Sustaining a Pediatric Injury Prevention Program Through Educational Curriculum Dissemination

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Objective. *To examine the process of implementing, disseminating, and sustaining a pediatric pedestrian safety program in Miami-Dade County Public Schools as well as its utilization by education practitioners.* Method. *A review of the programmatic phases, grant funding, publications, partnerships, curriculum completion data, teacher trainings, and 31 WalkSafe Curriculum Dissemination Surveys.* Results. *The program has maintained partnerships with the school district, trauma centers, and other important stakeholders since the program's inception while grant funding has enabled the development, growth, and continuation of the program. Survey responses indicated the curriculum is easy to use and age-appropriate for learning, as well as identified sustainable measures for the future.* Conclusion. *A multicomponent approach is essential for piloting, implementing, and sustaining an evidence-based pedestrian safety program in South Florida's public schools. Sustainable partnerships, policy through school board support, continued grant funding, community involvement, and evolving with the needs of schools and their communities are vital to sustaining program presence in the community.*

Keywords: *child adolescent health; injury prevention; curriculum; health education; school health; unintentional injury*

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INTRODUCTION

Background

Unintentional injuries contribute to thousands of deaths each year in the United States (Hoyert & Xu, 2012). Of all unintentional injuries, pedestrian-hit-by-car (PHBC) incidents contribute to 14% of all traffic fatalities in motor vehicle crashes according to the National Highway Traffic Safety Administration (NHTSA). In 2012, there were 4,743 pedestrian fatalities and approximately 76,000 injuries (NHTSA, 2014).

Florida's PHBC injury rates are currently above the national average as Florida is home to 4 of the top 10 most dangerous metropolitan areas for pedestrians in the nation; Miami-Dade County (M-DC) is among the top 4 (Anderson et al., 2014). Since 2001, M-DC has been burdened with some of the highest rates of pediatric pedestrian injuries in the state and nationwide. Today PHBC incidents remain high and continue to be a concern in M-DC as well as other large metropolitan cities throughout the state (Florida Department of Highway Safety and Motor Vehicles, 2002-2013).

As a countermeasure for the high rates of pediatric pedestrian crashes, in 2001, a multidisciplinary team of clinicians and researchers at the University of Miami Miller School of Medicine and Jackson Health System developed the WalkSafe® Program to reduce the number of children injured as pedestrians. The WalkSafe Program is a pediatric injury prevention program that follows a 5E theoretical model (education, encouragement, engineering, enforcement, evaluation) to improving pedestrian safety. The cornerstone of the program is its educational curriculum, designed to teach elementary school children basic pedestrian safety knowledge and skills. The educational program was piloted and evaluated to show a statistically significant increase in safety knowledge and street-crossing behaviors in children receiving the curriculum. In 2003, on becoming evidence-based, the M-DC School Board mandated dissemination of the 3-day curriculum throughout all public Elementary Schools and K-8 Centers. Approximately 10 years later, the number of pediatric injuries admitted to Level I Trauma Centers in M-DC decreased by 72%. The curriculum has been disseminated across the county, and since 2009, the WalkSafe Program has been implemented in an average of 222 public schools each year, educating 129,190 students in grades K-5. The program's mission has expanded over the years to include increasing daily physical activity and encouraging walkable environments around schools. Over the years, grant funding has been provided primarily by the Florida Department of Transportation (FDOT), Transportation Alternatives Program, Safe Routes to School programs, as well as the Centers for Disease Control and Prevention, Robert Wood Johnson Foundation, and The Children's Trust, which have made dissemination of the curriculum sustainable on a yearly basis in Miami-Dade County Public Schools (M-DCPS), the fourth largest school district in the country. WalkSafe's partnerships with the school district as well as transportation and safety stakeholders have played an instrumental role in the adoption, implementation, continuation, and sustainability of the educational program (Hotz, Kennedy, Lutfi, & Cohn, 2009).

This article will focus on the process of disseminating and evaluating the WalkSafe curriculum over the past 10 years, and how a multicomponent approach is necessary for successfully developing the linkages between researchers, academic institutions, and the school community to effectively deliver health education in school settings. In addition, the article seeks to identify new and existing factors for program sustainability to continue to reduce injury and promote health while meeting the evolving needs of school communities.

METHOD

Participants

The targeted population for the WalkSafe Program includes teachers and students in elementary schools and K-8 centers. There are 174 elementary schools and an additional 44 K-8 centers with 8,850 teachers and 158,139 elementary students. These numbers vary slightly year to year. Student summaries were not available for K-8 centers, so the actual number of students reached is slightly higher. The M-DCPS' (2014) *Statistical Highlights 2013-2014* reported race and ethnicity demographics for elementary students as follows: White non-Hispanic (7%), Black non-Hispanic (23%), Hispanic (68%), and Other (2%).

To review the dissemination of the WalkSafe curriculum, a mixed-methods approach was used. Methods included a review of grant funding, programmatic milestones, partnerships, community involvement, and a quantitative as well as a qualitative review of program reach and utilization.

Procedures

A review of WalkSafe publications in peer-reviewed journals on the development, pilot, implementation, and evaluation of the curriculum was conducted. Grant reports and presentations were reviewed for funding, program development history, partnerships, and community relations. Quantitative data pertaining to

program reach and teacher trainings were also reviewed. Finally, a qualitative survey was administered to a group of specific yearly users to evaluate program utilization and to identify sustainable improvements for the future. Institutional review board approval was obtained to conduct the research.

School Participation

A partnership with the Director of Physical Education and Health Literacy was developed in 2001, and over the years, school participation in the WalkSafe curriculum has been monitored and evaluated through the completion of Curriculum Completion Forms (CCFs). Art teachers, physical education (PE) teachers, and assistant principals involved with curriculum implementation were surveyed on curriculum completion. Over the past 10 years, survey questions on curriculum completion have changed and been revised according to new research goals and staff expansion.

From 2001 to 2008, curriculum completion was captured by contacting administrators and teachers at each school through telephone calls, faxes, and e-mails to confirm implementation of the curriculum. In the fall of 2009, the program created the first online version of the CCF, which collected information on implementation of each day. Additionally, the CCF captured the number of teachers teaching the curriculum and the number of students educated per grade. In 2014, all curriculum completion data collected in previous years (2001-2008) were imported into Research Electronic Database Capture (REDCap), an electronic database system used in health care research.

Teacher Trainings

School administrators and teachers were invited to attend the train-the-trainer sessions based on their respective M-DCPS designated region. Training attendance was tracked through sign-in sheets, which collected attendees' names, positions, and schools of employment. In 2010, sign-in sheets collected e-mail addresses. All training sign in sheets from 2003 to 2013 were scanned, saved as PDF files, and used to compile Teacher Training Logs (TTLs). TTLs are school-level records of each training event with signin sheet data summarized by school. In 2014, TTLs were imported into REDCap.

WalkSafe Curriculum Dissemination Survey

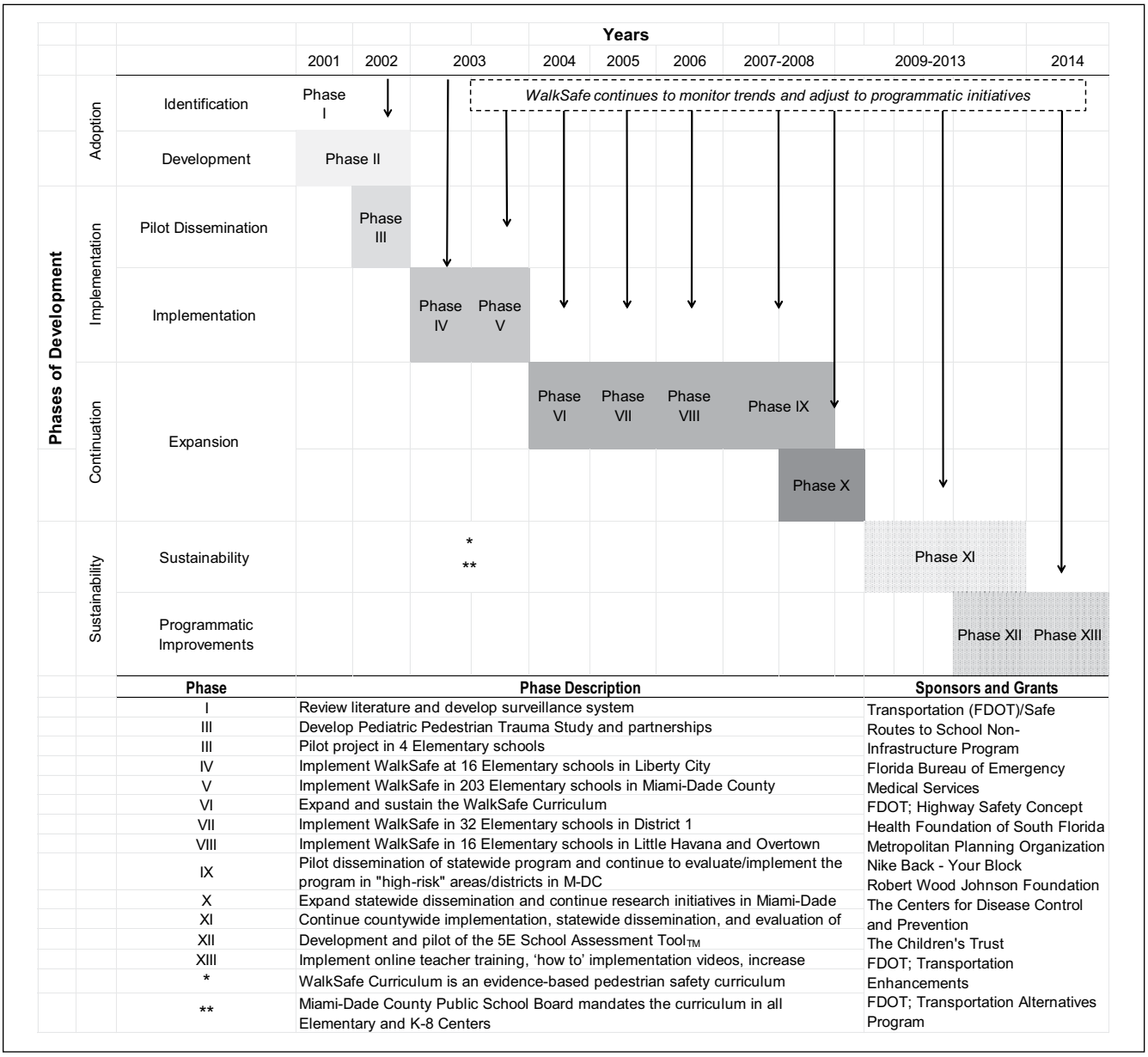
Qualitative data on curriculum dissemination were captured via the WalkSafe Curriculum Dissemination Survey (WCDS). This survey was distributed to school representatives with a documented history of implementing the program in their previous or current school. The WCDS was created by program staff after reviewing historical teacher feedback surveys. This survey included a total of 13 questions, 9 of which used a 4-point Likert-type scale. Responses were classified into two categories: exceptional (*agree* and *strongly agree*) or unexceptional (*disagree* and *strongly disagree*). School representatives targeted to participate in the WCDS, hereon referred to as "WalkSafe Champions," were selected based on meeting one of two eligibility criteria: (1) having taught any portion of the curriculum for at least 4 years and (2) having submitted a CCF on behalf of the school on the WalkSafe website (www.walksafe.us).

Through a review of CCF data from 2007 to 2014, WalkSafe Champions were identified and initially screened over the phone to confirm eligibility; individuals not reached over the telephone received an e-mail inviting them to participate. The e-mail contained a SurveyMonkey link to screen for eligibility. Successfully screened and eligible participants received an e-mail through REDCap confirming their participation and containing a survey link with instructions to complete the WCDS; 31 eligible WalkSafe Champions participated in the WCDS. The survey was administered one time with no follow-up to participants.

INTERVENTION APPLICATIONS

WalkSafe Pedestrian Safety Curriculum

The WalkSafe Program is an evidence-based pediatric pedestrian safety curriculum designed to teach safety knowledge and skills to children of elementary school age. Since its creation, the program has gone through 13 phases of development through multiple years of funding (see Figure 1). The development and pilot of the 5-day curriculum funded through FDOT showed significant increases in the knowledge of children. Further research goals led to the implementation of the "WalkSafe Week" across a single high-risk district in M-DC. Evaluation of the WalkSafe Week showed both increases in knowledge and in observed safe street-crossing behaviors (Hotz, Cohn, Castelblanco, et al., 2004; Hotz, Cohn, Nelson, et al., 2004). On achieving evidence-based recognition in April 2003, the M-DC School Board mandated the integration of the WalkSafe Program into M-DCPS's Pedestrian/School Bus Safety Education Program. The program was mandated to be completed over 3 days, 30 minutes a day, and supported the K-5 grade objectives for safety education in the competency-based curriculum of M-DCPS (Hotz, de Marcilla, Lutfi,



Phase	Phase Description	Sponsors and Grants
I	Review literature and develop surveillance system	Transportation (FDOT)/Safe Routes to School Non-Infrastructure Program
III	Develop Pediatric Pedestrian Trauma Study and partnerships	Florida Bureau of Emergency Medical Services
III	Pilot project in 4 Elementary schools	FDOT; Highway Safety Concept
IV	Implement WalkSafe at 16 Elementary schools in Liberty City	Health Foundation of South Florida
V	Implement WalkSafe in 203 Elementary schools in Miami-Dade County	Metropolitan Planning Organization
VI	Expand and sustain the WalkSafe Curriculum	Nike Back - Your Block
VII	Implement WalkSafe in 32 Elementary schools in District 1	Robert Wood Johnson Foundation
VIII	Implement WalkSafe in 16 Elementary schools in Little Havana and Overtown	The Centers for Disease Control and Prevention
IX	Pilot dissemination of statewide program and continue to evaluate/implement the program in "high-risk" areas/districts in M-DC	The Children's Trust
X	Expand statewide dissemination and continue research initiatives in Miami-Dade	FDOT; Transportation Enhancements
XI	Continue countywide implementation, statewide dissemination, and evaluation of	FDOT; Transportation Alternatives Program
XII	Development and pilot of the 5E School Assessment Tool$_{TM}$	
XIII	Implement online teacher training, 'how to' implementation videos, increase	
*	WalkSafe Curriculum is an evidence-based pedestrian safety curriculum	
**	Miami-Dade County Public School Board mandates the curriculum in all Elementary and K-8 Centers	

FIGURE 1 Programmatic Phases and Funding Streams
NOTE: FDOT = Florida Department of Transportation.

Castellon, & Duncan, 2009). Following the policy mandate, the program was expanded and disseminated to schools across the county over the years to follow.

Partnerships

Over the life span of the program, WalkSafe has established and maintained several key partnerships with program stakeholders, such as the Ryder Trauma Center at the Jackson Health System and the University of Miami Miller School of Medicine, M-DC Public School Board, M-DCPS Department of Physical Education and Health Literacy, M-DC Metropolitan Planning Organization, Miami Children's Hospital, FDOT, M-DC Public Works, M-DC Police Department, Children's Trust, M-DC Department of Parks and Recreation, American Automobile Association, and Green Mobility Network.

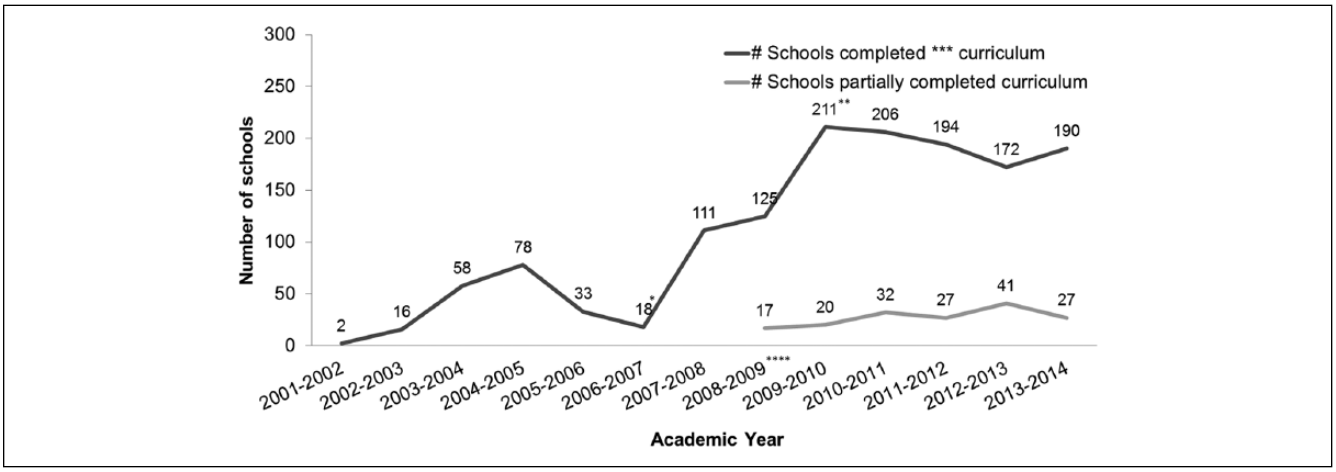


FIGURE 2 WalkSafe Curriculum Completion in Miami-Dade County
*The decline in school completion (2006-2007) resulted from limited grant funding and staff support for follow-up. **The increase in school completion (2009-2010) resulted from the development of an online reporting system. ***Completed = confirmation that Day 1, Day 2, and Day 3 were completed. ****Before 2008, completion was collected as Yes or No (day-level data were not provided to reflect partial completion).

Community Involvement

The program's continuous presence and involvement with community partners and organizations include Consortium for a Healthier Miami-Dade Bicycle and Pedestrian Advisory Committee, Children's Issues, Health Promotion Disease Prevention, Marketing and Membership, M-DC Injury Prevention Coalition, Florida Injury Prevention Advisory Council, M-DCPS Community Traffic Safety Team, and Florida Safe Routes to School State Network, as well as attendance at national and state conferences and local community outreach events throughout M-DC.

School Participation

Data on WalkSafe Curriculum completion were available for 13 academic years: 2001-2002 through 2013-2014. Figure 2 illustrates the total number of schools that completed and partially completed the curriculum over this time period. School participation in the initial years of curriculum dissemination was spearheaded by PE teachers and later incorporated the homeroom and art teachers as well. Curriculum completion is defined as a report from a school representative that all 3 days of the curriculum were completed. Partial completion is defined as a school's report that only 1 or 2 days of the curriculum were completed; partial completion was only measurable after the 2007-2008 academic year, when WalkSafe began to collect day-level completion data. Completion trends have fluctuated since the program's launch in 2001. As the figure reflects, completion reached a peak in 2009, when WalkSafe staff developed an online reporting tool, which both standardized and facilitated curriculum completion data collection. Collecting day-level completion data made it possible to obtain data on partial completion.

Teacher Trainings

Data on WalkSafe train-the-trainer sessions were systematically collected starting in the Fall of 2008. Before data collection was standardized, WalkSafe staff held trainings since 2003, but these sessions were sporadic and attendance was low. Figure 3 illustrates the total number of schools that participated in at least one teacher training since 2008. The figure also illustrates the total number of teachers trained among all schools. Training reach was minimal at first but steadily increased. In the 2009-2010 school year, 228 schools in M-DC sent over 500 representatives to training sessions held across M-DC. After 2009, the number of representatives sent to trainings steadily declined to 203 individuals in the 2013-2014 academic year.

WalkSafe Curriculum Dissemination Survey

A total of 31 WalkSafe Champions were surveyed through the WCDS to assess the characteristics of the program (see Table 1). Eighteen (58%) responses came from PE teachers, while 13 (42%) came from assistant principals. All 31 WalkSafe Champions described the lesson plans as exceptional for age-appropriate learning

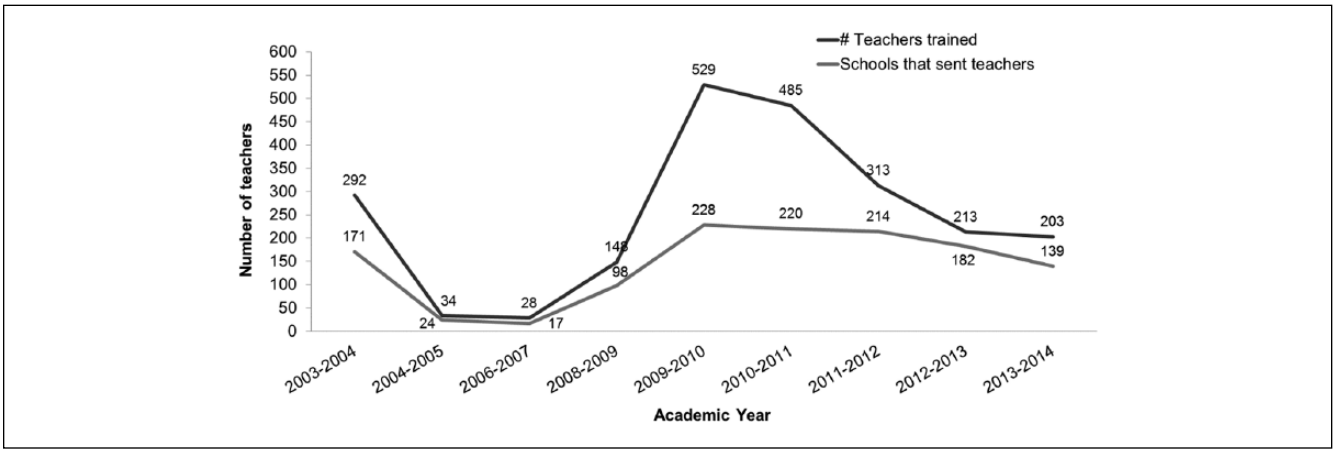


FIGURE 3 Total Teachers and Schools in Miami-Dade County That Received Teacher Trainings

TABLE 1
Responses to the WalkSafe Curriculum Dissemination Survey

Questions	*Yes, %*	*No, %*	*Exceptional Responses*	*Unexceptional Responses*
Lesson plans are appropriate for age and grade level.	100	0	30	0
Videos are effective to teach safety concepts in today's world.	97	3	30	1
Received enough teacher trainings to feel prepared to teach the curriculum.	87	6	29	1
Teacher trainings are useful and sufficient to teach curriculum.	90	3	28	1
Attending teacher trainings increased likelihood of implementing the curriculum.	74	23	28	2
The 3-day lesson plan is easy to follow and use.	100	0	31	0
WalkSafe Program Staff are helpful for providing technical assistance.	90	0	30	0
Online curriculum material is easy to access and use.	94	3	29	1

NOTE: Omitted responses are not reflected in the table.

and easy to use and follow. Thirty respondents (97%) described the videos as effective to teach safety concepts today. Twenty-nine (87%) were prepared to teach the curriculum following the training. Twenty-eight (90%) highlighted the usefulness and adequacy of the training, while only 26 (74%) supported that teacher trainings increased the likelihood of CCF submission. Twenty-nine WalkSafe Champions (94%) agreed that online curriculum materials are easy to use and access; however, an open-ended response described the website as not user-friendly for accessing curriculum materials. Twenty-five (81%) respondents agreed that having an interactive online training module would increase the number of teachers trained through improved training accessibility. Open-ended responses suggested that a curriculum overview video and how-to implementation videos for each day would be very beneficial to show new teachers how to implement the curriculum. Another common open-ended response emphasized the need for updated versions of the Day 1 instructional videos.

DISCUSSION

In this article, we reviewed the dissemination of the WalkSafe pedestrian safety curriculum over the past 10 years. The review included WalkSafe's phases of development, policy adoption, its implementation, and continuation countywide. Specifically highlighted

was the program's grant funding history, milestones, partnerships, school participation in the curriculum, teacher trainings, as well as quantitative and qualitative indicators.

The WalkSafe program under the same director since its inception has been the recipient of grant funding for over 14 years since its initial development at the University of Miami Miller School of Medicine/Jackson Health System to help reduce the number of children injured as pedestrians. This sustainable funding stream has provided the program unique opportunities to develop, grow, and evolve over specific programmatic phases. In turn, these phases have assisted in the adoption of a free evidence-based curriculum by M-DCPS, its countywide implementation, continuation, and sustainability in public schools. Partnerships between the KiDZ Neuroscience Center at the University of Miami as an academic research institution and M-DCPS Department of Physical Education and Health Literacy along with M-DC School Board's annual endorsements have helped reinforce and support the program's presence in classrooms while training education practitioners on the WalkSafe Curriculum. WalkSafe's partnerships with Ryder Trauma Center, Miami Children's Hospital, and the M-DC Metropolitan Planning Organization have been crucial in assessing the program's efficacy and impact on pediatric injury to support its mission and the continuation of funding for in school injury prevention programming. Working in conjunction with organizations of mutual missions (i.e., American Automobile Association School Safety Patrol Programs, Children's Trust) has provided WalkSafe with alternative avenues for exposure and reinforcement of the WalkSafe lessons. Grant funding has supported the program's community participation and active involvement in consortiums and coalitions. Collaborations on projects of mutual interest have also helped maintain WalkSafe as the standard for in school evidence-based pedestrian safety education.

The results show that since the program's initial pilot in 2002, WalkSafe has progressively increased school participation with presence in more than 200 schools annually. Between the years 2004 and 2007, a decrease in participation was evident and attributed to a decrease in funding and subsequent available staff for reporting and follow-up. At the beginning stages of implementation, the curriculum was completed by two grant funded schools and eventually reached the maximum number of schools that completed the curriculum in the 2009-2010 academic year.

As grant funding increased in recent years, WalkSafe staff modified the CCF by adding additional variables. One important addition to the CCF was the day-level completion fields, which allowed WalkSafe staff to collect data on whether or not the curriculum was completed as intended. From 2008 to 2013, between 9% and 19% of schools who submitted a CCF were partially completing the curriculum. Moving forward, WalkSafe staff will prioritize barrier identification and provide solutions to prevent partial completion. There have been great strides made in reaching all M-DC mandated schools and other high risk counties in Florida and the United States.

Although FDOT Safe Routes to School began funding the program in 2007, decreases in training participation are evident in subsequent years. We observed that as teachers gain years of experience implementing the curriculum, they are less likely to attend optional trainings. Training sessions are scheduled to best fit the M-DC school schedule and are sometimes offered during afterschool hours, which are poorly attended. However, the decrease in attendance does not negatively influence completion of the curriculum as seen in the CCF data. In addition, WalkSafe Champions describe the lesson plans to be easy to follow and use. In 2014-2015 academic year, the program launched a new online training that also includes newly developed "how-to" implementation videos for each day and a training quiz to test curriculum delivery readiness. These newly adopted training methods will allow the program to continue training the trainer in innovative, sustainable, and time-efficient ways.

The WCDS was developed to provide qualitative insight on how curriculum characteristics have facilitated the implementation of the curriculum over the past 10 years. This evaluation provided positive feedback overall and identified possible improvements for the program in the future. Feedback from WalkSafe Champions was well received and indicated that lesson plans are relevant and age-appropriate. To ensure that lesson plans continue to be relevant and continue to meet Florida educational teaching standards, WalkSafe staff review the curriculum and also schedule curriculum implementation to coincide with International Walk to School Day (the first week in October). In addition, the survey results highlighted the need to improve the safety videos used to teach the curriculum. In the future we hope to collaborate with NHTSA to develop new pedestrian safety videos that also incorporate safety concepts more relevant for society today.

The findings identified the need for improved access to curriculum materials on the website. Electronic data capture has made curriculum completion reporting accessible and easy to navigate. Our improved online survey is now more accessible on the WalkSafe website

since the log-in requirements have been removed. The standardization of the survey has clarified survey questions and improved data integrity. Website changes have enabled users to access curriculum materials and the CCF, while decreasing the number of technical assistance issues due to log in. Going forward these improvements will create more sustainable data collection methods. Also highlighted were the train-the-trainer sessions in terms of preparedness to teach the curriculum and increasing the likelihood to submit the CCF. Improved access to trainings through our new online training will improve reach and training efficiency as well as complement WalkSafe's statewide dissemination efforts in the upcoming school year. Web-based training capabilities will also be important for nationwide dissemination. In addition, a 1-800 number (1-888-992-5587) will provide callers throughout the state and beyond with more direct access to technical assistance.

CONCLUSION

This study examined the process of disseminating and sustaining a pediatric injury prevention program in M-DC. The findings demonstrate a multicomponent approach and the commitment of community members, leaders, and stakeholders as key pillars for establishing and delivering pedestrian education in the public school system. The dissemination model included the application of policy through school board mandate, district and community partnerships and support, continued grant funding, school participation in the curriculum, train-the-trainer sessions, as well as community engagement to educate 130,000 students in more than 200 schools annually. Standardizing safety education through public policy created a systems change conducive to promoting safety and preventing pediatric pedestrian injuries in M-DC. This combined effort of individuals, departments, and systems have played a critical role in the adoption and sustainability of WalkSafe's pedestrian safety curriculum by M-DCPS. The characteristics of the adopting school system, including support from decision makers at the school board, curriculum compatibility and flexibility with the existing school environment, and WalkSafe teacher trainings have been unique to the South Florida school district and therefore may not be directly transferrable across other school districts. The modifications to data collection instruments over time have created gaps of missing information between specific time periods and limited the standardization of data reporting. Responder bias by WalkSafe Champions may have influenced the WCDS responses that evaluated program utilization. One strength of the curriculum is the multimodal teaching techniques employed over the 3 days (instructional, simulation, and creative) intended to be taught by the homeroom, PE, and art teacher, respectively. This provides a collaborative approach to teaching safety, further reinforcing safety throughout the school environment. Additionally, the curriculum aligns with Florida Education Standards, which provides teachers with injury prevention materials that can be easily incorporated into school lesson plans. Finally, train-the-trainer sessions have prepared WalkSafe educators to help extend WalkSafe's reach throughout schools countywide.

Recommendations for effectively sustaining the program in the future while evolving with the needs of our priority population will focus on strengthening methods for effectively disseminating information, updating content, offering online teacher training, and the launch of WalkSafe Technical Assistance Center. These efforts are critical to the program's growth by enhancing the way information and resources are disseminated. Offering new and fun educational formats for teaching safety will motivate and incentivize continued participation while aligning with educational missions and benchmarks. This will be achieved through increased volume of electronic materials, reaching larger audiences while incorporating the use of videos, social media, and e-learning to ensure program engagement. WalkSafe Technical Assistance Center and resources will continue to be developed through analyzing feedback from our partners and school communities to identify technical needs and improve program service delivery. Continuing to establish and maintain partnerships with local agencies, FDOT personnel, and local communities is essential for disseminating our program resources and building further capacity to sustain program presence in M-DC. The implications of this curriculum dissemination strategy and review could affect other health promotion professionals in providing unique insights on the components and factors that facilitate implementation, dissemination, and sustainability of educational injury prevention programming in schools. As both program and community needs evolve, new sources of funding as well as public/private partnerships are being explored. Establishing corporate funding partnerships will be instrumental in ensuring the long-term goals of the WalkSafe Program ahead and its impact in reducing pediatric injury in M-DC, statewide and nationwide.

REFERENCES

Anderson, G., Chester, C., Davis, K., Davis, S., Dodds, A., Eder, D., . . . Warlick, S. (2014). *Dangerous by design 2014*. Retrieved from http://www.smartgrowthamerica.org/documents/dangerous-by-design-2014/dangerous-by-design-2014.pdf

Florida Department of Highway Safety and Motor Vehicles. (2002-2013). *Traffic crash facts*. Retrieved from http://www.flhsmv.gov/resource-center/general-reports

Hotz, G. A., Cohn, S. M., Castelblanco, A., Colston, S., Thomas, M., Weiss, A., & Duncan, R. (2004). WalkSafe: A school-based pedestrian safety intervention program. *Traffic Injury Prevention*, *5*, 382-389. doi:10.1080/15389580490510507.

Hotz, G. A., Cohn, S. M., Nelson, J., Mishkin, D., Castelblanco, A., Li, P., & Duncan, R. (2004). Pediatric pedestrian trauma study: A pilot project. *Traffic Injury Prevention*, *5*, 132-136.

Hotz, G. A., de Marcilla, A. G., Lutfi, K., Castellon, P., & Duncan, R. (2009). The WalkSafe program: Developing and evaluating the educational component. *Journal of Trauma-Injury Infection & Critical Care*, *66*, 17-22.

Hotz, G. A., Kennedy, A., Lutfi, K., & Cohn, S. M. (2009). Preventing pediatric pedestrian injuries. *Journal of Trauma-Injury Infection & Critical Care*, *66*, 1492-1499.

Hoyert, D. L., & Xu, J. (2012). Deaths: Preliminary data for 2011. *National Vital Statistics Reports*, *61*(6). Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_06.pdf

Miami-Dade County Public Schools. (2014). *Statistical highlights 2013-2014*. Retrieved from http://oada.dadeschools.net/SH1314.pdf

National Highway Traffic Safety Administration. (2014). *Traffic safety facts 2012 data: Pedestrians*. Retrieved from http://www-nrd.nhtsa.dot.gov/Pubs/811888.pdf