Evaluation Type	Abstract
Process Evaluation only	Limited research exists on the process, partners, and resources needed to develop and implement programs addressing pedestrian and bicycle safety. Before communities can evaluate program effectiveness, they first need more guidance on what efforts could theoretically lead to fewer crashes, the extent of program delivery needed before changes in behavior or other outcomes can be measured, and how to assess and improve program delivery. The Watch for Me NC (WFM) intervention is a multifaceted, community-based pedestrian and bicycle safety program implemented in North Carolina. This paper describes the WFM intervention development, assesses program delivery through implementation records, and identifies successes and challenges in implementing behavioral interventions to promote pedestrian and bicycle safety. As a process evaluation, this study proceeds and complements research of program effects on intended outcomes (in progress). The nature, duration, and frequency of the delivery of key program components—including outreach, officer training, law enforcement operations, and media engagement—as well as program costs and partnerships are detailed. Funding, intra-agency partnerships, and data to support decision making were instrumental in WFM implementation. Key program delivery challenges included limited resources (including law enforcement time) to effectively saturate a large, dispersed population and loss of program novelty over time. These results and lessons can help guide researchers and decision makers in developing and evaluating similar programs. These results also suggest process measures that can be used to increase the consistency and comparability of program delivery.[1]
Outcome Evaluation only	To determine if a short-term training can improve preschoolers' knowledge of road-crossing concepts as well as behavior in a real traffic situation, 40 children, aged four to five years, were assigned to one of four conditions (game, story, song, and control). Each condition participated in four 15-min classroom-based lessons over four weeks. Two assessments measuring knowledge of street-crossing concepts and one assessment measuring behavior on a real street were used to evaluate performance at baseline and one week and six months post-training. Children in all three experimental conditions showed a significant improvement over the control on the two conceptual assessments. Only children in the game condition significantly improved their behavior on the street-crossing assessment. Furthermore, children in all three experimental conditions retained the same levels of improvement at the six-month follow-up. These results demonstrate that one hour of training can create lasting improvements on preschool children's conceptual knowledge of traffic safety and road-crossing behavior on a real street.[2]

[1] *L. Sandt, Marshall, S.W., Ennett, S.T.* Community-Based Pedestrian and Bicycle Safety Program: Developmental Framework and Process Evaluation*. Transportation Research Record: Journal of the Transportation Research Board, Jan 2015, Vol. 2519, pp. 51-60. Retrieved from: http://docs.trb.org/prp/15-4525.pdf*

[2] Outcome only Albert, R. R., & Dolgin, K. G. (2010). *Lasting effects of short-term training on preschoolers' street-crossing behavior. Accident Analysis and Prevention*, 42:500–508. Retrieved from: http://europepmc.org/abstract/med/20159073

Process and Outcome Evaluation	To determine whether advocacy targeted at local politicians leads to action to reduce the risk of pedestrian injury in deprived areas, a cluster randomized controlled trial was conducted of 617 elected local politicians representing 239 electoral wards in 57 local authorities in England and Wales. Intervention group politicians were provided with tailored information packs, including maps of casualty sites, numbers injured and a synopsis of effective interventions. Twenty-five to thirty-months post intervention, primary outcomes included: electoral ward level: percentage of road traffic calmed; proportion with new interventions; school level: percentage with 20 mph zones, Safe Routes to School, pedestrian training or road safety education; politician level: percentage lobbying for safety measures. Secondary outcomes included politicians' interest and involvement in injury prevention, and facilitators and barriers to implementation. Primary outcomes did not significantly differ: % difference in traffic calming (0.07, 95%CI: −0.07 to 0.20); proportion of schools with 20 mph zones (RR 1.47, 95%CI: 0.93 to 2.32), Safe Routes to School (RR 1.34, 95%CI: 0.83 to 2.17), pedestrian training (RR 1.23, 95%CI: 0.95 to 1.61) or other safety education (RR 1.16, 95%CI: 0.97 to 1.39). Intervention group politicians reported greater interest in child injury prevention (RR 1.09, 95%CI 1.03 to 1.16), belief in potential to help prevent injuries (RR 1.36, 95%CI 1.16 to 1.61), particularly pedestrian safety (RR 1.55, 95%CI 1.19 to 2.03). 63% of intervention politicians reported supporting new pedestrian safety schemes. The majority found the advocacy information surprising, interesting, effectively presented, and could identify suitable local interventions. This study demonstrates the feasibility of an innovative approach to translational public health by targeting local politicians in a randomized controlled trial. The intervention package was positively viewed and raised interest, but changes in interventions were not statistically significance. Longer term supported advocacy may be needed.[3]

[3] Lyons, R. A., D., Kendrick, E. M. L.,Towner, C., Coupland, M., Hayes, M, et al. *The Advocacy for Pedestrian Safety Study: Cluster Randomised Trial Evaluating a Political Advocacy Approach to Reduce Pedestrian Injuries in Deprived Communities*. 2013. PLoS ONE, 8(4), e60158. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3620122/