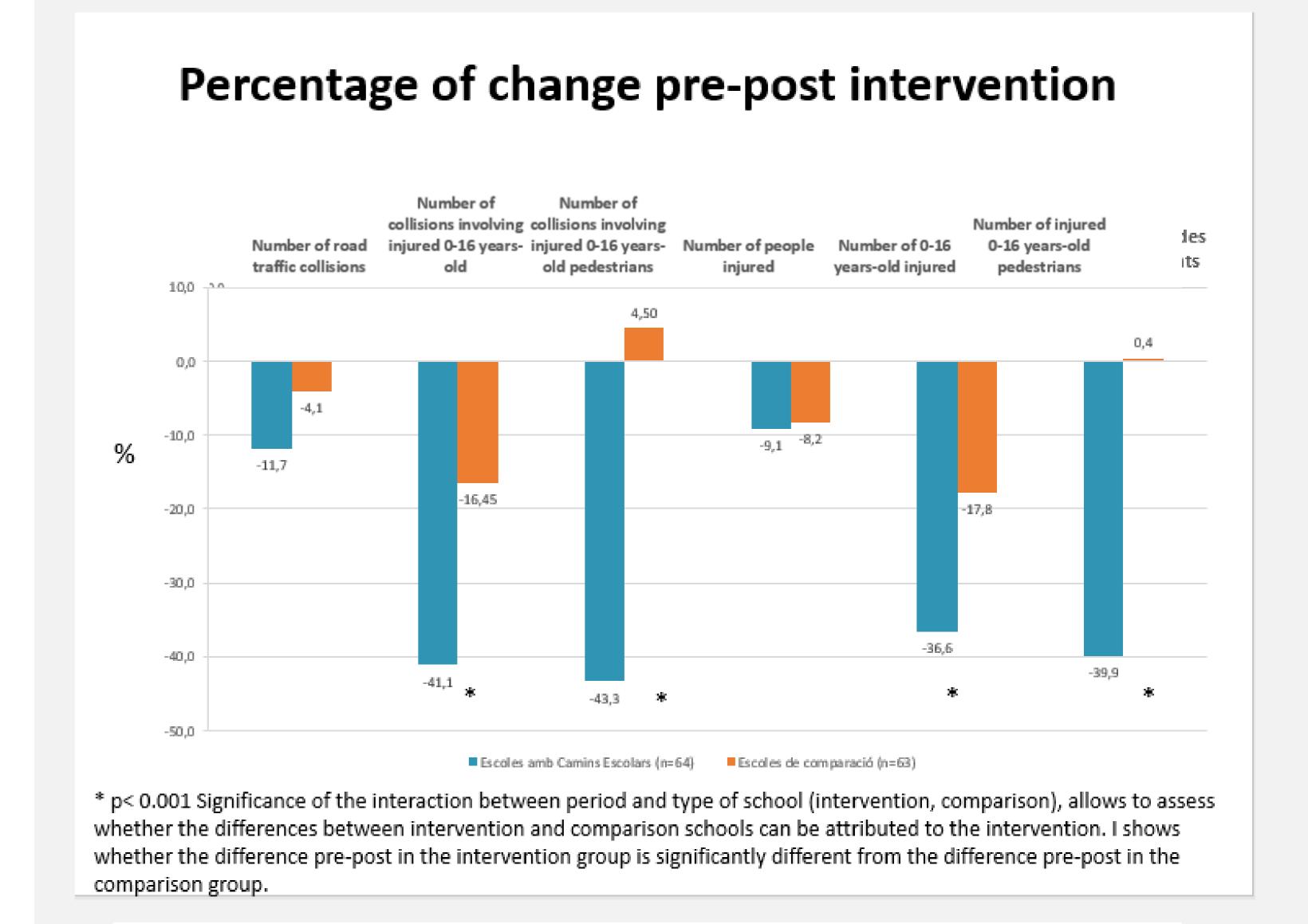
Analysis: generalized linear mixed model with Poisson distribution.

Objective

To evaluate the effectiveness of the SRTS program carried out in Barcelona between 2006 and 2016 in reducing the number of road traffic collisions and injuries in the school environment.



		mparison Schools				ools With an SRTS –2019	7 7 0g. u (20	o meter barrer	, and m
	Intervention Schools (n = 64)				Comparison Group Schools (n = 63)				
	All Schools Total	All Schools Annual Mean (95% CI)	Per School Range	Per School Annual Mean (95% CI)	All Schools Total	All Schools Annual Mean (95% CI)	Per School Range	Per School Annual Mean (95% CI)	Per School P ^a (Intervention/ Comparison)
No. of road traffic co	llisions with injurie	es							
Preintervention	2994	272.2 (180.3, 364.1)	0-28	6.0 (5.6, 6.5)	4061	369.2 (249.1, 489.2)	0-37	8.2 (7.5, 8.9)	.001
Postintervention	2284	228.4 (119.9, 336.9)	0-28	5.7 (5.2, 6.2)	3196	319.6 (168.8, 470.4)	0-50	8.2 (7.3, 9.0)	.002
No. of collisions invol	ving any injured p	erson aged 0-16 y							
Preintervention	240	21.8 (13.2, 30.5)	0-4	0.5 (0.4, 0.5)	262	23.8 (14.5, 33.1)	0-4	0.6 (0.5, 0.6)	.033
Postintervention	120	12 (6.6, 17.4)	0-4	0.3 (0.2, 0.4)	169	16.9 (8.9, 24.9)	0-6	0.4 (0.4, 0.5)	.022
No. of collisions invol	ving any injured p	edestrians aged 0-16 y							
Preintervention	135	12.3 (6.8, 17.7)	0-3	0.3 (0.2, 0.3)	124	11.3 (6.7, 15.8)	0-3	0.3 (0.2, 0.3)	.76
Postintervention	66	6.6 (2.8, 10.4)	0-3	0.2 (0.1, 0.2)	97	9.7 (4.7, 14.7)	0-4	0.2 (0.2, 0.3)	.053
No. of people injured									
Preintervention	3478	316.2 (207.2, 425.2)	0-34	7 (6.4, 7.6)	4774	434 (292.4, 575.6)	0-47	9.6 (8.8, 10.5)	.001
Postintervention	2715	271.5 (141.7, 401.3)	0-33	6.8 (6.2, 7.4)	3720	372 (199.8, 544.2)	0-58	9.5 (8.5, 10.5)	.005
No. of injured person	s aged 0–16 y								
Preintervention	251	22.8 (13.6, 32.1)	0-4	0.5 (0.4, 0.6)	288	26.2 (15.5, 36.8)	0-6	0.6 (0.5, 0.7)	.02
Postintervention	131	13.1 (7.1, 19.1)	0-4	0.3 (0.3, 0.4)	177	17.7 (9.2, 26.2)	0-6	0.5 (0.4, 0.5)	.024
No. of injured pedest	rians aged 0–16 y								
Preintervention	136	12.4 (6.8, 17.9)	0-3	0.3 (0.2, 0.3)	131	11.9 (7.0, 16.8)	0-4	0.3 (0.2, 0.3)	.74
Postintervention	70	7 (3.0, 11.0)	0-3	0.2 (0.1, 0.2)	98	9.8 (4.7, 14.9)	0-4	0.3 (0.2, 0.3)	.06



It is estimated that the intervention of safe route to school has prevented: Annually njured children and from 0 to 16 years avoided If the intervention had been extended to road traffic all schools in the city, the annual number of avoided collisions and injuries would injures have been from 0 to 16 years between 0-16 years

Conclusions

Road traffic Injuries were significantly reduced in the intervention schools, but not in the comparison schools, with a larger reduction in the number of injured pedestrians, especially school-age pedestrians.

The SRTS program significantly improved road safety among children and adolescents in an urban setting.

The decrease observed in the number of collisions and injured people involving children and young people aged 0-16 and minor pedestrians can be attributed to the intervention of school roads.