

AGE RELATED ISSUES

Age-related issues include the Young Adult Driver task team and the Older Driver task team.

i. Young Adult Drivers

In 2012, there were a total of 154 fatalities that involved young people ages 15-20 years. The number of young drivers under the age 21 involved in fatal crashes has unsteadily decreased since 2007. In 2007, young drivers represented 12% of all drivers involved in fatal crashes (284 young drivers). In 2012 the number of young drivers involved in fatal crashes decreased by 44% (126 less drivers) in comparison to the peak in 2007. The Core Performance Measure for 2015 is to reduce drivers age 20 or younger involved in fatal crashes by 2.4% from 166 (2010-2012 average) to 162 (2013-2015 average) in 2015.



Georgia Young Drivers Involved in Fatal Crashes



TADRA

The Teenage and Adult Driver Responsibility Act (TADRA) directly addresses the leading killer of our young people – traffic crashes. The law significantly changes the way young motorists earn and maintain the privilege of driving by providing a controlled means for new drivers to gain experience and by reducing high-risk driving situations. While the law does focus on young drivers, it also contains important provisions that affect drivers over 21, particularly in the area of DUI prevention and enforcement.

High-risk behavior, texting while driving, peer pressure, inexperience, limited use or no use of occupant safety devices, lack of proper driving information and education are a few of the problems that our youth face while driving on Georgia's roadways. In an effort to address these issues, the TADRA was enacted on July 1, 1997, to reduce the number of lives lost in crashes involving young drivers. Since the enactment of TADRA, there have been a number of legislative changes that have strengthened the law and consequently reduced teen driver deaths.

Graduated driver licensing policies serve to delay full licensure and then limit exposure to the highest risk conditions after licensure, allowing young drivers to gain experience under less risky driving conditions. A similar strategy may be needed to guide parents. Researchers from the National Institute of Child Health and Human Development reports that parents do not appear to appreciate just how risky driving is for novice drivers and tend to exert less control over their teenage children driving than might be expected. Recent research has demonstrated that simple motivational strategies can persuade parents to adopt driving agreements and impose greater restrictions on teen driving. Several studies have shown that greater parent involvement is associated with less teen risky driving behavior.

TADRA is helping tremendously to reduce the carnage, but still too many young drivers are dying. Because of this, the Governor's Office of Highway Safety (GOHS) is promoting proven countermeasures (both legal requirements and recommended best practices) for this specific audience. In our research of effective methods for addressing the safety of young drivers, we have discovered that several states are recommending parents establish short-term "rules of the road" contracts with their new teen driver. Research conducted by Dr. Bruce Simons-Morton and others at the National Institute of Child Health and Human Development demonstrated that such parental intervention positively impacts youth by influencing them to choose less risky behaviors.

The Young Adult Driver Task Team (YADTT) recommends the following as its 2015 Update to the Strategic Highway Safety Plan:

Critical recommendations

- ▶ Re-emphasize the importance of our 2007-2008 critical recommendations: increase seat belt usage among 15-17 year olds, decrease alcohol use while operating a motor vehicle by 18-24 year olds, and the ongoing improvement of data available for analyzing young driver crashes, and evaluating the effectiveness of occupant protection, injury prevention and driver education programs.

Parent Involvement

- ▶ Continue to emphasize the importance of parental involvement in teen driver safety by promoting evidence based parent involvement programs, e.g., CDC's Parents Are the Key, Checkpoints, and New Jersey's Share the Keys. This includes making parents aware of existing programs and resources to engage in the process of protecting their new teen driver and parent/teen driver's contracts. Parental involvement is essential to providing a safe vehicle for teens to drive, continuing a new driver's opportunities to drive, coaching improvement, and gauging proficiency level.

Courts

- ▶ Creation of an online resource list and training materials based on the "Case Dismissed" program for judges presiding over moving violations statewide to outline existing resources without a fine available as alternative sentencing options other than utilizing a monetary fine. This training must include education for judges about the direct correlation between a dismissed traffic citation for restricted license holders and the incidence of repeat injuries and risk of fatalities.
- ▶ Promote the Georgia Teens Ride with P.R.I.D.E. as a diversion program for schools and juvenile justice.

Distracted Driving and Occupant Protection

- ▶ Help teens to see that most of their peers support safe driving habits. Changing teen norms around using seat belts, texting, and other forms of distracted driving using peer programs, social media, and positive social norms campaigns (e.g., Teens in the Driver Seat, EndDD, and Project Ignition) will promote safe driving behaviors.
- ▶ Design social media messages that specifically target teens.

Young Adult Driver Vision

Georgia will take decisive and sustained action Toward Zero Deaths— a state with zero Young Adult fatalities and zero serious injuries caused by motor vehicle crashes.

Goal

By 2020 reduce the number of YAD fatalities by an average of 2% each year.

Timeline

We will use a 3 year rolling average to measure our progress and performance.

Target Population

Our target population is twofold. We aim to reach both young adults in the 15-19 year range as well as 20-24 year olds. This is because in the younger group we will focus our efforts on issues related to inexperience and alcohol and impairments issues with the older young adult drivers.

Objectives and Supporting Strategies

Below we have indicated 7 objectives and 26 strategies to ensure that GA is on the road towards zero deaths.

Strategy		Four E Category
OBJECTIVE 1: Increase seatbelt usage among 15-24 year olds		
1	Create and nurture a partnership with Law Enforcement, engage Enforcement on our task team to work on outreach efforts.	Enforcement
2	Work with Law Enforcement to develop an effective approach to enforce existing seatbelt laws for Teens	Enforcement Education
3	Provide funding for the Governor's Commission on Teen Driving	GOHS,
4	Use social media to target Teens, using social norms messaging	Education,
5	Coordinate joint task team meeting(s) with Occupant Protection and Impaired Driving	Education
OBJECTIVE 2: Improve data available for analyzing young driver crashes and evaluating the effectiveness of occupant protection, injury prevention and driver education programs.		
1	Develop a relationship and partner with State and local agencies to collect and monitor data on YAD such as DDS, GOHS, YRBS, CDC, OASIS/ Dept of Public Health.	Education
2	Map the data to identify hot spots and to isolate progress of interventions	Engineering
OBJECTIVE 3: Courts- Create and promote a strong collaboration with the Juvenile Justice system.		
1	Implement alternative sentencing options such as PRIDE for teens charged with traffic citations. Instead of a monetary fine promote existing evidence-based programs.	Enforcement/ Education
2	Educate judges on direct correlation between a dismissed traffic citation for restricted license holders and the incidence of repeat injuries and risk of fatalities	Education
OBJECTIVE 4: Decrease substance use while operating a motor vehicle by 15-24 year olds and promote safe alternatives to driving.		
1	Identify and analyze safe alternatives to driving (uber, MARTA, etc.)	Education
2	Offer jurisdictions that make up 55% of impaired driving fatalities and then implement impaired driving countermeasures.	Enforcement
3	Maintain and/or establish new task forces in local communities where impaired driving problems are identified.	All 4 E's
4	Conduct concentrated patrols in areas identified for high impaired driving violations targeting teens i.e. footballs games, homecoming, prom, pledge week.	Enforcement
5	Continue to increase statewide training (ARIDE) to law enforcement officers in Standardized Field Sobriety Testing and Drug Recognition through the Georgia Public Safety Training Center.	Enforcement
6	Partner with college and high school resource officers to strengthen their connections to the state Traffic Enforcement Networks.	Enforcement
7	Evaluate the effectiveness of ADAP and identify possible improvements	Education

Objective 5: Increase Parental involvement and increase compliance on GDL		
1	Promote evidence-based parent involvement programs, CDC's Parents are the Key, Checkpoints, PRIDE, and Share the Keys	Education
Objective 6: Change teen norms around texting, and other forms of distracted driving using peer programs, and positive social norm campaigns – Teens in the Driver's Seat, EndDD, Project Ignition)		
1	Increase the number of schools/ community groups enrolled in Teens in the Driver's Seat	Education
2	Identify partners to collaborate on social media messages and strategies that specifically target teens	All 4 E's
3	Engage high school and college campus resource Officers on YAD task team	Enforcement
Objective 7: Ensure Drivers Education materials are up to date with current laws and promote education for new drivers.		
1	Engage a team to go through the Drivers Manual and online website	Education
2	Engage a team to review DDS website and online training	Education
3	Coordinate with DDS to implement changes	Education
4	Engage DOT on the YAD task team	Engineering

Resources

Sprattler, K. (2014). *Getting It to Click: Connecting Teens and Seat Belt Use*. Retrieved from Governors Highway Safety Association: www.ghsa.org/html/publications/pdf/gitc.pdf

Ferguson, R.W., Green, A., Blau, E., and Walker, L. *Teens in Cars*. Washington, DC: Safe Kids Worldwide, May, 2014.

National Youth Leadership Council. *What We Know Works (and doesn't) To Change Teen Driving Behaviors*. Project Ignition: Changing Teen Driver Behavior. Retrieved from www.nylc.org/sites/nylc.org/files/projectignition/WhatWorks2013.pdf

ii. Older Drivers

From 2008 to 2012, there was a 30% increase in the number of crashes involving drivers ages 65 and older. The population of older adults in Georgia increased by 17% during this same time frame. Despite these increases, 10% fewer older drivers were involved in a fatal crash; from 227 in 2008 to 205 in 2012. The number of people killed in crashes involving older drivers has decreased in the last three years. Two-thirds of older drivers involved in a fatal crash in 2012 died.



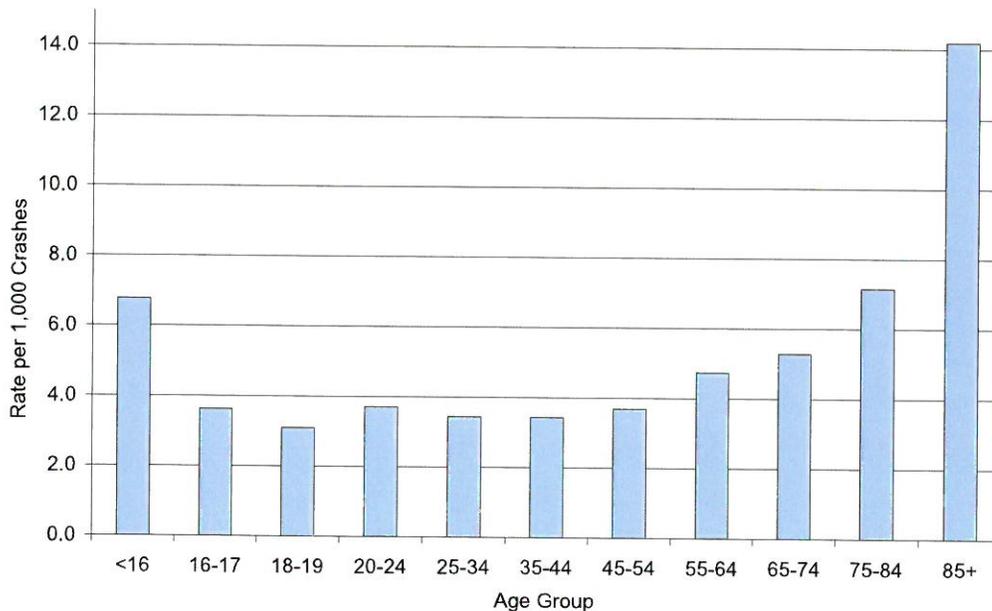
Fatalities in crashes involving drivers 65 and older, 2007-2013*							
	2007	2008	2009	2010	2011	2012	2013
Older drivers involved in fatal crashes	217	227	208	226	248	205	198
Fatalities	230	235	217	229	260	206	201

*FARS data

In 2012, the crash fatality rate in Georgia for drivers 55 and older increased by age range, with the highest rate occurring in the 85 and older age group. The 2012 crash fatality rate for drivers 75 and older surpassed even that of teenage drivers, who have traditionally had the highest crash fatality rates of any age group.

Crashes involving older drivers (ages 65 and above) with number of injuries and fatalities

2008 Georgia Driver Crash Fatality Rate by Age Group



Source: DPH-modified crash data

The majority of crashes involving older drivers in 2012 occurred on weekdays and during the day between the hours of noon and 3 pm. The most common contributing factor for drivers ages 65 and older for both fatal and all crashes was failure to yield right of way. This includes improper left hand turns. The 2nd contributing cause for fatal crashes was failure to keep in proper lane. Following too close was the 2nd most common cause for drivers 65 and older involved in a nonfatal crash.

Older Drivers are one of ten key emphasis areas for the Governor's Strategic Highway Safety Plan (SHSP). The Georgia Older Driver Task Force (ODTF) was initially established to act as an advisory group for the development of the Older Driver Safety Program, but now performs a dual role of acting as one of the SHSP-designated task teams. Since 2006, the ODTF has been

meeting monthly to recommend evidence-based strategies for reducing the injuries and fatalities sustained by older drivers in Georgia. The ODTF concurrently recognizes the need to maintain the mobility of older adults who cease driving or who do not drive, by facilitating and supporting sustainable alternative transportation options. The ODTF is a solid coalition, with representation from a wide spectrum of organizations and agencies in both the private and public sectors. The ODTF and Older Driver Safety Program are guided by the Georgia Department of Public Health, Injury Prevention Section, with funds from the Governor's Office of Highway Safety (GOHS).

The Georgia ODTF has chosen to focus on three major areas that impact older drivers and older adult mobility in Georgia: 1.) **education**; 2.) **engineering**; and 3.) **alternative transportation**. The ODTF is engaged in developing comprehensive strategies within these areas that are relevant to the needs of older Georgians and their communities.

The Older Driver Task Force provides the following 2015 priority recommendations:

Older Driver Safety Program: 2015-2016 Recommendations

1. Pilot and Evaluation: The Yellow Dot Program

Funding Recommendation: The ODTF recommends support for the pilot and evaluation of Yellow Dot in Georgia.

Cost: \$60,000 for evaluation and related materials for the pilot and initial roll-out of the Yellow Dot program in Georgia.

Funding for the evaluation will cover: survey development and distribution, informed consent development, primary data collection (surveys of participants, interviews with first responders, etc.), data base set-up, materials for enrollment sites (cameras, paper, etc.), analysis of pilot data.

Partner contribution: Division of Aging Services has paid \$25,000 toward the cost of materials. They have also contributed in-kind costs through the management of partner meetings, managing the vendor, etc. through the time of Amanda Carter.

Pilot dates: Tentatively, the pilot will be conducted between November 2015 and October 2016.

Yellow Dot Concept & History: In 2002, The Yellow Dot program was developed, through multi-disciplinary partnerships, in Connecticut. The program is designed to provide first responders with additional, important medical information about the driver of a vehicle involved in a crash. A one-page medical information sheet and a 1-page instructional sheet were developed. The medical information form, once completed by the participant, was stored inside a yellow folder and secured with a binder clip. A picture of the participant accompanied the information for ease of identification. This package was placed in the vehicle glove compartment. In addition, a sticker was placed on the back of the vehicle. Since the initiation of the program, Yellow Dot has been implemented in at least nine other states. However, no state that we can find, has ever evaluated the program. In Georgia, the Yellow Dot program was discussed as part of the Older Driver Safety Program for the last several years. The ODTF and partners have talked about concerns around lack of evaluation. In addition, the ODTF has looked at for-profit versions of the program and declined to work with those entities.

Yellow Dot in Georgia: In 2014, ODTF partners at the Division of Aging Services sought public health input on implementing the program. The DAS Director has personal interest in piloting the program. They contacted Alabama, who has a nearly statewide program, and were given a list of individuals/groups from Georgia that had previously contacted them. In the summer of 2014, the PC, Elizabeth Head, attended a meeting with DAS at the Alliant Medical group (Georgia Medical Care Foundation, or GMCF) offices to discuss Yellow Dot. The professionals at Alliant took information forms from other states and created a unique set of instruction and medical information documents for Georgia. It was decided that, in Georgia, the program would encompass home medical emergencies as well as the originally intended motor vehicle crash/medical emergency situations. During this summer meeting, the group also discussed the importance of evaluating the program. The PC committed to researching any evaluations conducted for yellow dot to test the forms, efficacy, implementation, or other aspects of the program. Based on this research, the group discussed the possibility of conducting focus group to determine both end-user (older adult) and professional (EMS/Fire-fighters) thoughts and concerns about the program. A search by the PC, which included Google, Pubmed, and discussions with other states, found that there has been no evaluation of the forms or program components associated with Yellow Dot.

The PC and partner, Amanda Carter, conducted four focus groups; two with older adults and two with EMS/first responders. Based on feedback about the forms, changes were made to the medical information form and to the instructional form.

Within the 2015 grant, the PC plans to amend the grant to cover printing of the two forms (approximately \$5100 cost – the PC will request a \$4500 - \$4800 amendment and DAS will cover the difference).

Next Steps: At this time, the PC and DAS partner are working to visit each regional EMS meeting and begin educating them on the program. In addition, we will have similar discussions with local hospitals and, eventually, with DDS and law enforcement. Our partners in Emergency Medical Services are willing to add/utilize a box to their electronic trip report as a potential evaluation point. The PC is also seeking \$14,700 in funds this fiscal year to fund a small evaluation of the forms involved in the program.

The PC completed a January application for a 2-year CDC fellow – the fellow would be paid by CDC, but assigned to the yellow dot project in their second year of work. In addition, the PC is working with the DPH executive staff to bring the Commissioner up to speed on this project, as aging is a potential priority in 2015.

2. Older Driver Safety Summit

Funding Recommendation: The ODTF recommends supporting an alternative transportation summit in 2016.

Cost: tentatively \$5,000-\$7,000

Funding will cover: speakers, venue, contractual costs, travel, etc.

Tentative date: mid-2016

Background: The Older Driver Task Force and partners has identified alternative transportation as a priority for support and technical assistance. In addition, the task force continues to work toward the priority of educating professionals about recognizing at-risk older drivers. Partners at the Georgia Geriatric Education Center are on board to partner with ODTF and bring in UC San Diego researchers to talk about TREDIS, a California-developed program (funded by NHTSA and CA office of traffic Safety). In addition, the Task Force recommends that the summit be utilized to determine a unified, collaborative approach to transportation in Georgia. Programs such as the Independent Transportation Network have stalled because of expense and capacity building issues. The goal of the summit will be to discuss possibilities for moving forward with alternative, innovative solutions (such as *Common Courtesy*), expanding the reach of alternative transportation services throughout the state, and creating recommendations for alternative transportation that can then be appropriately to older adults and their families.

3. Alternative Transportation: Community Support

Funding Recommendation:

Cost: in-kind

Funding will cover: The PC will work with alternative transportation non-profit, *Common Courtesy*, to explore sustainability options. In addition, the PC will work with the non-profit to create any needed media materials, and will work with professionals across the aging network to support the stabilization and continued growth of the non-profit.

Tentative date: 2016 grant cycle

Background: In 2014, the PC was approached by Bob Carr, founder of a non-profit called *Common Courtesy*. The concept behind the non-profit was to help people, primarily the elderly, get to appointments when they did not have the means to drive themselves. Mr. Carr founded the non-profit on the premise that it is common courtesy to help our neighbors. In developing the non-profit, Mr. Carr was able to establish a partnership with Uber – a private company that utilizes a mobile app to connect drivers with passengers (<https://www.uber.com/about>). Using the Uber platform, *Common Courtesy* is able to connect riders with drivers. The Task Force had many questions for Mr. Carr, below are some of the answers:

Follow-up from Bob and Anne at Common Courtesy

1) <http://blog.uber.com/uberXridesharinginsurance> – This blog discusses insurance, which was a large part of the discussion at the meeting

2) Another big question was around payment. Bob found the following information:

From Bob: Regarding the question about “direct pay or private pay”. I lifted the wording from my non-profit legal researcher. It says in effect:

Charitable deductions are claimed by donors on their individual tax returns (IRS Form 1040). It is up to the donor and his or her tax adviser – not the nonprofit that receives a donation – to determine how much to deduct, and when and how to deduct it. The nonprofit’s role in the charitable tax deduction process is fairly limited. Subject to some important exceptions, a nonprofit is not required to report donations to the IRS or make any tax filings when it receives a donation. The nonprofit’s main responsibility is to make sure it complies with any substantiation and documentation requirements for the donations it receives.

And:

The technical way of saying this is “The tax deduction is limited to the excess of the contribution over the fair market value of any items received in exchange for the donation.” To help donors estimate the deductible portion of a donation, you can include one of the following statements in a receipt or thank you letter, depending on the circumstances: No goods or services of any value were provided to you in exchange for your donation. Or: The estimated value of goods or services provided in return for your donation is \$_____.

From Bob: So, anyone who CAN pay is still able to pay to Common Courtesy, for the coordination of a ride but the fair market value of the ride (Uber cost) is not deductible by them on income tax. Common Courtesy simply pays Uber the same as received. Hopefully a donation would come later perhaps!

4. At-risk Driver Assessment: Professional Support

Funding Recommendation: The ODTF recommends support of Certified Driving Rehab Specialists professional development and assessment evaluation projects.

Cost: \$1500- \$3000

Funding will cover: Potentially, a brief evaluation of the step-wise process for clinically evaluating an at-risk driver. Analysis would then be done and recommendations formed for how best to support Certified Driving Rehab Specialists throughout the state in the charge to evaluate at-risk drivers.

Tentative date: throughout 2016

Background: The ODTF, NHTSA, and even AMA recommend that at-risk drivers be evaluated by a qualified medical professional for ability to drive. Those professionals are certified driving rehabilitation specialists (professional organization is ADED). In Georgia, there are less than a dozen across the entire state. Some consideration has been given to: 1) supporting the certification of additional specialists; 2) evaluating the process and working with these professionals on a ‘mini’ version of their assessment for initial evaluation purposes; and, 3) discussing the recommendations by Beth Gibson (Certified Driving Rehabilitation Specialist) for the inclusion of a two tests at DDS counters in order to get a quick idea of a driver’s risk for safety infractions.

The purpose of this project would be to continue to explore these possibilities and lend support to ADED as they work to increase the number of professionals conducting these vital assessments throughout the state.

Further information about the Georgia ODTF, including additional priorities/recommendations, previous initiatives and successes, workshop reports, and educational material can be found online at:

www.gahighwaysafety.org/olderdrivertaskforce/