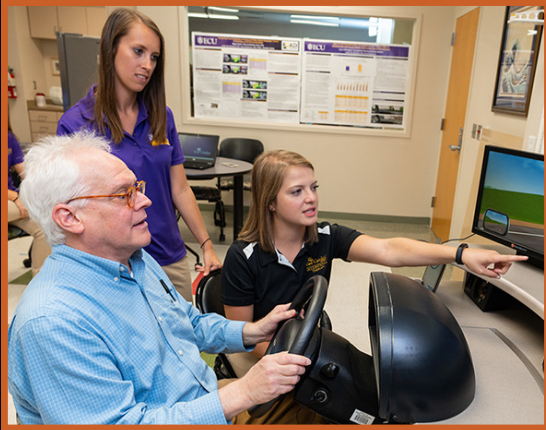


PLAN FOR THE
ROAD AHEAD

Overview of ROADI



- ▶ Integrating teaching, research, service.
- ▶ Students integrated into research objectives
 - ▶ Thesis & Masters Projects
- ▶ Research with healthy older adults
- ▶ Collaborate to provide fitness to drive evals
 - ▶ Three days per week
- ▶ Driving and Community Bootcamp for individuals with Autism Spectrum Disorder

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PLAN FOR THE
ROAD AHEAD

Why Aging Adults?

- ▶ Majority of older adults live in suburban & rural America¹
- ▶ Driving will remain primary mode of transportation²⁻³
- ▶ Decision to stop driving has adverse consequences⁴
- ▶ Older adults are generally safe drivers ...
- ▶ Will outlive their driving ability⁵

1-Rosenbloom, 2012; 2-Coughlin, 2012 ; 3-Dickerson et al.,2007; 5-Eby, Molnar, & Karje, 2009; 5- Foley, et al., 2002



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PLAN FOR THE

ROAD AHEAD

How do we identify or test the medically-at-risk driver without over-restricting our health older adults?

******* Making sure the driving privilege is based on **Function** – not **Age** – through an **evaluation of *Driving Fitness***

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PLAN FOR THE

ROAD AHEAD

*Demonstration Project Promoting Highway Safety Program Guideline #13
2017-2021
State of North Carolina*

Uniform Guidelines *for*
State Highway Safety Programs

DOT HS 812.007D
April 2014

Highway Safety Program Guideline No. 13

OLDER DRIVER SAFETY

Each State, in cooperation with its political subdivisions, tribal governments and other stakeholders, should develop and implement a comprehensive highway safety program, reflective of State demographics, to achieve a significant reduction in traffic crashes, fatalities, and injuries on public roads. The highway safety program should include a comprehensive older driver safety program that aims to reduce older driver crashes, fatalities, and injuries. To maximize benefits, each State older driver safety program should address driver licensing and medical review of at-risk drivers, medical and law enforcement education, roadway design, and collaboration with social services and transportation services providers. This guideline recommends the key components of a State older driver safety program, and criteria that the program components should meet.

- I. Program Management
- II. Roadway Design for Older Driver Safety
- III. Driver Licensing (Medical Review Unit)
- IV. Medical Providers
- V. Law Enforcement
- VI. Social and Aging Service Providers
- VII. Communication Program
- VIII. Program Evaluation and Data

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PLAN FOR THE
ROAD AHEAD

Overall Program Objective

This educational program is designed to provide guidelines, information, and education needed to provide a comprehensive driving evaluation for select clients through a collaborative model of an experienced occupational therapists and licensed/certified driving instructor.



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PLAN FOR THE
ROAD AHEAD

Complete Program

Program Description

- Video 1. Introduction to the Education
- Video 2. IADLs and Clinical Assessments
- Video 3. Planning the Driving Route
- Video 4. Driving Route Directions
- Video 5. Implementation Outcomes

- Table 1. Occupational Therapist Essential Knowledge and Skills
- Table 2. Connections Chart: Between Performance Skills and Driving Performance
- Table 3. Example of a Driving Route Cue and Sheet for Notes
- Table 4. Example of a Comprehensive Driving Evaluation Format



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PLAN FOR THE
ROAD AHEAD

Revised their Form

3/19/2018 North Carolina
Page 1 of 1 State Highway Patrol
Rev. 7/19 919-733-9569
1111 S.M.C. Raleigh, NC 27697

RECOMMENDATION FOR MEDICAL/DRIVER EXAMINATION

A DRIVER INFORMATION

Driver's Name (Last, First and Middle Initial): _____ Driver's License Number: _____

Driver's Address: _____

Date of Birth: (MM/DD/YYYY) _____ Restrictions on License: _____ Driver's Phone Number: _____

B STOP/CRASH/INCIDENT INFORMATION

Date: (MM/DD/YYYY) _____ Time: (24 Hrs.) _____ Location of Stop/Crash/Incident: _____

What action was taken Citation Issued Written Warning Crash Incident/Stop Hospitalization

Other: _____

Crash Incident Report Number: _____

C REPORTED AND/OR OBSERVED DRIVING BEHAVIORS

Check ALL appropriate boxes for driving problems that were reported and/or you observed:

<input type="checkbox"/> Responding incorrectly to emergency signals/lights	<input type="checkbox"/> Failed to yield right-of-way
<input type="checkbox"/> Drifting or weaving in and out of lanes	<input type="checkbox"/> Lost control of vehicle
<input type="checkbox"/> Caused, or nearly caused a crash	<input type="checkbox"/> Struck stationary object
<input type="checkbox"/> Not reacting appropriately to other cars, pedestrians, bikers, etc	<input type="checkbox"/> Turned in front of oncoming traffic
<input type="checkbox"/> Driving on wrong side of road	<input type="checkbox"/> Driving without lights during darkness
<input type="checkbox"/> Driving on sidewalk	<input type="checkbox"/> Made turn from wrong lane
<input type="checkbox"/> Driving in wrong lane	<input type="checkbox"/> Fell asleep while driving
<input type="checkbox"/> Driving too slow, impeding traffic	<input type="checkbox"/> Violent or aggressive driving or behavior
<input type="checkbox"/> Failed to stop at red light/stop sign or failed to go on green light	<input type="checkbox"/> Unsafe/inappropriate lane change
<input type="checkbox"/> Inappropriately stopped	<input type="checkbox"/> Other observations*
<input type="checkbox"/> Not adequately controlling vehicle	

Reported as having poor driving habits or admits causing two or more chargeable crashes within past twelve (12) months.

D DRIVER CONDITIONS (OBSERVATIONS AFTER STOP/CRASH/INCIDENT)

Check ALL appropriate boxes for medical/physical conditions you observed:

<input type="checkbox"/> Confused, disoriented, incoherent, or unaware of actions	<input type="checkbox"/> Confused by traffic
<input type="checkbox"/> Reported or observed medical condition*	<input type="checkbox"/> Lost or confused while driving near home
<input type="checkbox"/> Little or no recollection of crash, stop or incident	<input type="checkbox"/> Blackout/seizure/fainting/epileptic
<input type="checkbox"/> Reported/appeared medicated	<input type="checkbox"/> Unable to orient to person, time, or place
<input type="checkbox"/> Vision condition/vision impairment	<input type="checkbox"/> Disheveled appearance/poor hygiene
<input type="checkbox"/> Difficulty walking	<input type="checkbox"/> Other observations*
<input type="checkbox"/> Weakness or coordination problems/poor physical condition	

Reported as having been a recent patient at a center or institution for alcoholism.*

E DESCRIPTIONS- ANY NOTATIONS OF (*) ABOVE DESCRIBE BELOW

Briefly describe the stop/crash/incident in as much detail as possible regarding any observations and/or conditions or statements from family, driver, etc., which let you to believe a report to the DMV for a medical/driver examination is needed.

F OFFICER INFORMATION

Member Name: _____ Registry Number: _____ Work Telephone Number: _____

Troop/District: _____ Member Email Address: _____

Street Address: _____ City: _____ Zip Code: _____

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PLAN FOR THE
ROAD AHEAD

Aging Service Providers & Communication

About Us | Contact Us | O.

WEBSITE


Dedicated to Older Adults to for Planning Transportation

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PLAN FOR THE
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HOW'S MY DRIVING?

Perhaps you've been worried that your driving skills are declining. Or you feel you're doing fine, but a friend or family member has expressed concern. Don't just worry and wonder. First, learn about the three levels of driving ability. Then, use our tools to assess your skills in each area.



[The 3 levels of driving ability +](#)

[Driving skills vs. Driving fitness +](#)

[Warning signs +](#)

[Assess your readiness for mobility transition +](#)

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PLAN FOR THE
ROAD AHEAD

Assessment for the Readiness for Mobility Transition

- ▶ How people react to change is different.
- ▶ Questionnaire is designed to measure your emotional and attitudinal readiness to cope with present and future changes in mobility.

Mobility loss can be sudden or progressive, but it is always devastating.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Asking others for help with mobility means that I am losing my independence.

Strongly disagree	Disagree	Neutral	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Results

Your score: 53

- **High readiness score:** 1 – 54
 - To get more information about your score, see this handout: [1. High readiness.](#)
- **Mixed readiness score:** 55 – 85
 - To get more information about your score, see this handout: [2. Mixed readiness.](#)
- **Low readiness score:** 86 – 120
 - To get more information about your score, see this handout: [3. Low Readiness.](#)

What do the scores mean?

The Assessment of Readiness for Mobility Transition (ARMT) examines age related changes in mobility from the perspective of personal feelings and attitudes. The scores only reflect where you are thinking about transitioning from driving to non-driving mobility. Remember, we hope to help you make the transition over time and with support! Use the handouts to talk with your family members, physician, clergy, counselor, or close friends.

The ARMT was developed by a team of educators and researchers with funding support from the National Center on Senior Transportation to Dr. Thomas Meuser with co-investigators Marla Berg-Weger, John Chibnall, and Annie Harmon.

Reference: Meuser, T. M., Berg-Weger, M. Chibnall, J.T., Harmon, A.C. & Stowe, J.D. (). Assessment of Readiness for Mobility Transition (ARMT): A Tool for Mobility Transition Counseling with Older Adults. *Journal of Applied Gerontology* 2013;32(4):484-507. doi:10.1177/0733464811425914

Note: Dr. Thomas Meuser and Dr. Marla Berg-Weger have given permission for the use of the ARMT on this website, November 2019.

Low Readiness

Total Mean Score of 3.58+ (>28 Short Form) / LOW READINESS

Why was I asked to complete this questionnaire?

The ARMT examines age-related changes in mobility from the perspective of personal feelings and attitudes. You responded to a series of statements, indicating your level of agreement for each. Your total score tells the professional or peer counselor about your beliefs. *Your score is in the "at risk" range, and your responses suggest that you might struggle to adapt should you experience a sudden change in mobility.*

What does my total score on the ARMT say about me?


Your score indicates that you are a proud, independent, self-reliant person. You appreciate doing things for yourself and being in a position to help others. You cope with age-related declines in your health or function by maintain a positive attitude and focusing on what you still do well. While you are open to receiving help from others at times, you prefer solutions that allow you to remain in control and focused on your personal priorities.

When faced with a mobility transition, such as a need to cut back on driving, you prefer a go-slow, wait-and-see approach. You worry about what your life will be like if you are less mobile than today, and you want to do all that you can avoid negative outcomes for yourself and your family. Having to rely more on others and burden them with your needs is not an appealing prospect. The thought of declining health and function is anxiety-provoking and you would rather not think about it.

Questions for Consideration & Discussion

- What concerns you most about growing older? What would you avoid if you could?
- What would happen if your present independence changed and you had to rely more on others? How would you feel about yourself?
- Is it possible to remain largely independent and in control, yet also rely on others to live a full, meaningful life? How might this look?
- Does retirement from driving mean an end to quality living? Might it be possible to stop driving and still go to the places and activities you value?

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Interactive Transportation Plan

- ➔ 19 topic areas
- 3 "others"
- ➔ Print out the plan

Where do I want/need to go?	How often do I go there?	How far is it from my home?	Do I know other people that go there?	Is there another way I could get there?	Comments / notes
Grocery store	3	6-10	Yes	Family/Friend	Susie can drive me
Pharmacy	3	6-10	Yes	Family/Friend	Call Dan
Place of worship	<ul style="list-style-type: none"> ✓ Times per month N/A 1 2 3 4 5 6 7 8 9 10 More than 10 	Select miles	Select option	Other options	Comments / notes
Hairdresser, hair salon, barbershop		Select miles	Select option	Other options	Comments / notes
Bank or post office		Select miles	Select option	Other options	Comments / notes
Work or volunteer		Select miles	Select option	Other options	Comments / notes
Doctor's office		Select miles	Select option	Other options	Comments / notes
Dentist's office		Select miles	Select option	Other options	Comments / notes

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PLAN FOR THE
ROAD AHEAD

Savings Calculator



Savings Calculator

☑ Total Summary

Daily distance	32
Vehicle mileage	34
Price of gas	\$ 3
Parking/tolls	\$ 0
Car payment	\$ 11
Car insurance	\$ 5
Number of days you drive in a month	31
Maintenance costs	\$ 0.3
Monthly Expense:	\$ 169.11

Daily distance: 32
Average number of miles per day (0 - 100 miles)

Vehicle mileage: 34
About how many miles per gallon your vehicle uses (8 - 70 mpg)

Price of gas: 2.5
Cost of fuel (\$1.00 - \$7.00 per gallon)

Parking/tolls: 0
Daily cost for parking or tolls (\$0.00 - \$50.00)

Car payment: 11
Daily cost of car payment (monthly payment divided by 31 for average)

Car insurance: 5
Daily cost (monthly payment divided by 31 for average)

Number of days you drive in a month: 31
Days per month you commute (0 - 31)

Maintenance costs: 0.3
Depreciation, tires, maintenance. Average is \$0.30 per mile. (\$0 - \$1.00 per mile)