COLLABORATING TO IMPROVE AGING DRIVER SAFETY & MOBILITY

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OBJECTIVES

• Goals and guidelines of medically at-risk driver programs
• Key Partners / Stakeholders
• State Collaboration Experiences: FL, GA, and MD
• Discuss real world examples of program implementation
What is NHTSA Program Guideline No. 13?

- A guideline from NHTSA for developing and implementing a comprehensive older driver safety program.
- It provides key components of a State older driver safety program, and criteria that the program components should meet.
NHTSA PROGRAM GUIDELINE NO. 13

• Program Management
  • Each state must provide centralized planning, implementation, and coordination

• Roadway Design
  • The needs of older drivers must be considered in both new construction and spot improvements.

• Driver Licensing
  • DMVs must implement policies, practices, and communication with the goal of monitoring fitness to drive.

• Medical Providers
  • Medical providers should identify, counsel, and refer at-risk older drivers.
NHTSA PROGRAM GUIDELINE NO. 13

- **Law Enforcement**
  - Identify on the street and refer at-risk drivers.

- **Social and Aging Service Providers**
  - Provide support and information for aging drivers transitioning away from driving.

- **Communication Programs**
  - Develop communication strategies for high risk populations

- **Program Evaluations and Data**
  - Implement effective record keeping and analyses of data and programs.
KEY PARTNERS / STAKEHOLDERS

- Law Enforcement
- Medical Providers / Healthcare Professionals
- Social and Aging Services Providers
- Driver Licensing Agencies
- Departments of Transportation
- Traffic Safety and Highway Design Engineers
APPROACH FROM ALL ANGLES
STATE PROGRAM COLLABORATIONS

Florida
Georgia
Maryland
FLORIDA’S STRATEGIC AND COLLABORATIVE APPROACH

Safe Mobility for Life

Older Adults
Engineers & Planners
Family & Caregivers
Law Enforcement
Aging Service Providers
Community
Health Care
3 KEYS TO ACHIEVE SAFE MOBILITY FOR LIFE

1. Understand the impact aging has on driving
2. Stay proactive about safe driving skills
3. Plan for a safe transition from driving
GEORGIA MEDICAL REVOCATION PROCESS

REQUEST FOR DRIVER REVIEW

INSTRUCTIONS:

1) Complete this form if you wish for the Department of Driver Services (DDS) to review a driver’s ability to drive safely.
2) Sign and date this request. Anonymous reports will not be considered. You may request that your name not be revealed to the individual being reported. Confidentiality will be honored to the fullest extent possible.
3) Mail your completed request to: Georgia Department of Driver Services Medical Revocation Unit P.O. Box 80447 Conyers, GA 30013

*The driver does not have to be cited. Please indicate evidence of the incapacity in the area below. If the driver was involved in a traffic accident, attach a copy of the report.

SECTION COMPLETION REQUIRED

<table>
<thead>
<tr>
<th>Name of Person being reported (First, Ml, Last)</th>
<th>Date of Birth or Approximate Age</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Driver License Number</th>
<th>Vehicle License Plate Number, if available</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>
# GEORGIA MEDICAL REVOCATION PROCESS

**DRIVER CONDITION:** Check all appropriate boxes below. Please use the space below to provide specific dates, if known, about the driver’s medical (physical or mental) condition such as name of disease or illness, any medications taken, etc.

<table>
<thead>
<tr>
<th>Medical Condition</th>
<th>Confused/Disoriented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Condition</td>
<td>Alcohol/Drug Use (Describe below)</td>
</tr>
<tr>
<td>Mental/Emotional Condition</td>
<td>Blackouts/ Fainting Spells</td>
</tr>
<tr>
<td>Vision Condition</td>
<td>Seizures</td>
</tr>
<tr>
<td>Weakness or Coordination Problems</td>
<td>Needs help with daily activities (i.e. cooking, dressing, bathing etc.)</td>
</tr>
<tr>
<td>Difficulty Walking</td>
<td>Other:</td>
</tr>
</tbody>
</table>

**DRIVER BEHAVIOR:** Check appropriate boxes for driving problems you have observed (Use space below for additional comments as needed).

<table>
<thead>
<tr>
<th>Does not see or react to other cars, pedestrians etc.</th>
<th>Turns in front of on-coming cars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drives in wrong lane</td>
<td>Allows car to drift in and out of lane</td>
</tr>
<tr>
<td>Drives on wrong side of road</td>
<td>Backs up or changes lanes without looking back or checking mirrors</td>
</tr>
<tr>
<td>Acts violent or aggressive when driving</td>
<td>Applies brake and gas pedals at the same time</td>
</tr>
<tr>
<td>Drives too slow, or stops, for no reason</td>
<td>Slow reactions that may be caused by medication or drugs</td>
</tr>
<tr>
<td>Is confused by traffic</td>
<td>Drives on sidewalk</td>
</tr>
<tr>
<td>Has trouble steering, braking or otherwise controlling car</td>
<td>Makes driving mistakes while talking to passengers</td>
</tr>
<tr>
<td>Gets lost or confused while driving near home</td>
<td>Falls asleep while driving</td>
</tr>
<tr>
<td>Falls to react to traffic signals, other cars, or pedestrians</td>
<td>Other actions (describe below)</td>
</tr>
<tr>
<td>Makes turns from wrong lane</td>
<td></td>
</tr>
</tbody>
</table>

You may use the space below to further describe the driver’s condition(s) or action(s) which led you to believe this driver should be evaluated by DDS. Describe any impairment, serious physical injury or illness, mental impairment or disorientation. Describe any traffic law violations whether or not a citation was issued.
Partnerships across organizations AND topics

Research shows that a combined effect of many interacting factors increases fall risk.²

MARYLAND
OLDER &
MEDICALLY
AT-RISK
DRIVER
SAFETY
PROGRAM
Red Flags of Medically At-Risk Drivers

Look for “Red Flags” when you make a stop:

- Does the driver have difficulty communicating/do the answers make sense?
- Does the driver seem confused when following your instructions or have difficulty producing ID?
- Does the driver recall the time of day, day of the week, month, or year?
- Does the driver admit to being unaware of other vehicles or pedestrians?
- Does the driver understand the laws ignored or violated?

If the behavior you observe raises Red Flags about a potential medical condition that affects safe driving, MAKE THE REFERRAL:

SILVER ALERT

Check-off Indicators:

☐ Confused/disoriented
☐ Lost or confused while driving near home
☐ Drowsy
☐ Blackout
☐ Seizure
☐ Fainting Spell
☐ Alcohol/drug use
☐ Prescription medication
☐ Weakness/poor coordination

☐ Walking/balance problem
☐ Vision problem
☐ Not reacting to vehicles/pedestrians
☐ Not adequately controlling vehicle
☐ Driving too slow or inappropriately stopping
☐ Driving on wrong side of road/wrong lane

MARYLAND COLLABORATIVE PROJECTS

MARYLAND'S RESOURCE GUIDE FOR AGING DRIVERS
ENGAGE STAKEHOLDERS
EMPOWER PEOPLE TO TAKE OWNERSHIP

It's empowering people to use the resources they have to solve their own problems with a little education.

John Borland
LEVERAGE THE STRENGTH OF OTHERS AND ALL RESOURCES
FIND A RIDE FLORIDA

Find a Ride Florida is an online listing of transportation service providers in all of Florida's 67 counties.

www.FindaRideFlorida.org

www.findarideflorida.org
BE THERE FOR YOUR PARTNERS
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