## **Be Healthy Berrien**

Geographic Information Systems (GIS) Report

Factors that Influence the Prevalence of Obesity in Berrien County, Michigan

#### **Acknowledgements**

The Be Healthy Berrien Geographic Information System (GIS) Report would not be possible without the Southwest Michigan Planning Commission. We are grateful to John Egelhaaf and Jill Plescher who lead efforts in researching, collecting, analyzing, and mapping key data. Special thanks to Ms. Plescher for going above and beyond to create the wonderful resources that Be Healthy Berrien will continue to rely on for many years.

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Berrien County Health Department
Lakeland Health
Southwest Michigan Planning Commission
United Way of Southwest Michigan
Benton Harbor-St. Joseph YMCA
Niles-Buchanan YMCA

Created in 2016

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#### Introduction

Be Healthy Berrien is a county-wide partnership of Berrien County Health Department, Lakeland Health, Southwest Michigan Planning Commission, United Way of Southwest Michigan, Benton Harbor-St. Joseph YMCA, and Niles-Buchanan YMCA. Our partners are committed to working together to reduce obesity and chronic illness through policy, systems, and environmental change. Be Healthy Berrien is working with community partners to increase access to healthy foods and physical activity for all residents, making healthy choices easy for people regardless of age, disability/mobility, or socioeconomic status.

The Be Healthy Berrien Geographic Information System (GIS) Report is a collection of key data that identifies communities in Berrien County with higher obesity-related disparities and risks as well as key community assets. Using GIS maps to visually portray this data clearly pinpoints areas in Berrien County with the greatest need for intervention. Multiple data sources were used in compiling this information, which has been categorized by Individual, Family-Social, Living-Working, Community Resource, and Policy-Program data. Health indicator data from the Berrien County Behavior Risk Factor Survey will be added to the collection of maps when it becomes available.

This is the first year that Be Healthy Berrien has created this GIS Report. Moving forward, the data and maps will be updated regularly. Updating the data regularly will allow Be Healthy Berrien to track trends over time to see longer-term impacts of interventions.

The Be Healthy Berrien GIS Report will also be used to:

	Help align obesity-related interventions in Berrien County;
	Inform decision-makers about the connection between "place" and health;
	Build the capacity of other groups and organizations to create interventions that
create	long-term change and community-level impact.

The Be Healthy Berrien GIS report will serve as an important tool for strategic planning for Be Healthy Berrien and our partners.

Many factors influence the risk and prevalence of obesity. The framework Be Healthy Berrien used for mapping this risk was a multi-level approach adapted from the social-ecological model of health promotion. This model demonstrates that many layers of influence have impact in determining risk. Individual factors are at the core of the model, surrounded by influence from Family-Social factors, Living-Working factors, Community Resource factors, and finally Policy-Program factors. Each layer contains specific features that have been identified as influencers on the risk and prevalence of obesity. These specific features in the higher layers impact the risk within each of the lower layers. The Be Healthy Berrien 2015-2020 Strategic Plan determined the specific features that were assessed in this framework.

# PART 1

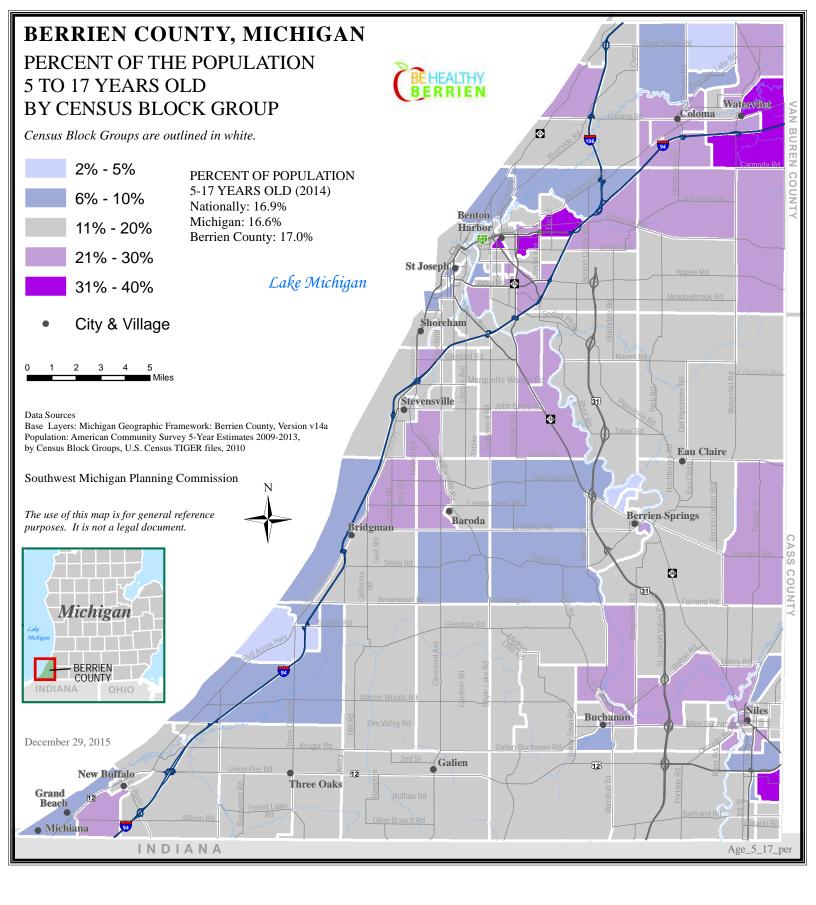
**Theme Maps** 

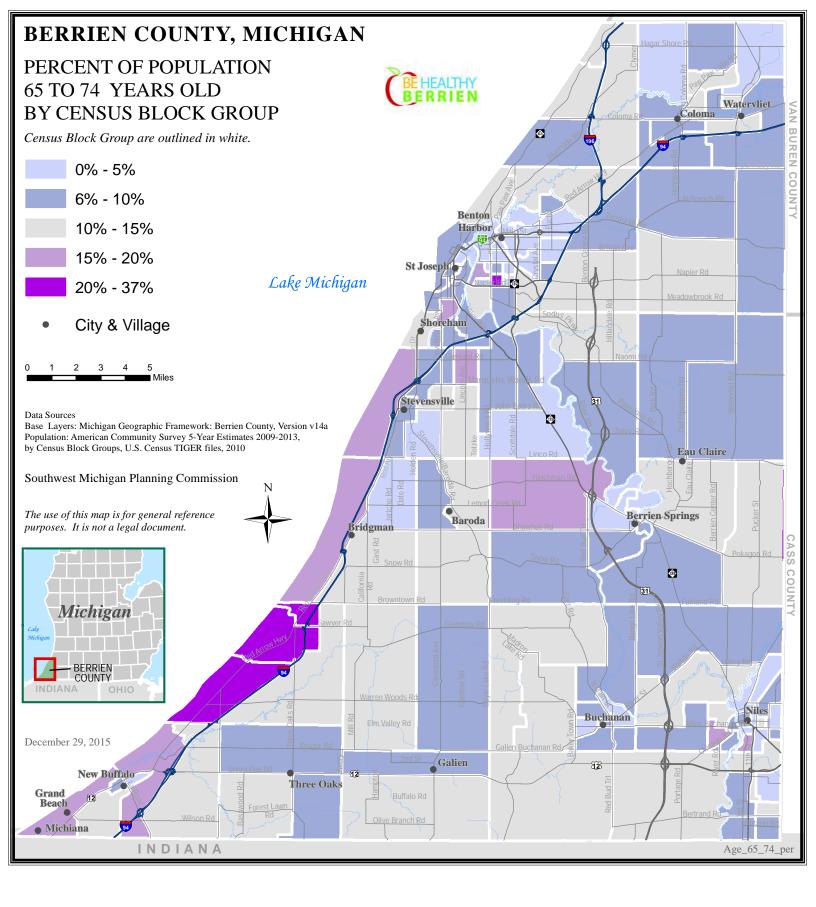
#### 1. Individual Factors

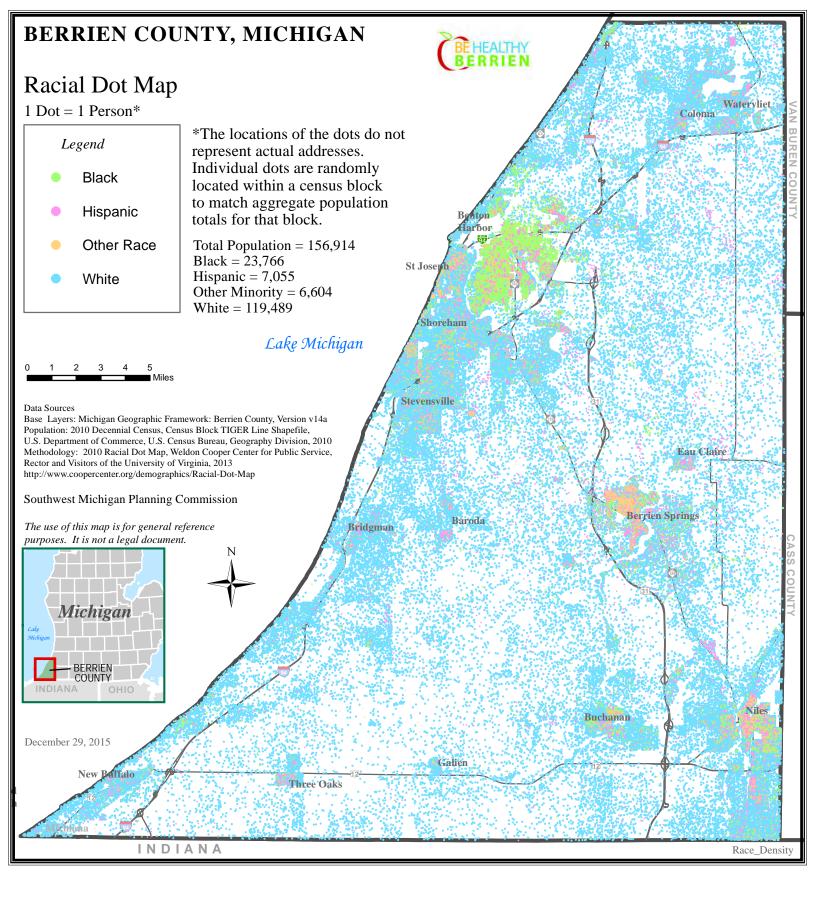
- Percent of Population 5-17 Years Old page 5
- Percent of Population 64-74 Years Old page 6
- Race Density, Dot Map page 7

Special features of the Individual factors that can influence the risk of obesity include age and race. While obesity is a significant problem among the entire adult population, some groups are disproportionately affected. Among U.S. adults, Black and Latino populations have substantially higher rates of obesity than do White populations. This is true among both men and women. 1 In Berrien county, those between the ages of 25 and 64 are more likely to be obese than younger or older populations.<sup>2</sup> Mapping this data at the population level can pinpoint locations with greater obesity risk based on key Individual factors.

<sup>&</sup>lt;sup>1</sup> Trust for America's Health and Robert Wood Johnson Foundation, 2004-2014. http://stateofobesity.org/disparities/
<sup>2</sup> Berrien County Behavior Risk Factor Survey. 2011 Status Report



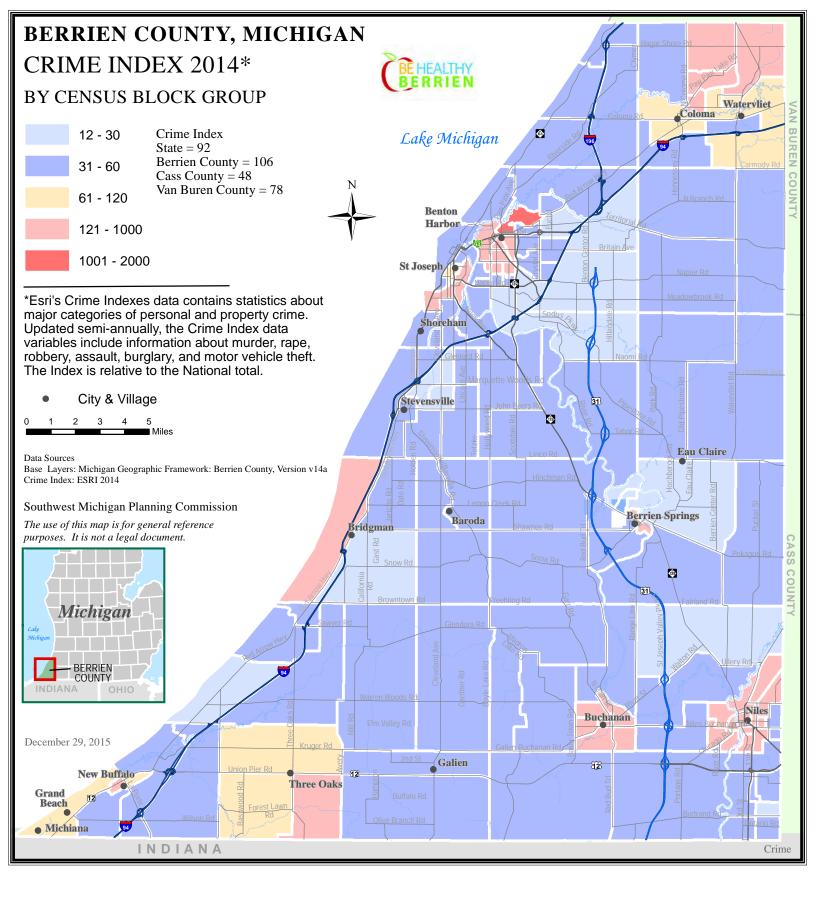


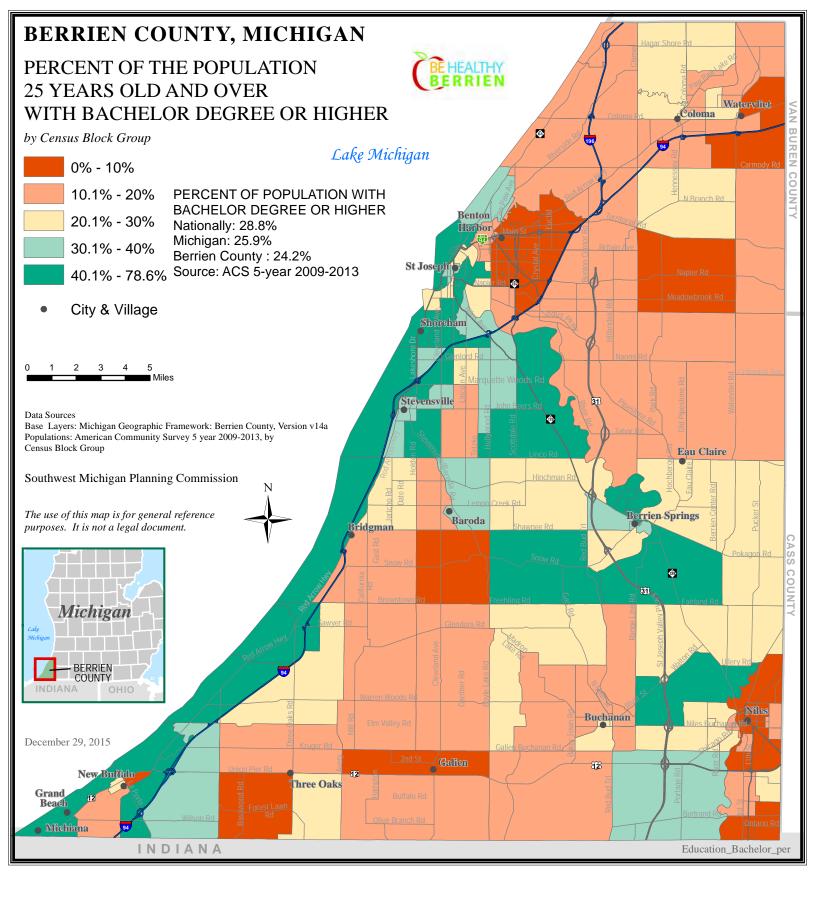


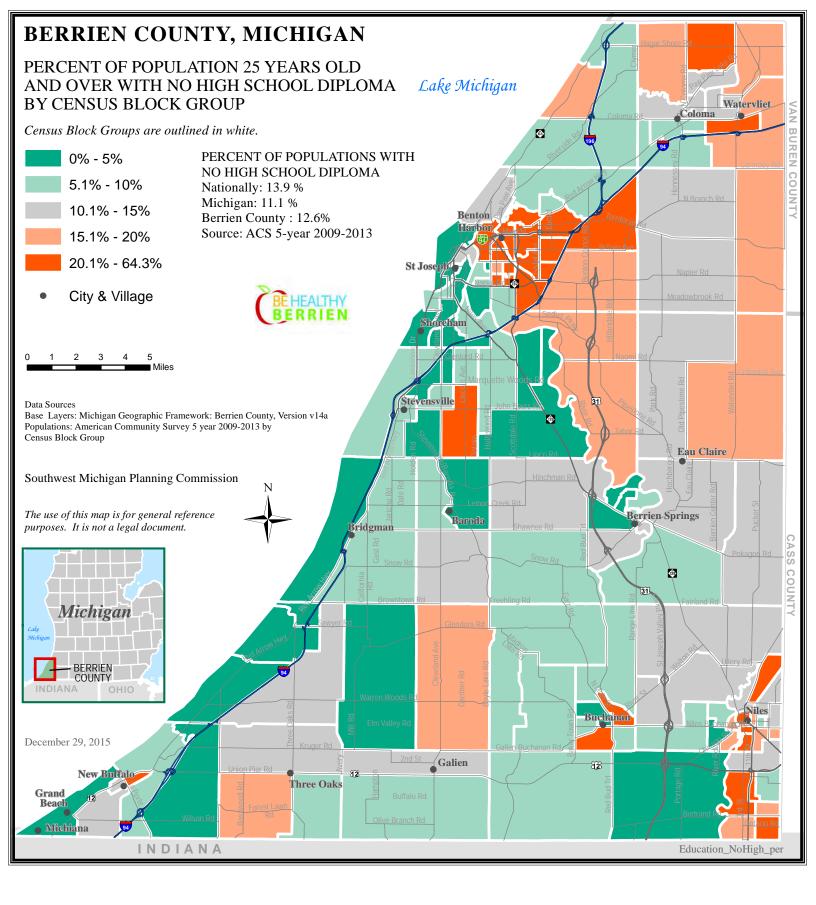
## 2. Family-Social Factors

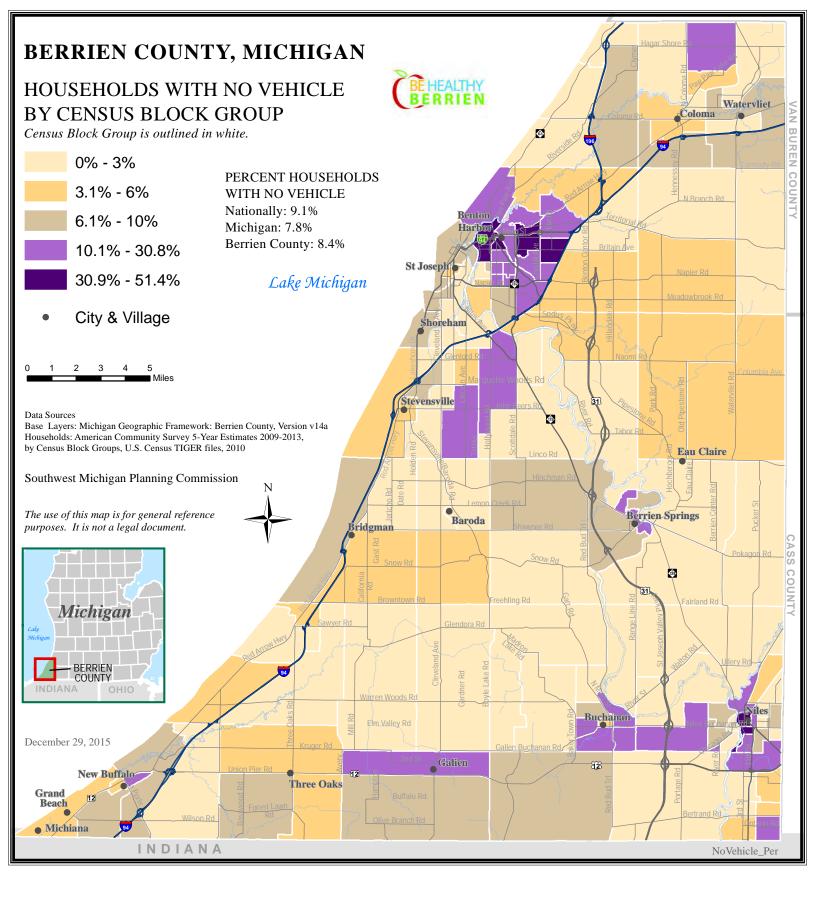
- 2014 Crime Index (page 9)
- Percent of the Population 25 Years and Over with a Bachelor Degree page 10
- Percent of the Population 25 Years and Over with No High School Diploma page 11
- Percent of Households with No Vehicle page 12
- Percent of the Population with Income Below the Poverty Level page 13
- Percent of Households that have received SNAP Benefits in the Past 12 Months page 14
- Number of Female Heads of Household (in Households with Children page 15

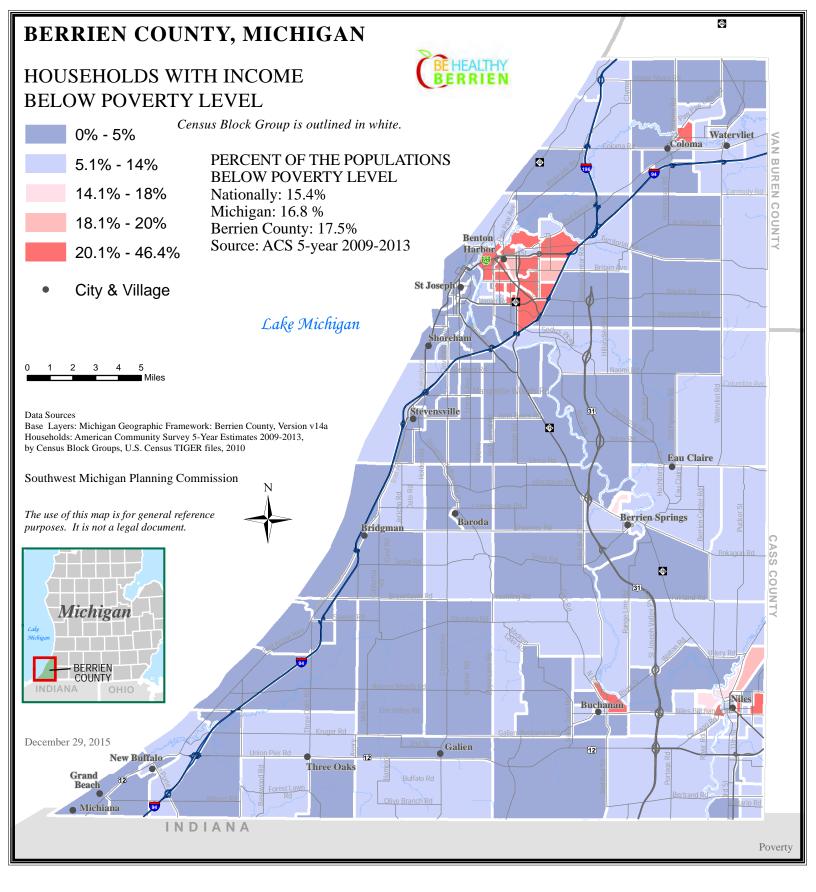
Health is determined, in part, by access to social and economic opportunities. The conditions in which people live, Family-Social factors, help explain why some Americans are less healthy than others. Features in Family-Social factors include educational attainment, living in poverty, access to a vehicle, living in single-parent households, and living in areas with high crime. These features are associated with disparate burdens and poor health outcomes, including higher rates of illness and early death. Mapping Family-Social factor data can identify populations with a higher risk of poor health and developing chronic health conditions.

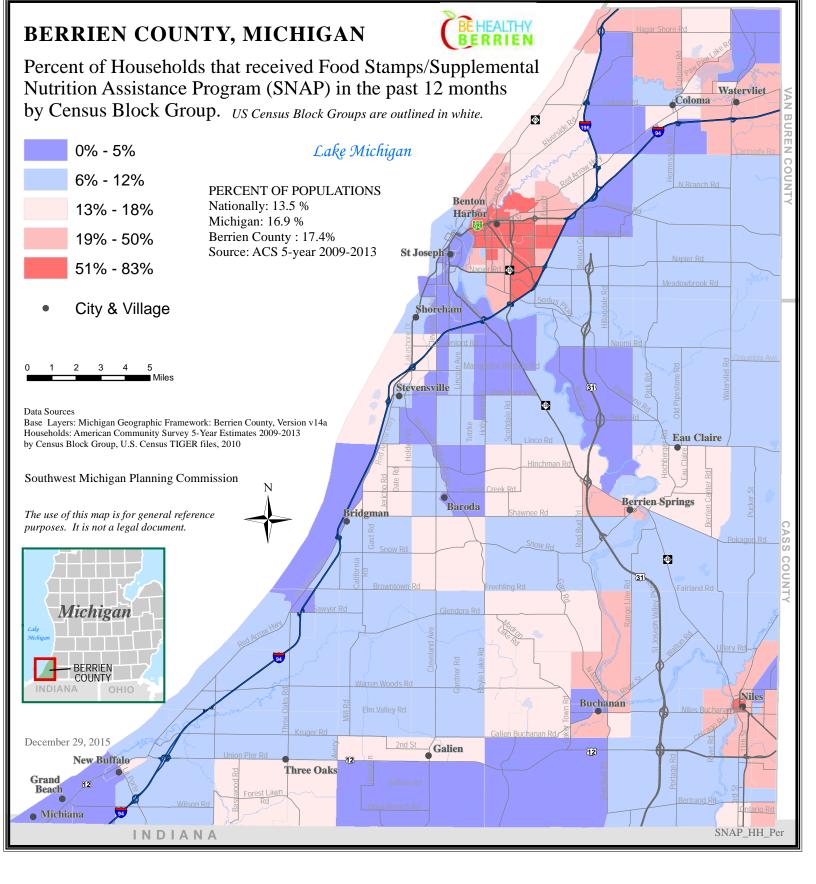


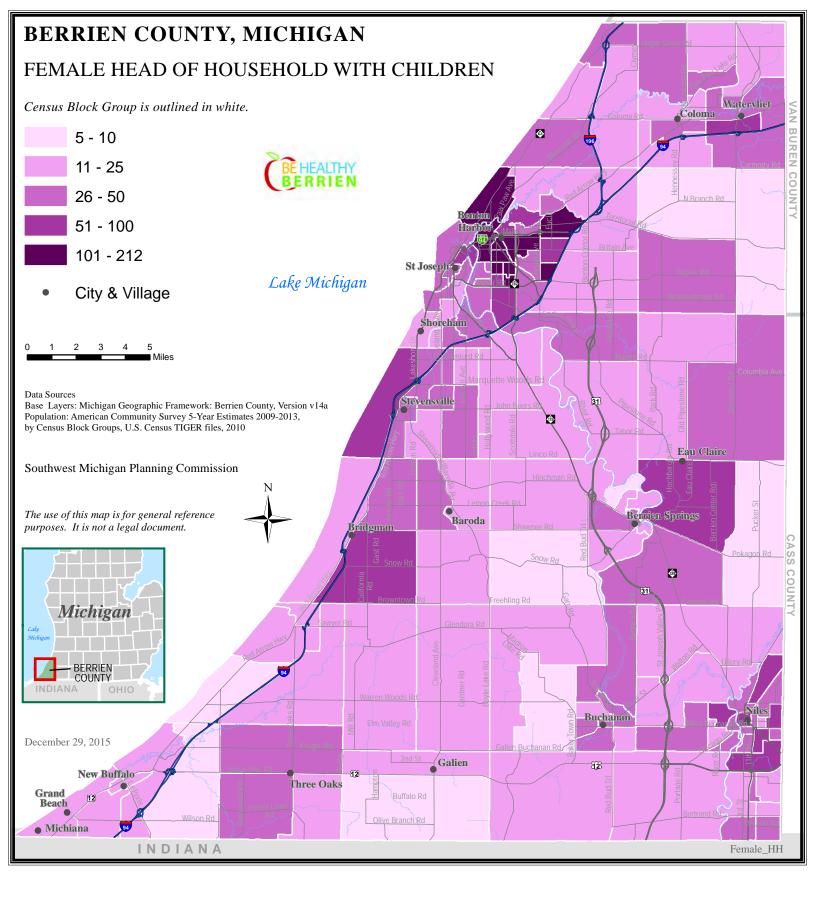










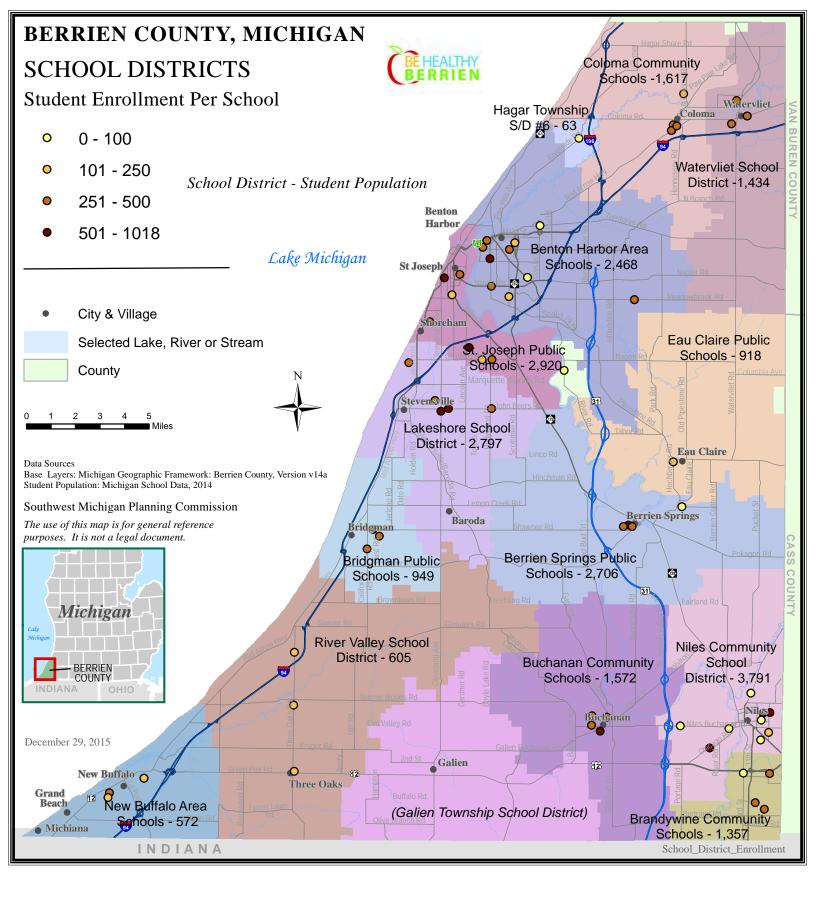


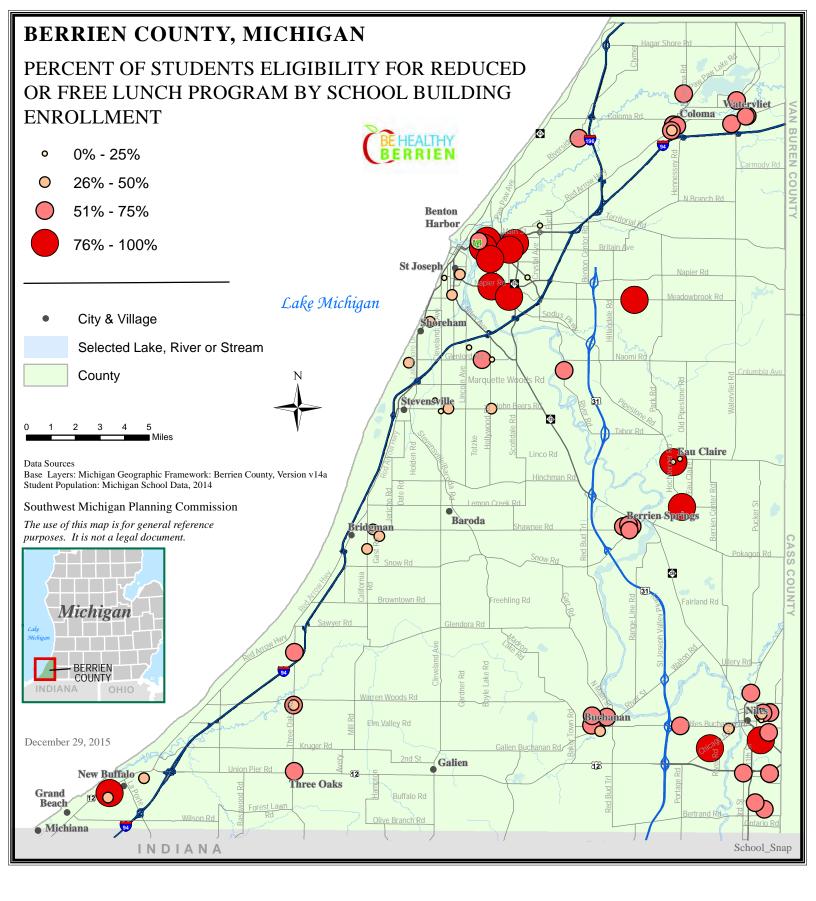
## 3. Living-Working Factors

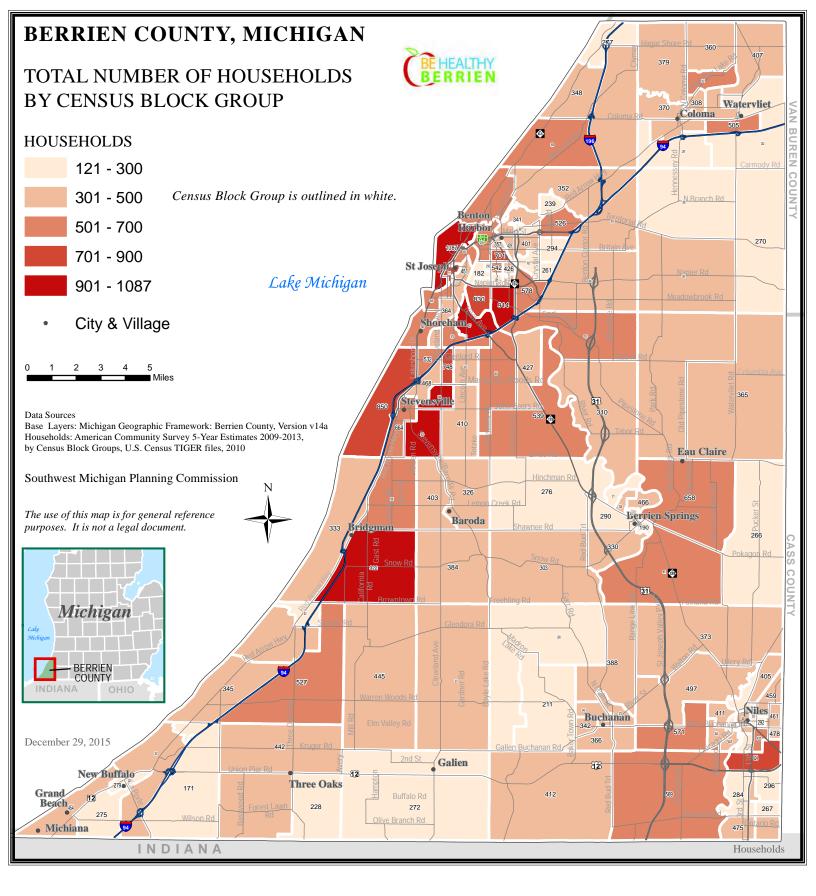
- Locations of Businesses with High Obesity-Prevalence Occupations page 17
- K-12 School District Areas and Building Enrollment page 18
- Percent of K-12 Students Eligible for Free/Reduced Lunch, by school building page 19
- Total Number of Households page 20
- Population Density, Dot Map page 21

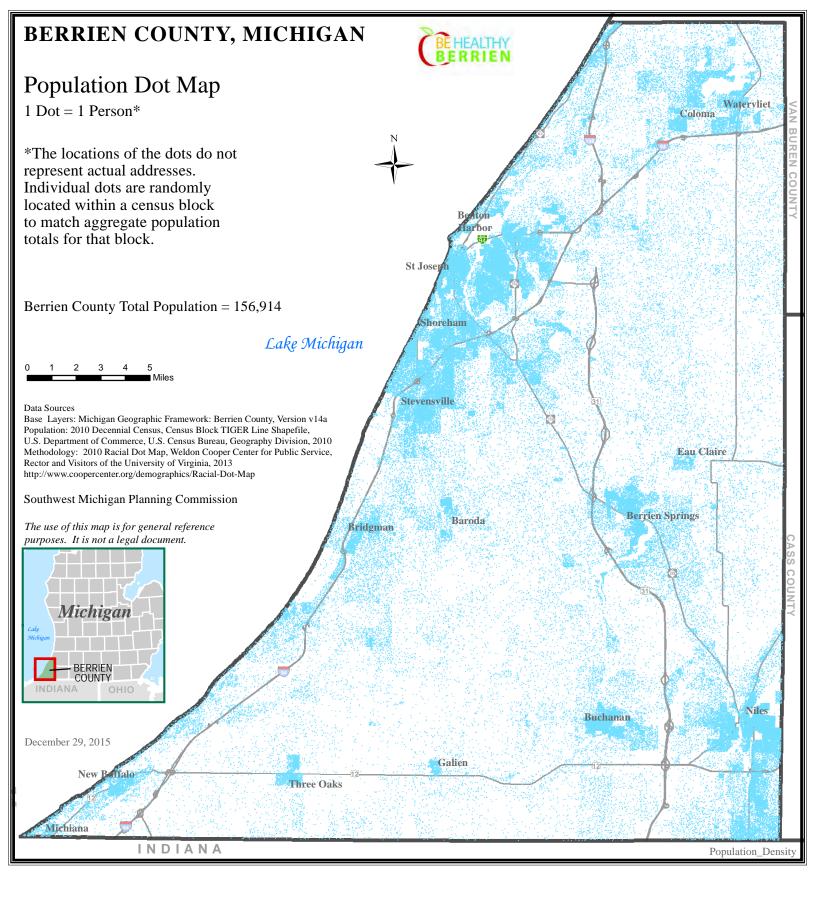
Community, workplace, and school structures play a key role in influencing obesity. Where people live, work, learn, and play, strongly influences social norms surrounding food, physical activity, and lifestyle. Working in occupations with high obesity-prevalence, attending schools within economically disadvantaged areas, and living in densely populated neighborhoods are factors associated with an increased risk of obesity.







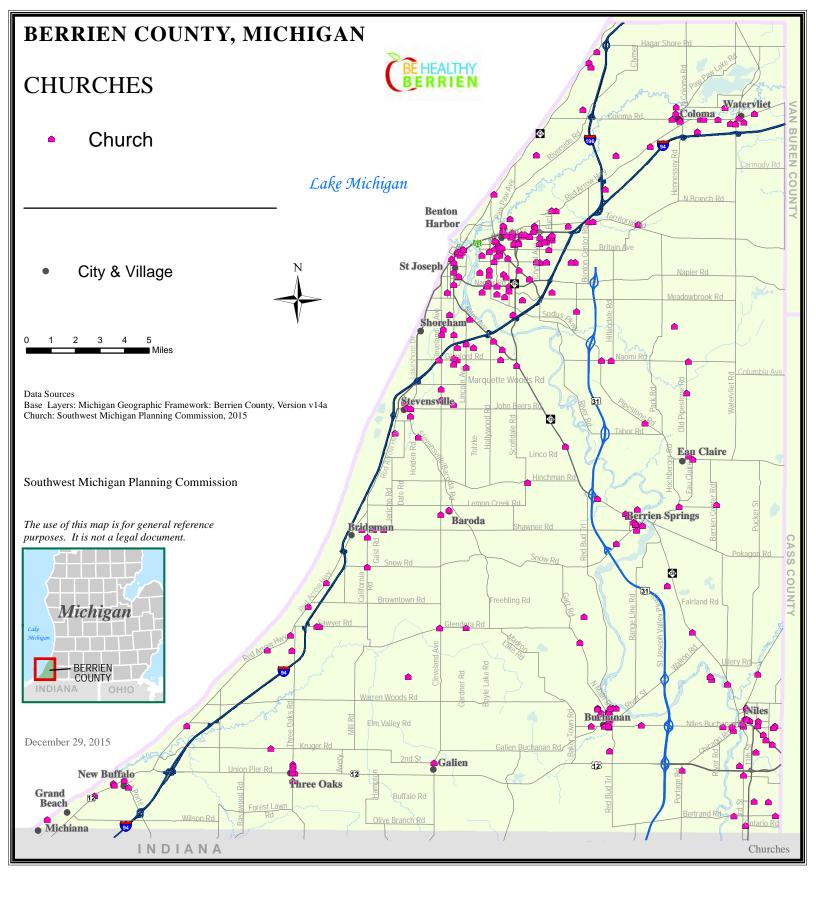


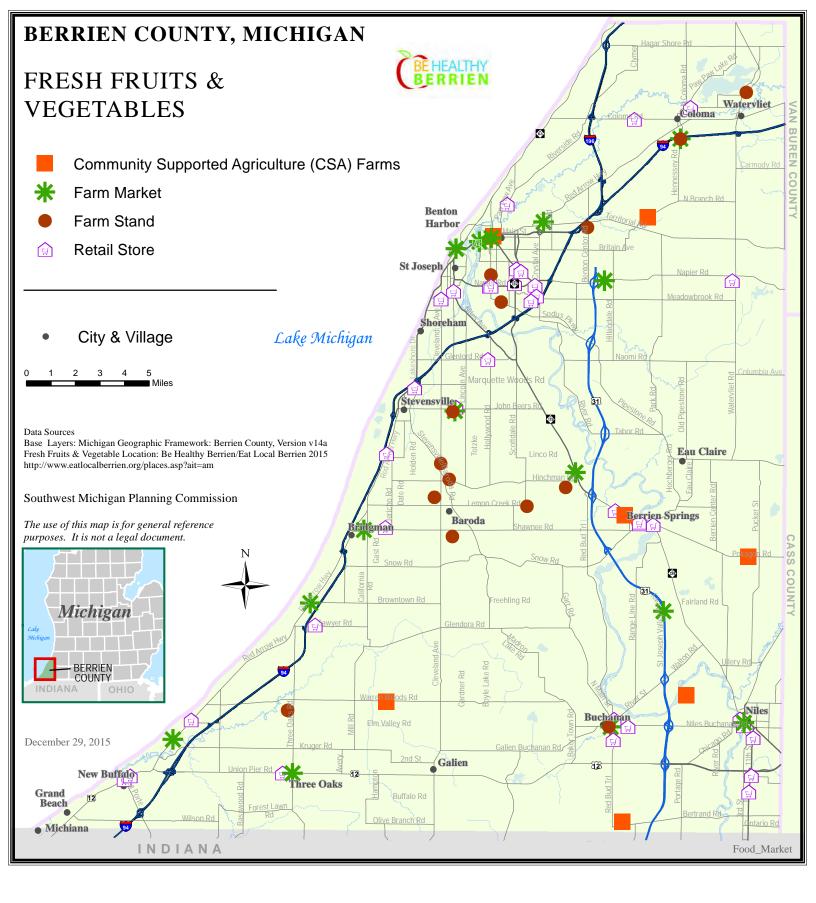


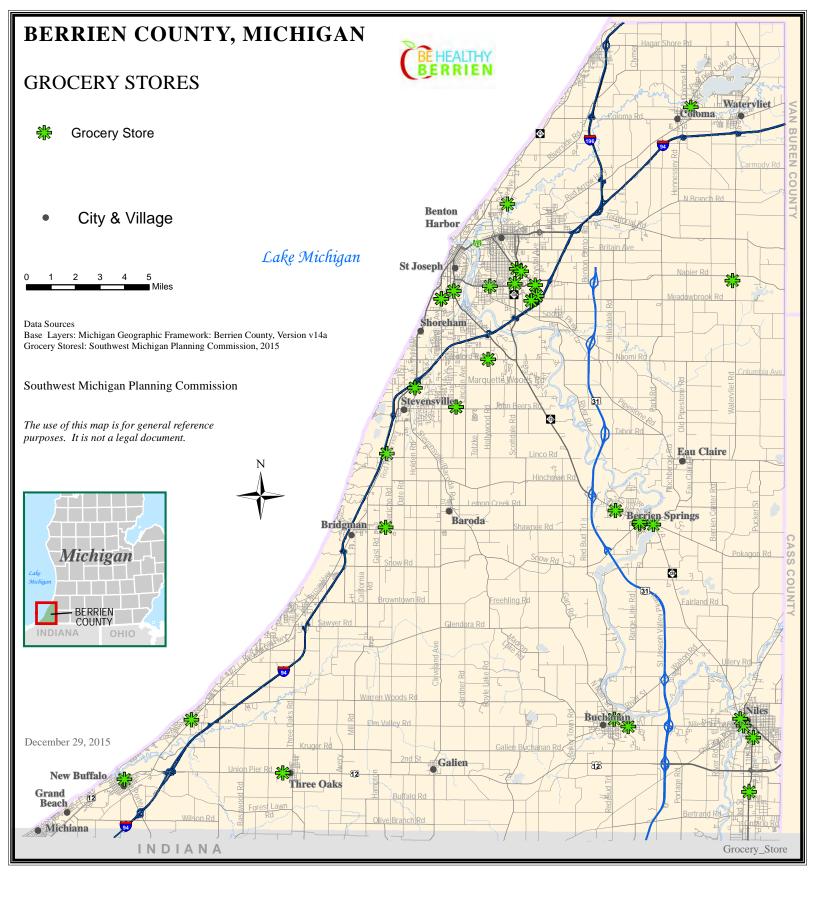
## 4. Community Resource Factors

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- Locations of Places to Purchase Fresh Fruits and Vegetables (seasonal) page 24
- Locations of Grocery Stores that sell Fresh Fruits and Vegetables page 25
- Locations of Medical Services page 26
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- K-12 School Buildings open for Community Fitness, Outside of School Hours page 28
- Locations of Park and Recreational Areas page 29
- Public Transportation Service Areas and Fixed Routes page 30

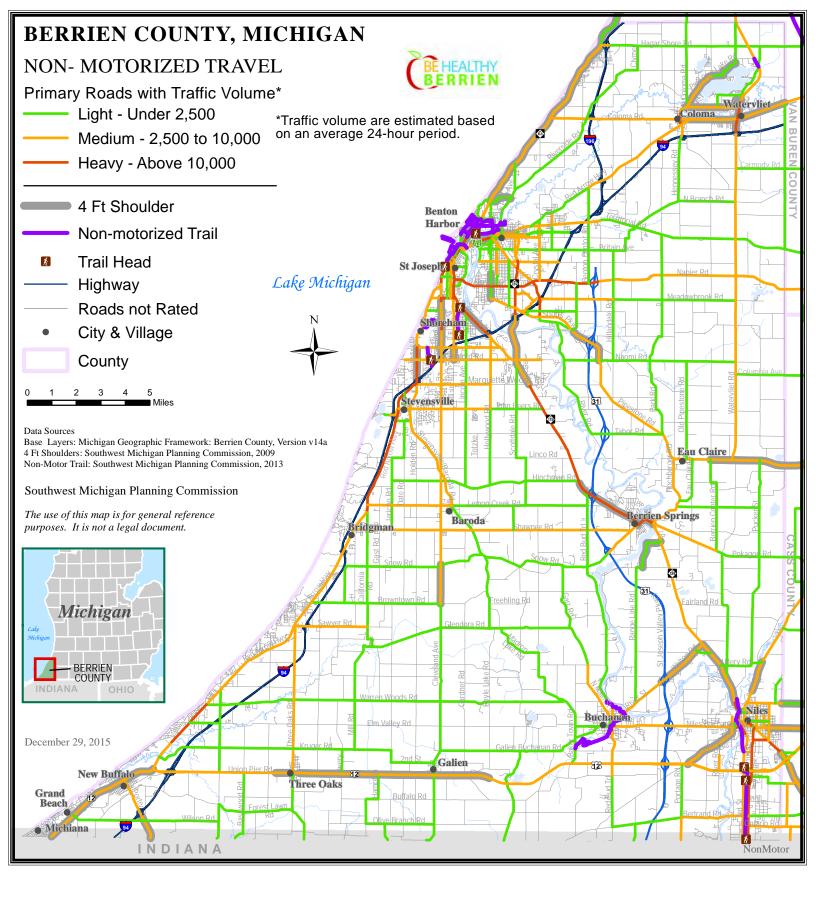
Lack of access to key community resources can contribute to poor health behaviors associated with obesity and other obesity-related illness, such as diabetes and heart disease. Many places of worship engage with the health of their communities and offer support to those dealing with health-related challenges. Lack of access to places to purchase healthy food contributes to a poor diet low in fruits and vegetables and is associated with higher obesity rates and illness. Those who live far away from medical services are less likely to receive necessary treatment and preventative care. Lack of access to places for recreation, such as parks and community fitness opportunities, is associated with lower levels of physical activity and higher obesity rates, particularly among adolescents. Lack of access to public or non-motorized transportation limits access to a wide variety of resources. Identifying locations with low access can help focus environmental interventions aimed at filling gaps in infrastructure or service.

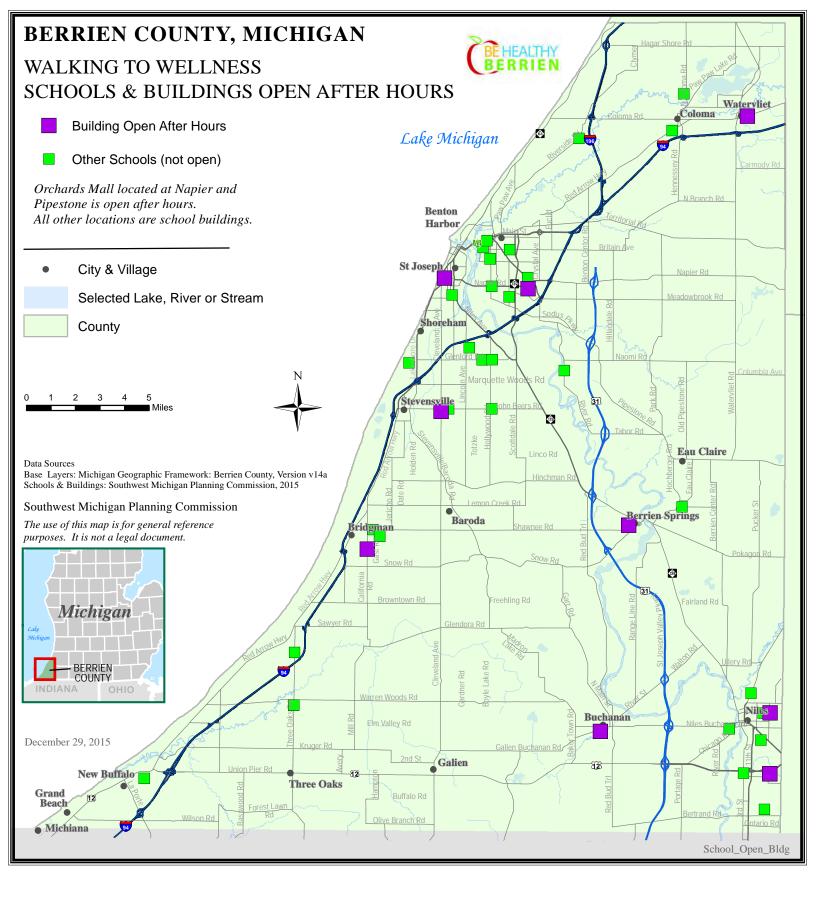


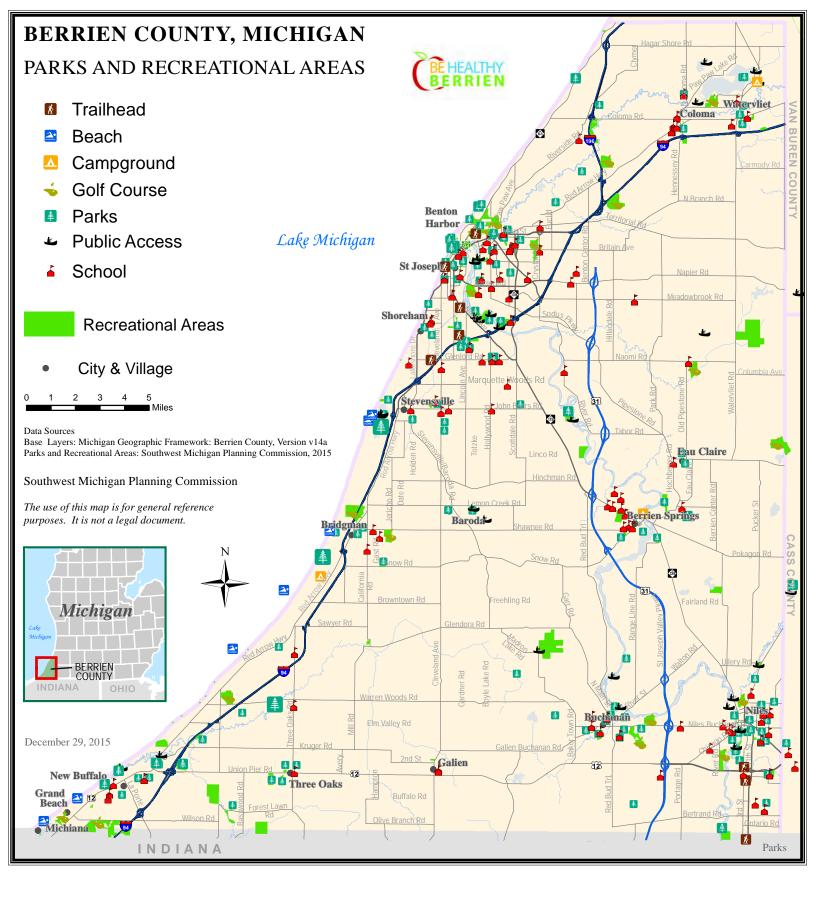


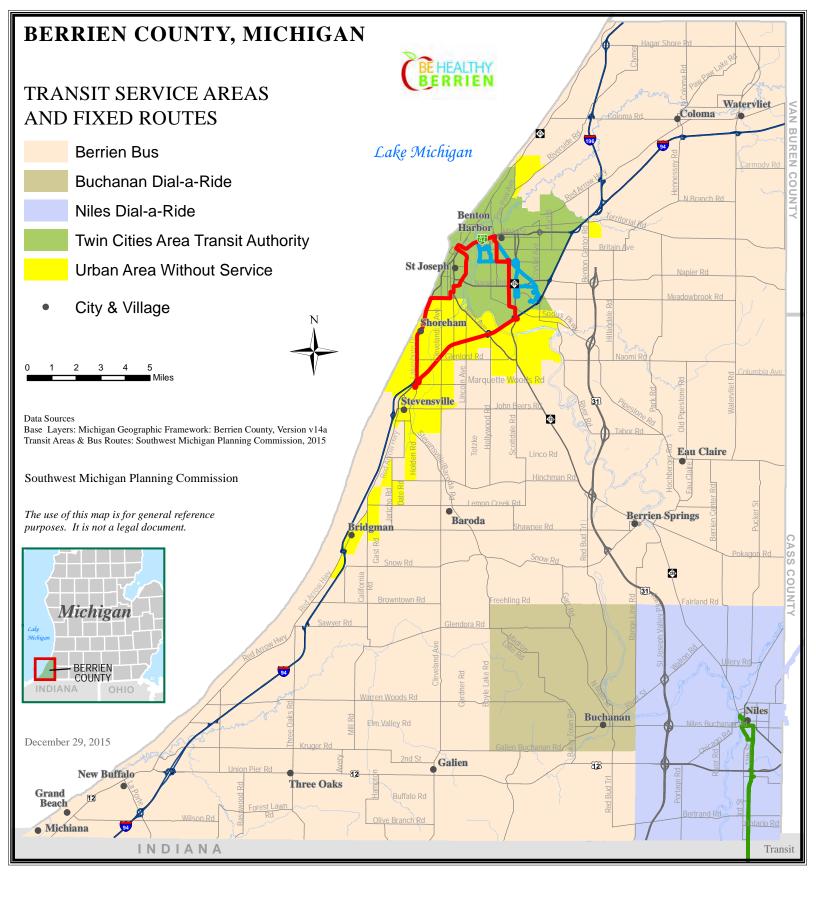












## 5. Policy-Program Factors

- Municipalities that have Prioritized Walkability in Master Planning page 32
- Transportation Study Non-Motorized Travel Route Recommendations page 33
- Transportation Study Detailed Non-Motorized Travel Route Recommendations page 34
- Municipalities that have Prioritized Non-Motorized Facility Upgrades in Recreation Planning - page 35
- K-12 Schools that have requested Michigan Team Nutrition ® Materials page 36
- K-12 Schools that have registered with the Safe Routes to Schools Program page 37

Policies are laws, ordinances, or regulations, either formal or informal, which influence the risk of obesity. These factors play a major role in determining the choices individuals make regarding health behaviors. The goal of changing Policy factors is to create long-lasting change and improvement in the health of the entire community. The Be Healthy Berrien 2015-2020 Strategic Plan specifically addresses policies related to non-motorized transportation and k-12 environments.

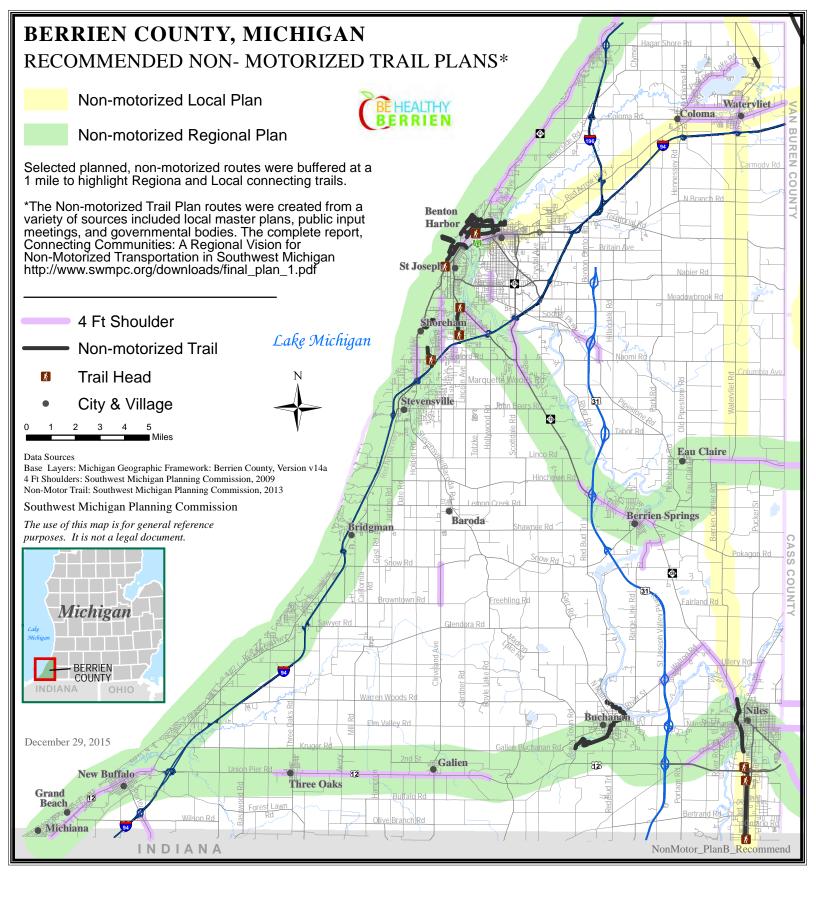
The connections between health and transportation are wide-ranging. Because the transportation system helps shape how communities are designed and operate, it can have a profound influence — both positive and negative — on public health<sup>3</sup>. Where transportation infrastructure is designed to accommodate or even encourage non-motorized transportation, such as through complete streets policies, it can have a positive effect on public health<sup>3</sup>. By making walking and biking safe and convenient, we can make it much easier for people to build routine physical activity into their daily lives.

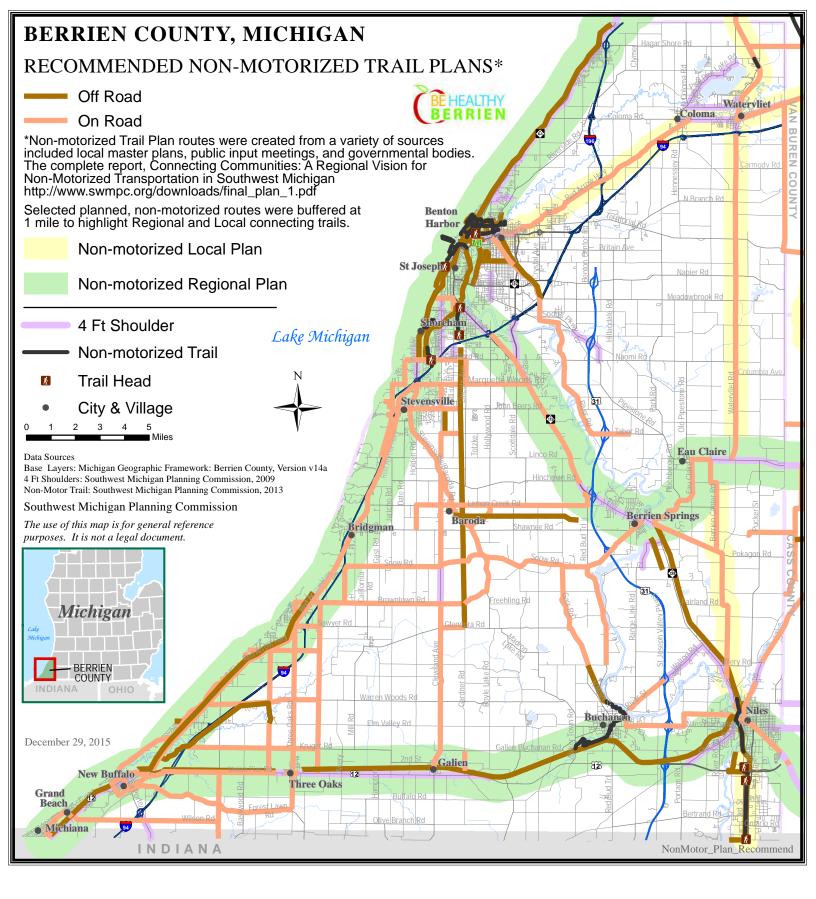
Health behaviors of adolescents who attend k-12 educational institutions are strongly influenced by the policies, practices, and environments of the school in which they are enrolled. Schools that have indicated an interest in enhancing nutrition programs or implementing Safe Routes to Schools ® programs are more likely to have policies and practices that support healthy behaviors, like eating fruits and vegetables and participating in physical activity.

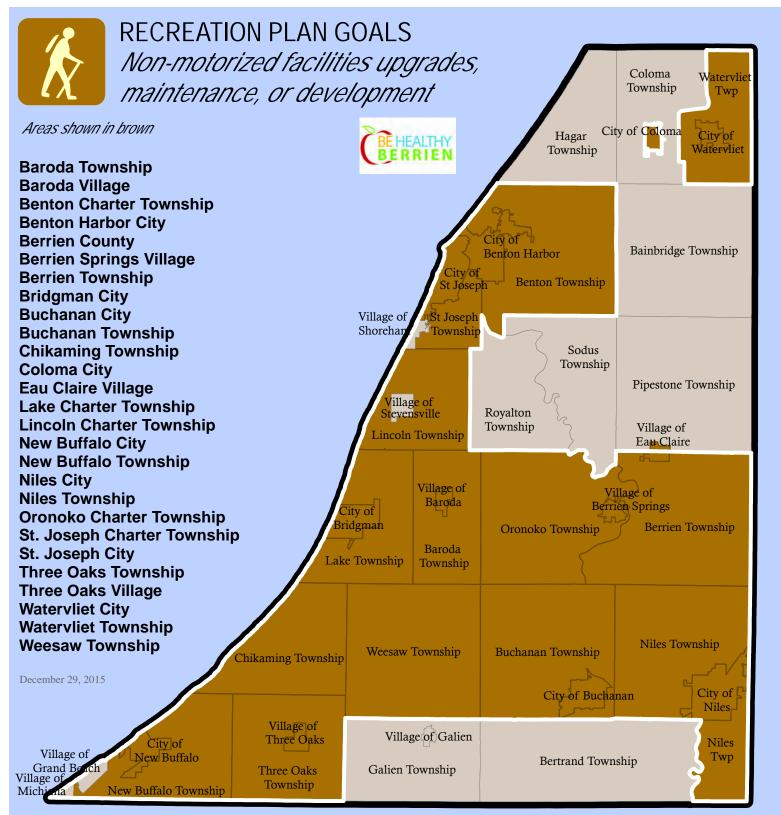
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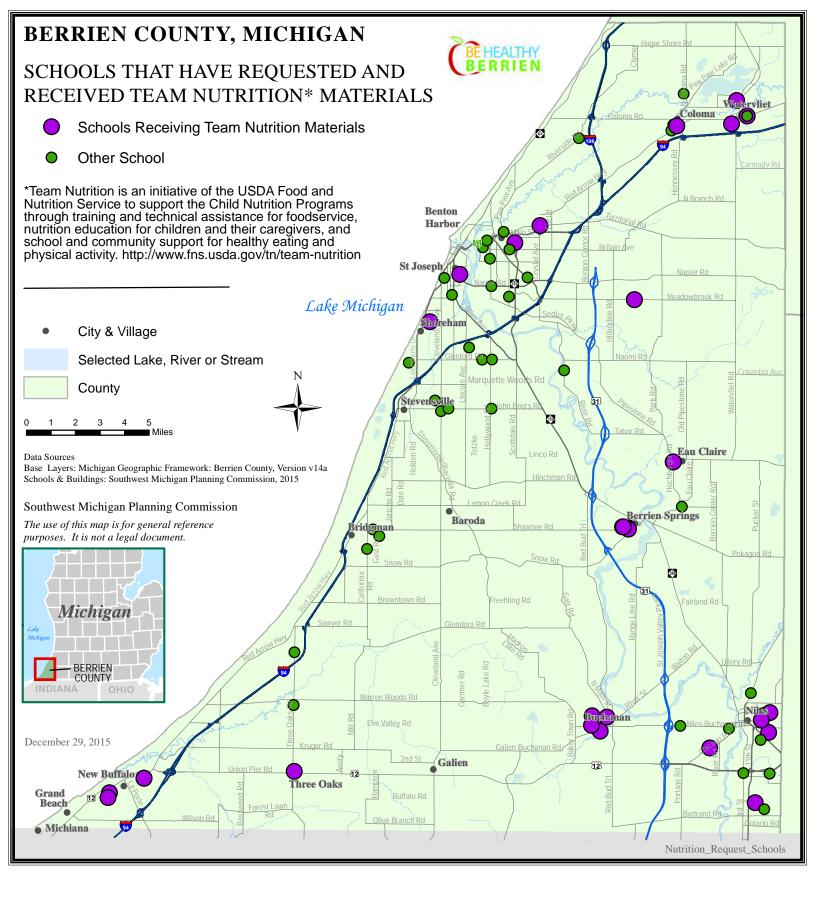
<sup>&</sup>lt;sup>3</sup> Raynault, E. & Christopher, E. (2013). How Does Transportation Affect Public Health?. Public Roads, 76(6), . Retrieved from https://www.fhwa.dot.gov/publications/publicroads/13mayjun/05.cfm

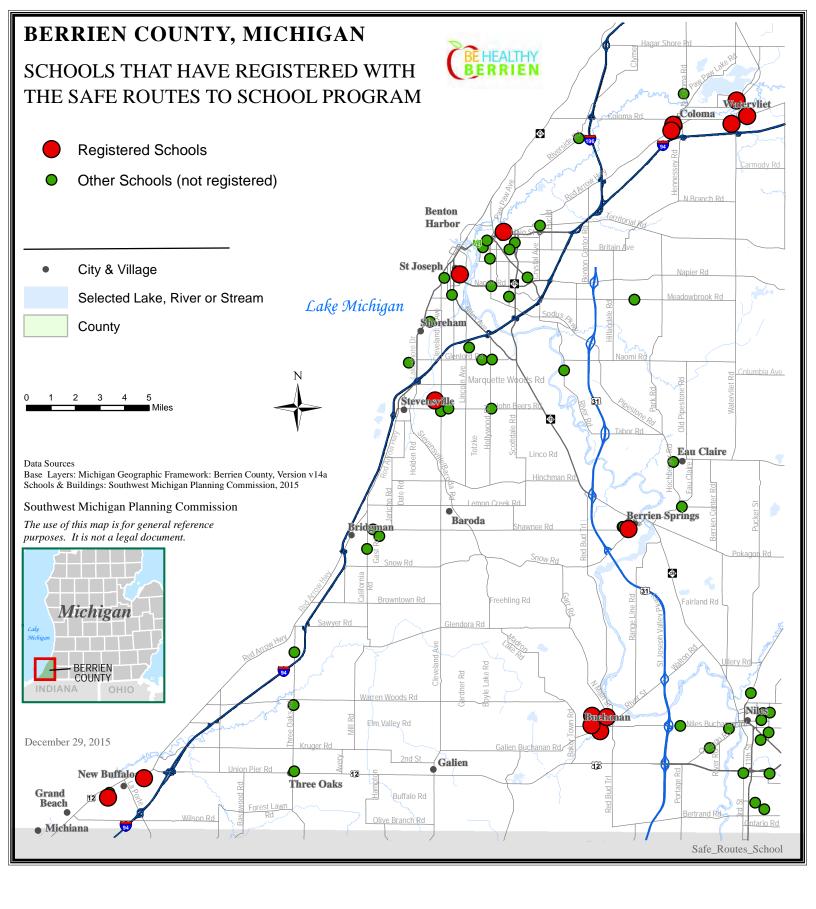
#### MASTER PLAN GOALS Promote and develop active, walkable, Coloma Watervliet Township Twp well-connected communities City of Coloma Hagar Areas shown in coral Township Watervliet **Baroda Township Baroda Village** City of Bainbridge Township **Benton Harbor City** Benton Harbor **Berrien Springs Village** Benton Township St Jøseph **Bridgman City Chikaming Township** Village of St Joseph Eau Claire Village Township Shorehan **Hagar Township** Sodus **Lake Charter Township** Township **Lincoln Charter Township** Pipestone Township **New Buffalo City** Village of Royalton Stevensville **New Buffalo Township** Township Village of Lincoln Township **Niles City** Ean Claire **Oronoko Charter Township** St. Joseph City Village of Stevensville Village Village of Baroda Berries Springs **Three Oaks Village** City of Bridgmah Berrien Township **Watervliet City** Oronoko Township Baroda Lake Township Township Niles Township December 29, 2015 Weesaw Township Buchanan Township Chikaming Township City of Buchanan City of Niles<sub>-</sub> Village of Village of Galien Niles City of Village of New Buffalo Twp Bertrand Township Grand Be Village of Galien Township Three Oaks Township New Buffalo Township











# 6. Health Indicator Maps – By Zip Code (Coming Soon)

- Obesity
- No Leisure-time Physical Activity
- Adequate Aerobic Physical Activity
- Adequate Fruit and Vegetable Consumption
- Diabetes
- Hypertension
- Cholesterol
- Cardiovascular Disease

Berrien County Health Indicator data comes from the Berrien County Behavior Risk Factor Survey (BRFS), a telephone survey conducted every three years. The BRFS is intended to monitor the health and associated behaviors of the adult population. It measures certain chronic diseases, behaviors associated with negative health outcomes, screening rates, and other health-related actions<sup>4</sup>. Mapping Health Indicator data can locate specific areas with higher rates of chronic diseases and behaviors associated with negative health outcomes. This information is useful for targeting specific health-improvement interventions to people who need it most as well as indicating areas where additional information should be gathered to learn about potential causes of the high rates.

1

<sup>&</sup>lt;sup>4</sup> Berrien County Behavior Risk Factor Survey. 2011 Status Report.

# Part 2

# Relationship Maps

The process of creating Geographic Information System maps to identify areas with higher obesity-related risks helps to inform Be Healthy Berrien's action plan. This process began with identifying and collecting data sets associated with action items in the Be Healthy Berrien 2015-2020 Strategic Plan. These data sets were used to create individual maps, with one data-set per map. Complimentary action items within the Be Healthy Berrien 2015-2020 Strategic Plan were grouped into thematic approaches: Healthy Policies, Access to Healthy Food, Access to Physical Activity, Active Transportation, and Healthy k-12 Schools. Then, the individual maps were combined based on thematic approaches like, risk factors of obesity, and social determinants of health. The relationships in these layered maps were analyzed and high-risk areas were isolated and mapped.

# 1. Thematic Approach: Healthy Policies

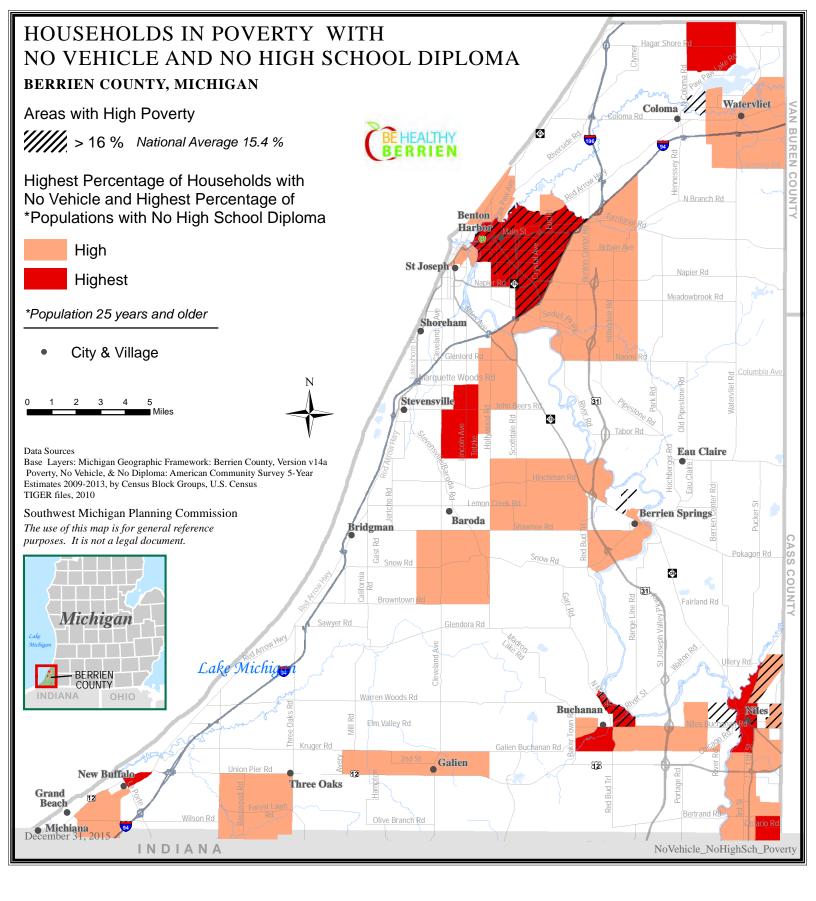
Our health is determined in part by access to social and economic opportunities. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be. The following maps were created to identify census blocks where these social determinant risk-factors are most prevalent.

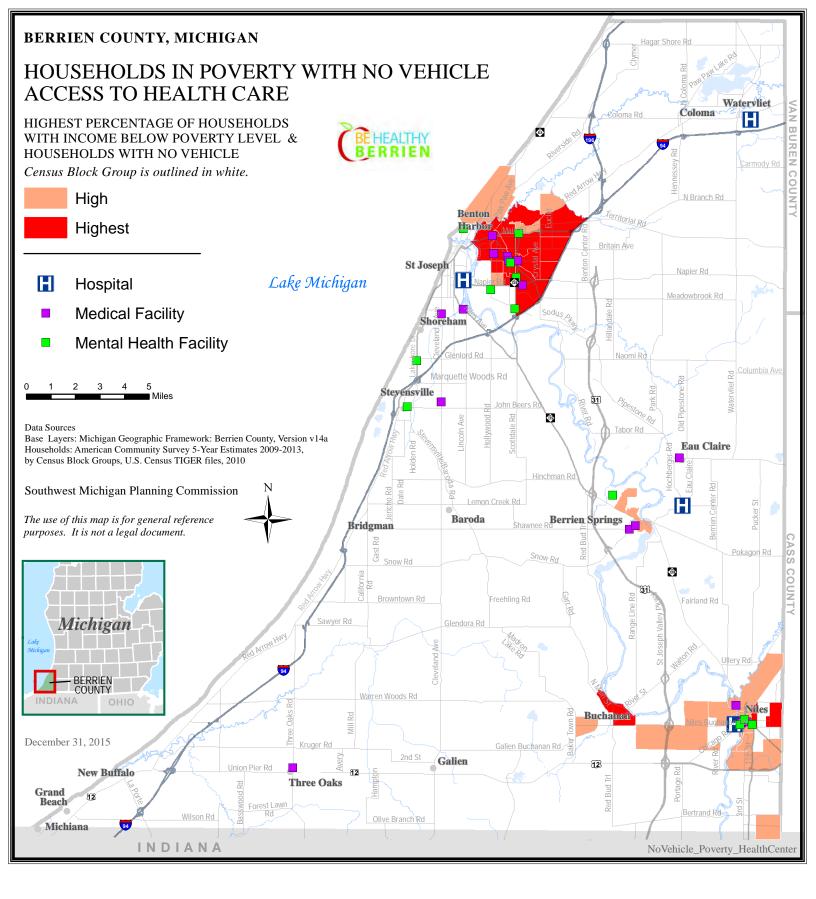
 Adults age 25 and over without a high school diploma who are living in poverty and do not have a vehicle - page 42

This map identifies census blocks with the highest percentage of households with no vehicle combined with the highest percentage of the population (25 years and older) with no high school diploma. These areas are identified in shades of orange. This is then overlaid with black diagonal lines indicating areas with at least 16 percent of households with income below the poverty line. The national poverty average is 15.4 percent. The areas identified with black diagonal lines have a higher-than-average poverty rate. The areas with the highest risk are identified with dark orange shading with black diagonal lines. Combining these factors allows us to see the census blocks that have higher risk of obesity and poor health outcomes based on these social determinant factors. Identifying this information allows us to pinpoint census blocks where health policy interventions are most needed.

• Healthcare access for households who are living in poverty and who don't have a vehicle - page 43

This map identifies census blocks with the highest percentage of households with no vehicle combined with the highest percentage of the population (25 years and older) with no high school diploma. These areas are identified in shades of orange. This information is then overlaid with the locations of medical service facilities. This map displays the census blocks with populations who may have a difficult time accessing healthcare services. Identifying this information allows us to advocate for additional infrastructure in these areas that is designed to connect these individuals to the healthcare system. These interventions are aimed to increase access to help individuals receive treatment and education to improve health and reduce the risk of illness, including obesity.





# 2. Thematic Approach: Access to Healthy Food

Lack of access to healthy food contributes to a poor diet and can lead to higher levels of obesity and other diet-related illness, such as diabetes and heart disease. The following maps were created to identify census blocks where it is more difficult for community members to access healthy foods, such as fruits and vegetables.

#### Pedestrian access to grocery stores - page 46

This map identifies pedestrian access to full-service grocery stores. A one-half mile walking route buffer, indicated in orange, surrounds each full-service grocery store, which are indicated by a green dot. One-half mile is a standard distance used by planners as a reasonable walking distance to a key destination. Walking distances are created by referencing a road layer (with major highways removed), to calculate a walking distance (along the roads) from the grocery stores. The distances do not account for roads that are not pedestrian friendly due to factors such as high speeds, and lack of either shoulders or sidewalks. This map allows us to identify the census blocks that are not in close physical proximity to healthy food.

#### Food access for households that receive SNAP benefits - page 47

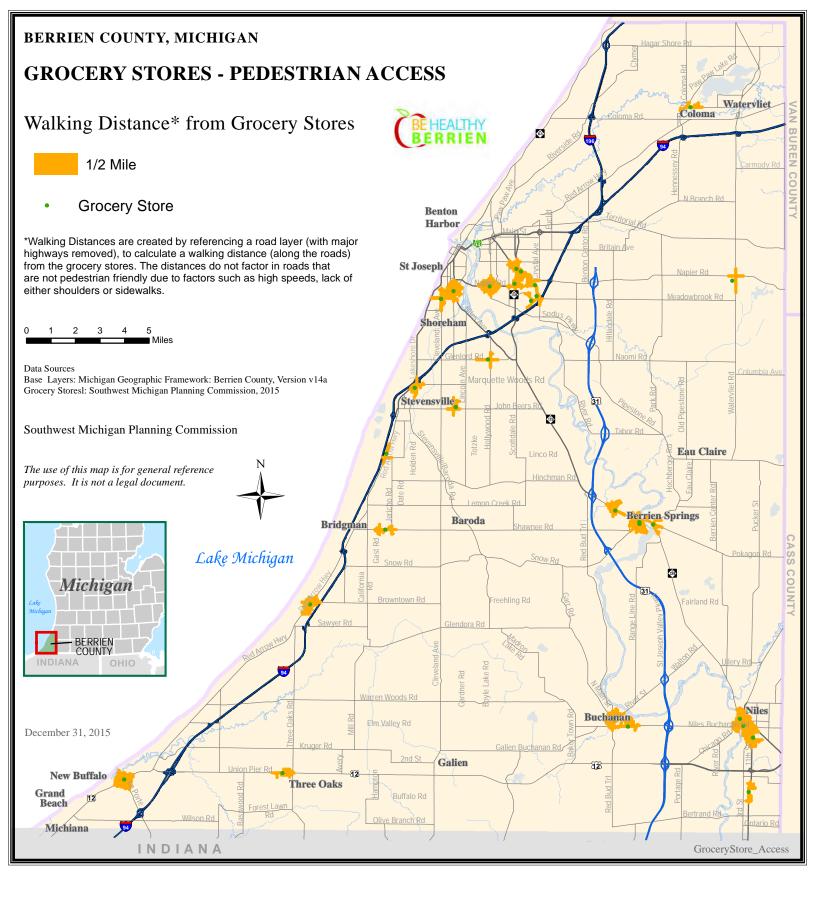
This map identifies census blocks with the highest percentage of households that received SNAP (Food Stamp/Supplemental Nutrition Assistance Program) benefits within the last 12 months, indicated in shades of purple. This information is then overlaid with pedestrian access to grocery stores. Pedestrian access is defined here as a one-half mile walking route buffer, indicated in orange, surrounding each full-service grocery store. This map allows us to identify the census blocks where a high number of residents live who have financial burdens to accessing healthy food and the census blocks that have physical proximity burdens to accessing healthy food.

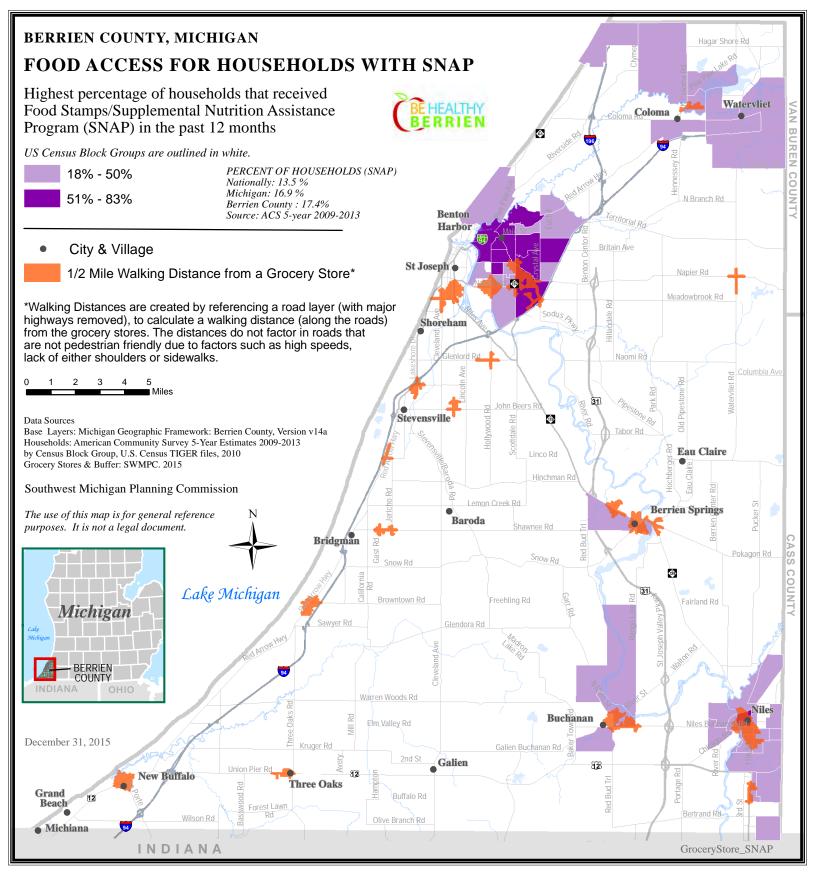
### Food access for households without a vehicle - page 48

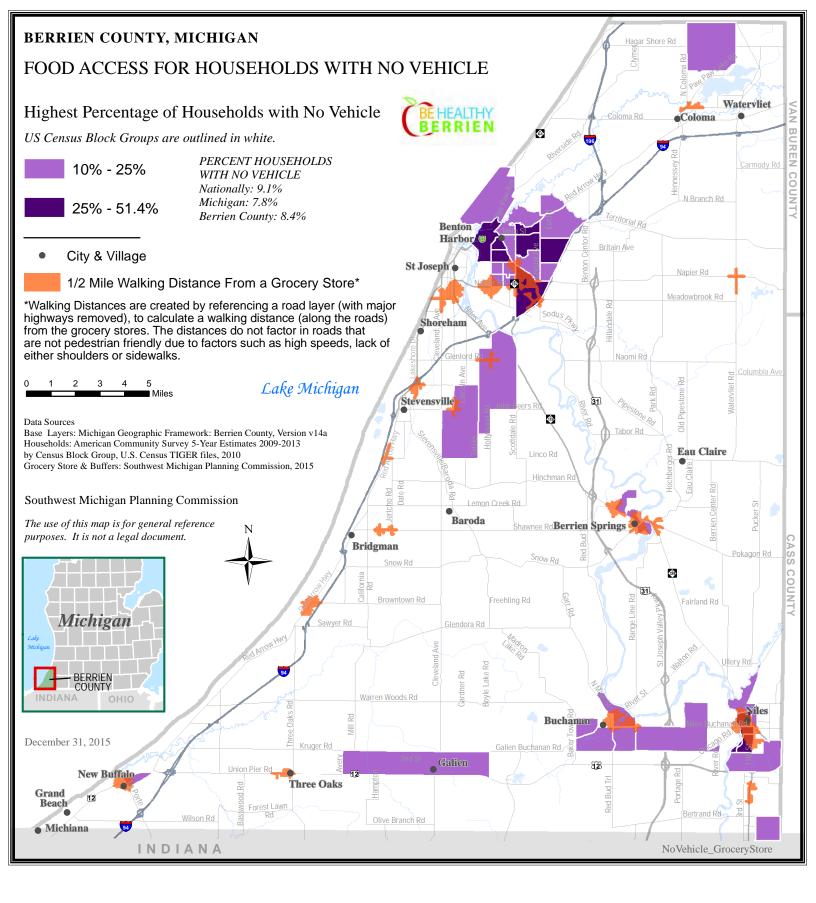
This map identifies census blocks with the highest percentage of households with no vehicle, indicated in shades of purple. This information is then overlaid with pedestrian access to grocery stores. Pedestrian access is defined here as a one-half mile walking route buffer, indicated in orange, surrounding each full-service grocery store. Comparing these data sets allows us to identify areas where physical proximity gaps in healthy food access may be the greatest.

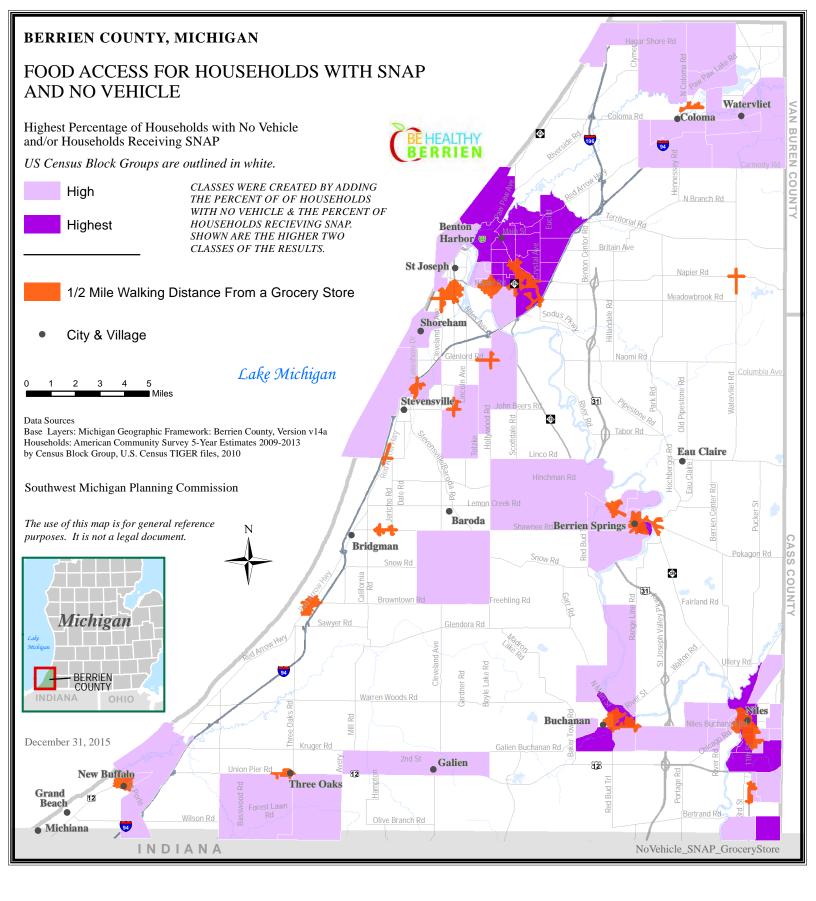
Food access for households without a vehicle who receive SNAP benefits - page 49

This map identifies census blocks with the highest percentage of households with no vehicle combined with the highest percentage of households that received SNAP (Food Stamp/Supplemental Nutrition Assistance Program) benefits within the last 12 months, indicated in shades of purple. This information is then overlaid with pedestrian access to grocery stores. Pedestrian access is defined here as a one-half mile walking route buffer, indicated in orange, surrounding each full-service grocery store. Comparing these data sets allows us to identify areas where physical proximity gaps and financial burden gaps in healthy food access may be the greatest. This information allows us to pinpoint food access interventions to the census blocks where the greatest gaps in food access exist.









# 3. Thematic Approach: Access to Physical Activity

Improving access to places for recreation increases physical activity levels. Access is strongly associated with higher levels of physical activity and lower obesity rates, particularly among adolescents. The following maps identify physical activity resources and community members' access to these places. Gaps exist in the population-dense communities that are not in close proximity or do not have walking access to places for physical activity.

#### Walking Access to Parks and Recreational Areas - page 52

This map identifies pedestrian access to parks and recreational facilities including small neighborhood parks and playgrounds, medium parks and athletic fields, larger parks, and liner trails. Walking route buffers surround each park/recreational area, in various distances, according to the size of the park. A buffer of one-quarter mile surrounds small neighborhood parks and playgrounds, indicated in pink. A buffer of one-half mile surrounds medium parks and athletic fields, indicated in teal. A buffer of one mile surrounds larger parks, indicated in green. And a buffer of one mile surrounds linear trails, indicated in yellow. Each buffer distance is a standard distance used by planners as a reasonable walking distance to these destinations. Walking distances are created by referencing a road layer (with major highways removed), to calculate a walking distance (along the roads) from the recreational facility. The distances do not account for roads that are not pedestrian friendly due to factors such as high speeds, and lack of either shoulders or sidewalks. Mapping waking access to park and recreational facilities allows us to determine how many residents live within walking distance to these facilities, as well as how many and where residents live without walkable access.

#### Youth walking access to park and recreational areas - page 53

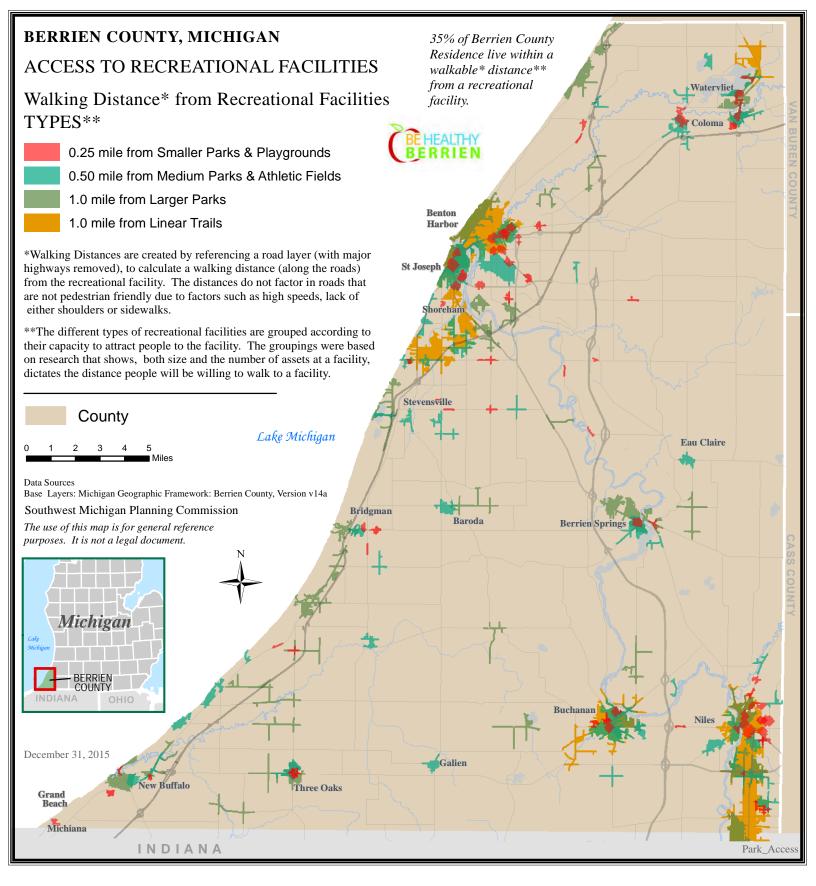
This map identifies census blocks where the highest percentages of 5-17 year olds live, indicated in shades of purple. This information is then overlaid with pedestrian access to park and recreational facilities. Pedestrian access is defined with various distances, depending on the size of the park/recreational area. The distances are indicated in different colors, with one-quarter mile indicated in pink, one-half mile indicated in teal, one mile to large parks in green, and one mile to linear trails in yellow. Youth access to places for physical activity is very strongly associated with the higher levels of physical activity participation as well as lower body weight. Youth are most likely to access these community resources by walking or biking. This map allows us to identify youth populations who do not have walking access to park and recreational facilities. These youth are less likely to have adequate physical activity.

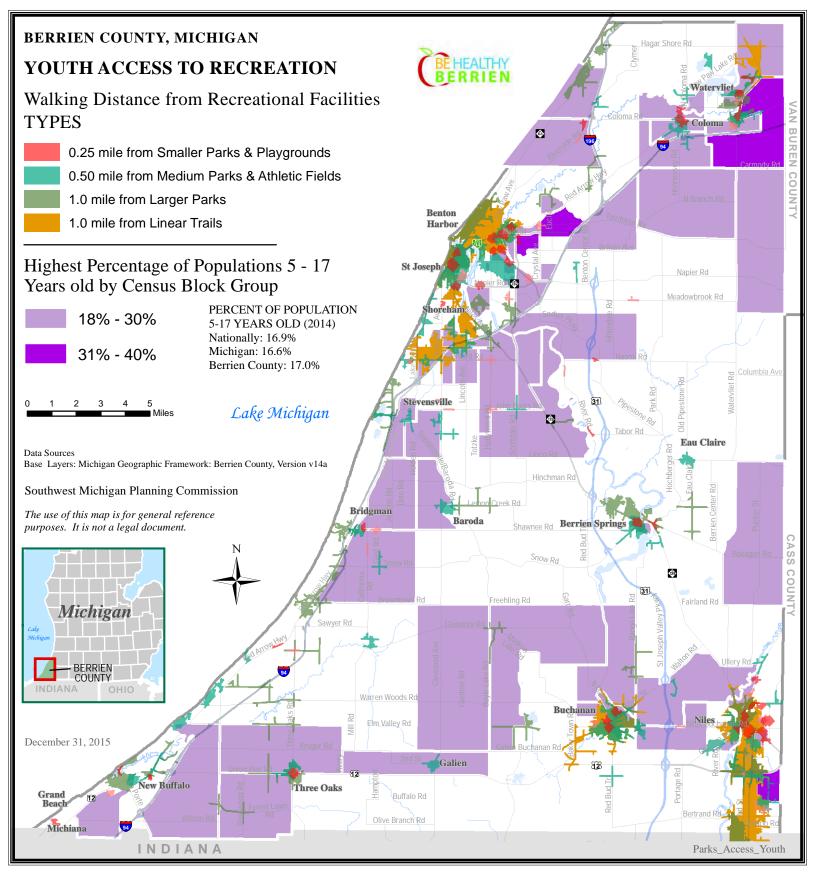
#### • Population Density Near Schools Open For Community Fitness After Hours - page 54

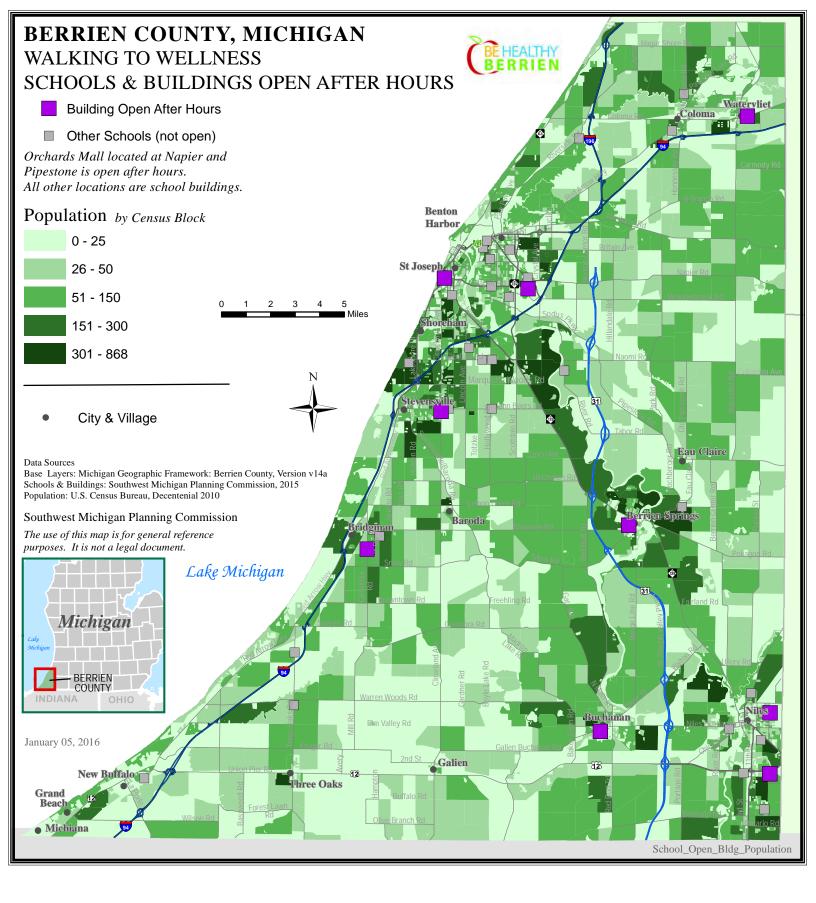
This map identifies population size by census block, indicated in shades of green. This information is then overlaid with the location of k-12 school buildings. Those buildings that are open after hours for community fitness are indicated as a purple square. Those buildings that are not open after hours are indicated as a grey square. Orchards mall, which is located at Napier and Pipestone, is open for indoor walking and is also indicated with a purple square.

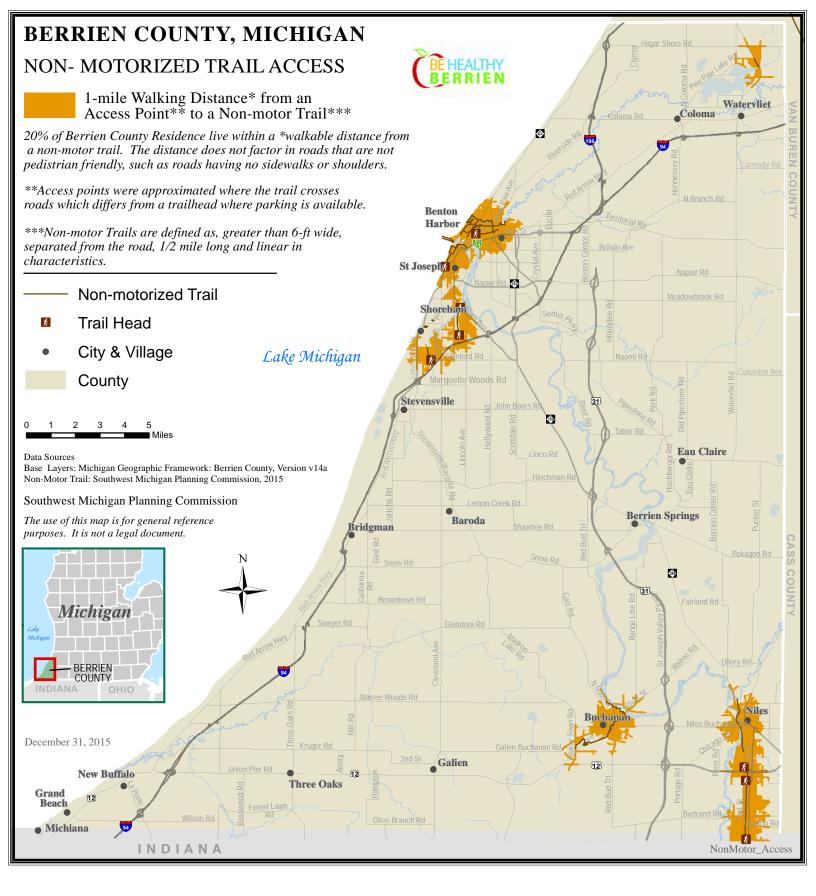
#### • Walking Access to Non-Motorized Trails (Bicycling and Walking Paths) - page 55

This map identifies pedestrian access to non-motorized trails (walking and bicycling paths). A one-mile walking route buffer, indicated in orange, surrounds each of these non-motorized trails. One mile is a standard distance used by planners as a reasonable walking distance to a key destination. The distances do not account for roads that are not pedestrian friendly due to factors such as high speeds, and lack of either shoulders or sidewalks. Non-motorized trails are defined as having the following characteristics: greater than 6-feet wide, separated from the road, one-half mile long and linear. This data, when combined with population data, tells us that only 20 percent of Berrien County residents live within a walkable distance from a non-motorized trail. This number can be increased through expanding non-motorized trail routes and creating more regional connections and local routes.









### 4. Thematic Approach: Active Transportation

Active transportation is any self-propelled, human-powered mode of transportation, such as walking or bicycling. 8.4 percent of Berrien County residents do not have a vehicle, and rely on active transportation and public transportation options. By making walking and biking safe and convenient, we can make it much easier for people to build routine physical activity into their daily lives while decreasing transportation burdens. The following maps identify populations most in need of active transportation options and the communities where potential non-motorized travel routes are more likely to be created.

Households without a vehicle in areas without public transit - page 58

This map identifies households with no vehicle within census blocks that do not have any public transit services. The area without public transit service is indicated in white with a red outline. The census blocks with the highest level of households without a vehicle are indicated in purple. The populations within these census blocks are likely to benefit the most from implementing active transportation infrastructure, such as sidewalks, bicycle lanes or paths.

Youth living in households without a vehicle in areas without public transit - page 59

This map identifies the highest percentage of youth populations, age 5-17 years, and/or households with no vehicle within census blocks that do not have any public transit services. The area without public transit service is indicated in white with a red outline. The census blocks with the highest percentage of youth populations and/or the highest percentage of households without a vehicle are indicated in purple. Youths and households without a vehicle have a great need for alternative transportation options, since most are not able to drive themselves to key destinations, such as school, work, recreation, grocery stores, or healthcare centers. When public transportation is not an option, these populations rely on active transportation options. This map identifies the populations with more transportation burdens and areas more likely to implement active transportation infrastructure changes and interventions.

#### Seniors living in households without a vehicle in areas without public transit - page 60

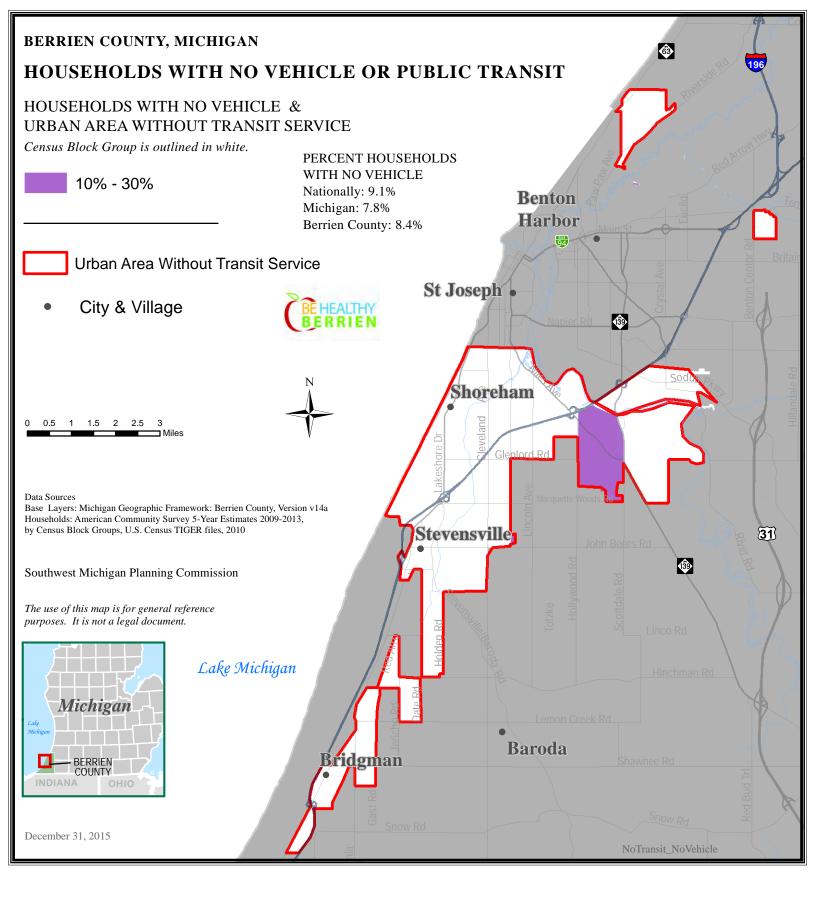
This map identifies the highest percentage of senior populations, age 65 years and older, and/or households with no vehicle within census blocks that do not have any public transit services. The area without public transit service is indicated in white with a red outline. The census blocks with the highest percentage of senior populations and/or the highest percentage of households without a vehicle are indicated in purple. These populations also experience a higher transportation burden have an increased need for alternative transportation options within their neighborhoods.

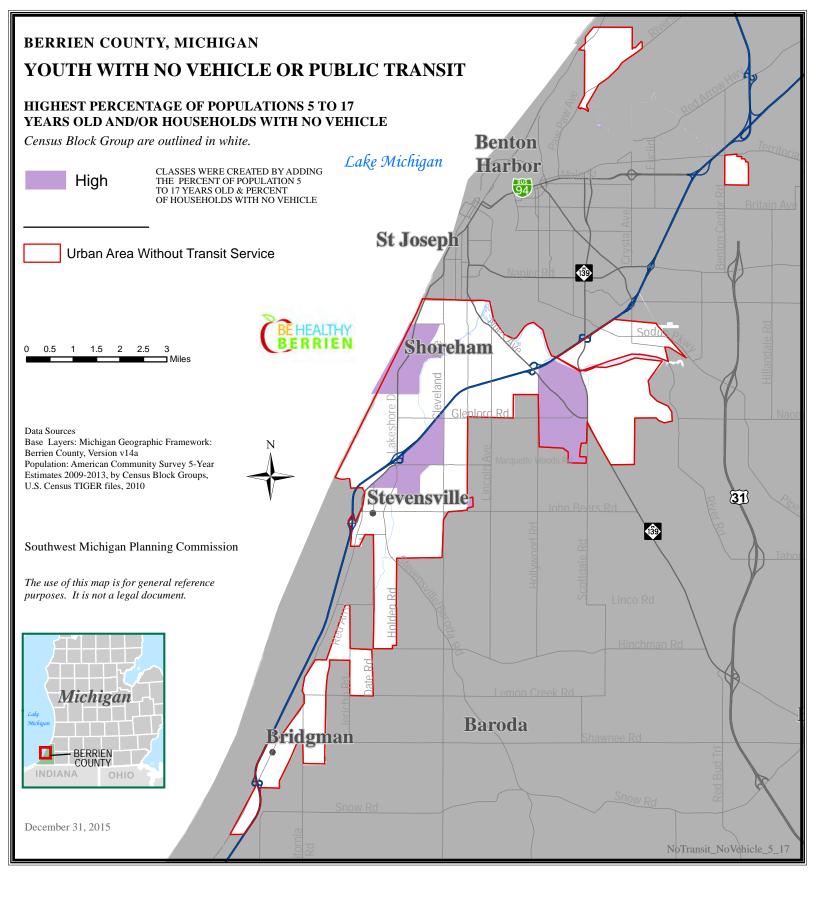
#### Seniors living in households in areas without public transit - page 61

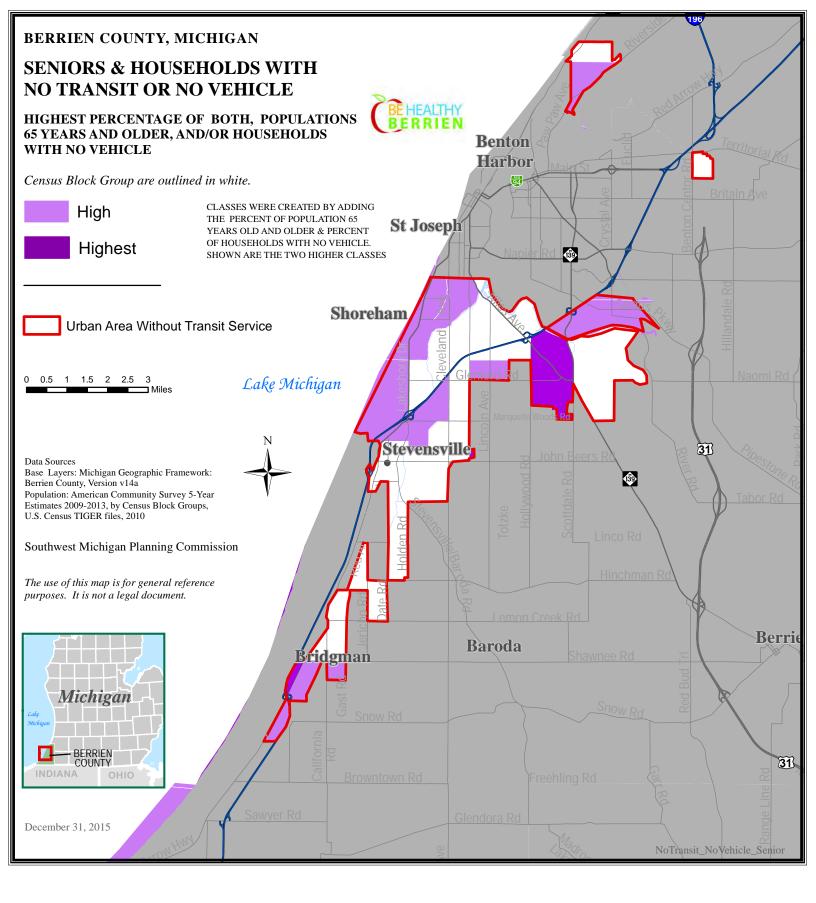
This map identifies highest percentage of senior populations, age 65 years and older in census blocks without any public transit services. The area without public transit service is indicated in white with a red outline. The census blocks with the highest percentage of senior populations are indicated in purple. These populations also experience a higher transportation burden and thus have an increased need for alternative transportation options within their neighborhoods.

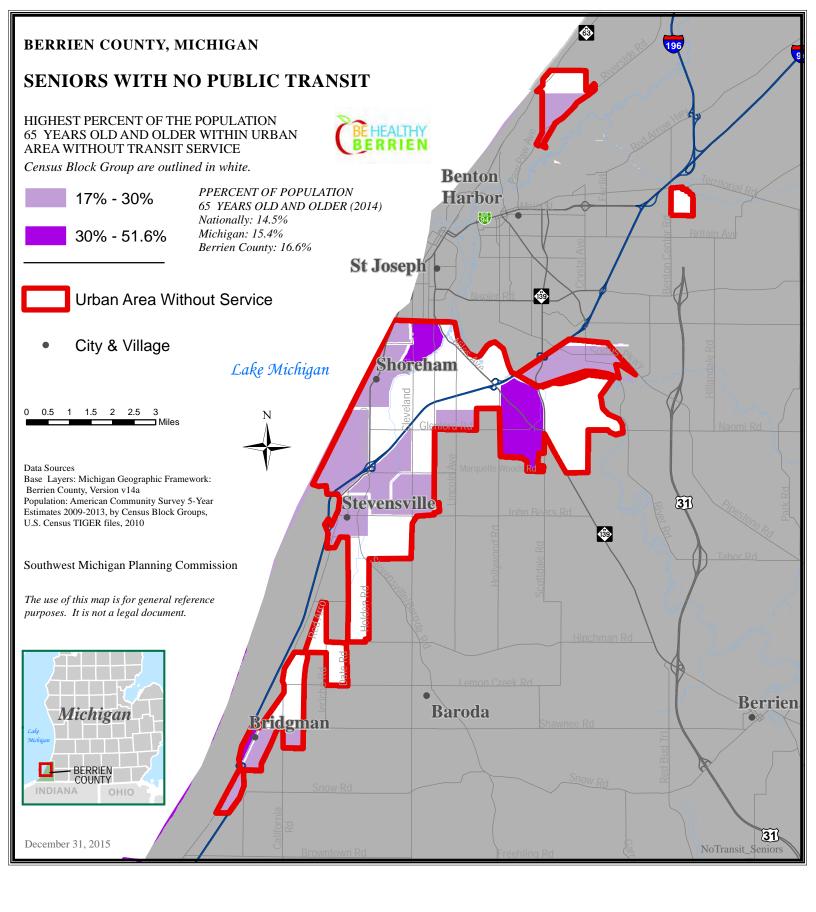
#### • High Priority potential non-motorized travel routes and communities - page 62

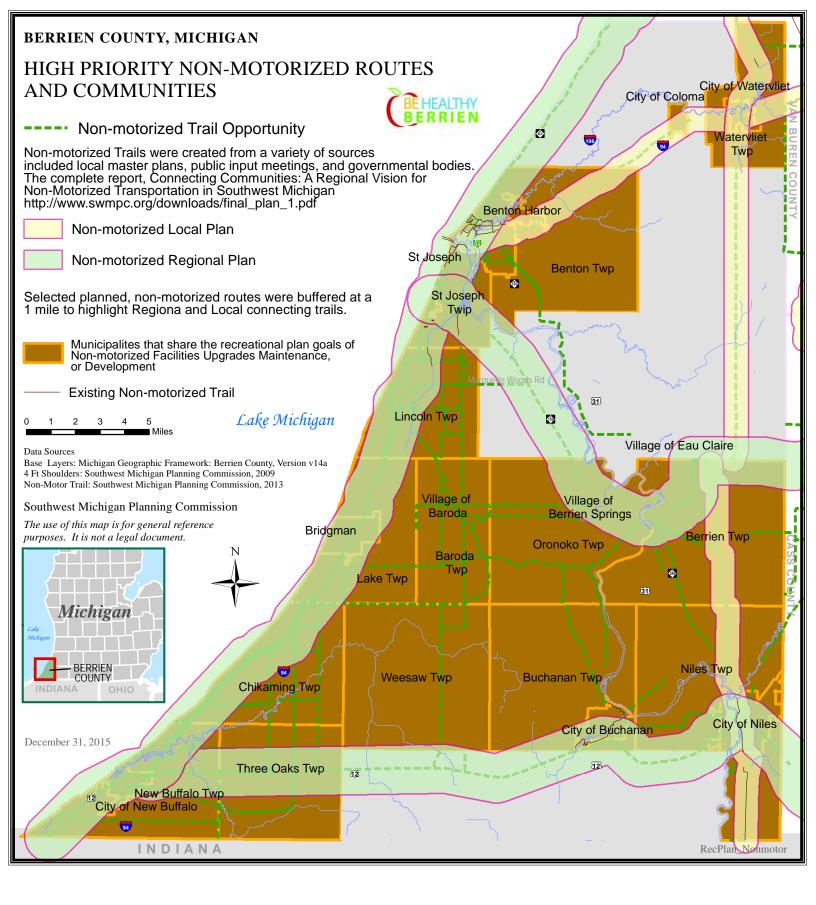
This map identifies municipalities that share the recreational plan goals of non-motorized facilities upgrades or development, indicated in gold. This information is overlaid with non-motorized transportation route opportunities for development. Regional route opportunities are indicated with a green buffer. Local route opportunities are indicated with a yellow buffer. By comparing the best non-motorized route opportunities with the municipalities that have indicated an interest in non-motorized route development, we can advocate for high-impact routes within in neighboring communities and inform neighboring municipalities about the role they could play in regional connectedness.











# 5. Thematic Approach: Healthy k-12 schools

Health behaviors of adolescents who attend k-12 educational institutions are strongly influenced by the policies, practices, and environments of the school in which they are enrolled. Available data on k-12 policy/practices included whether or not the school has expressed interest in voluntary Michigan Team Nutrition standards and Safe Routes to Schools ® initiatives. Voluntary Michigan Team Nutrition standards focus on the important role of nutritious school meals, nutrition education, and how a health-promoting school environment plays a role in helping students learn to enjoy healthy eating and physical activity. There is strong evidence that Safe Routes to Schools programs increase the number of students walking or biking to school. Active travel to school is associated with healthier body composition and cardio fitness levels. The following maps identify k-12 schools within census blocks with higher social disparities that are most in need and more likely to implement Safe Routes to Schools programs or implement Michigan Team Nutrition practices.

# Potential Safe Routes to Schools impact in areas with limited vehicle access page 64

This map identifies the highest percentage of households without a vehicle, identified in shades of purple, within municipalities that have Master Plan updates due within the next two years, indicated in grey. This information is then overlaid with the locations of schools who have registered with the Safe Routes to Schools Program, indicated as a green dot. Comparing census blocks with low vehicle access and the locations of schools interested in Safe Routes to Schools with municipalities that will be working on creating or updating their Master Plans within the next two years allows us to advocate for non-motorized transportation upgrades in the municipalities that are most in need and most likely to work on these kinds of goals within the next few years.

## Potential Safe Routes to Schools impact in areas with high poverty rates - page 65

This map identifies the highest percentage of households with income below the poverty rate, identified in shades of pink, within municipalities that have Master Plan updates due within the next two years, indicated in grey. This information is then overlaid with the locations of schools who have registered with the Safe Routes to Schools Program, indicated as a green dot. Comparing census blocks with high poverty levels and the locations of schools interested in Safe Routes to Schools with municipalities that will be working on creating or updating their Master Plans within the next two years allows us to advocate for non-motorized transportation upgrades in the municipalities that are most in need and most likely to work on these kinds of goals within the next few years.

