

# **SAFE DRIVERS SMART OPTIONS KEYS TO LIFELONG MOBILITY**

## **Final Report**

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16. Abstract The population of Michigan is growing older. Older adults age 60 or older will represent about 25% of Michigan's population by 2030. Older adults consider mobility and independence to be essential aspects of maintaining quality of life. In response to this pressing societal issue, the Michigan Department of Transportation (MDOT) sought to plan, test, and implement an effective, sustainable statewide safety education and intervention strategy for helping drivers age 60 or older continue driving for as long they can safely do so, retire from driving when appropriate, and stay safely mobile after stopping driving. MDOT's vision was to have an integrated statewide strategy that promoted practices for older adult mobility targeted at the older adults themselves, the families and friends of older adults, and the professionals that work with these two groups on transportation and mobility issues. The strategy was envisioned to be comprised of three components: education, direct intervention, and administration/collaboration. MDOT contracted with the University of Michigan Transportation Research Institute (UMTRI) to perform a variety of activities to assist in the development, implementation, and evaluation of the strategy in a three-phase (3 year) project. In Phase 1, potential models and design alternatives for a sustainable statewide strategy were identified. In Phase 2, the strategy elements were developed, tested, and named <i>Safe Drivers Smart Options (SDSO): Keys to Lifelong Mobility</i> . In Phase 3, the strategy was implemented and evaluated. The development and initial implementation of the SDSO has been a success, despite the relatively low awareness of SDSO among Michigan's older adults and informal caregivers at this time. Recommendations for SDSO continued implementation are presented.					
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## **Introduction**

The population of Michigan is growing older, as is the population of the United States (US). According to the latest Michigan Office of Services to the Aging (2013) projections, adults age 60 or older will represent about 25% of Michigan's population by 2030. Older adults consider mobility (i.e., the ability to get from place to place) and independence to be essential aspects of maintaining quality of life (Eby, Molnar & Kartje, 2009). In the US and in Michigan, personal mobility is often related to being able to drive or ride as a passenger in a personal automobile (Eby et al., 2011). However, because of an increased likelihood of having medical conditions and taking medications, as people age, they are more likely to experience declines in abilities needed for safe driving (Dickerson et al., 2007). It is clear that stopping driving can be difficult, and in some cases, devastating for older adults. A large body of research has shown that driving cessation in older adulthood can be related to a number of adverse consequences, including depression, declines in health, and increased mortality (see Chihuri et al., 2015 for a review). As Michigan moves into the next 2 decades, we will be facing an incoming wave of older adults who, based on available evidence, will: be driving more than the current cohort of older adults; be dependent on the motor vehicle for mobility; likely be experiencing declines in driving related skills; and want and expect to have their mobility needs met if driving is limited or no longer possible or desired.

In response to this pressing societal issue, the Michigan Department of Transportation (MDOT) sought to plan, test, and implement an effective, sustainable statewide safety education and intervention strategy for helping drivers age 60 or older continue driving for as long they can safely do so, retire from driving when appropriate, and stay safely mobile after stopping driving. MDOT's vision was to have an integrated statewide strategy that promoted practices for older adult mobility targeted at the older adults themselves, the families and friends of older adults, and the professionals that work with these two groups on transportation and mobility issues. The strategy was envisioned to be comprised of three components: education, direct intervention, and administration/collaboration.

To this end, MDOT contracted with the University of Michigan Transportation Research Institute (UMTRI) to perform a variety of activities to assist in the development, implementation, and evaluation of the strategy in a three-phase (3 year) project. This report summarizes the activities and results of each project phase.

### **Phase 1**

The objective of Phase 1 was to identify and evaluate potential models and design alternatives for a sustainable statewide strategy. In addition, UMTRI was asked to provide recommendations for the various program components and strategic partnerships. During Phase 1, the strategy concept was termed Older Driver Education and Safe Mobility Planning Strategy (Driver ESMP Strategy) and was planned to include three general components: public education, direct intervention, and administration/collaboration.

The public education component was intended to focus on information related to the full continuum of driving to non-driving mobility described earlier. The target audiences were intended to be older adults themselves, family members and other informal caregivers who provide mobility support, and the professionals who directly or indirectly address the mobility needs of older adults.

The direct intervention component was intended to focus on efforts to increase personal awareness about how declining abilities can affect driving and how to extend safe driving, as well as actual training/retraining efforts to compensate for or remediate driving-related declines. Training or retraining efforts on the use of non-driving community mobility options when driving is no longer possible or desired was also a focus.

The administrative/collaborative component was intended to focus on strategies for establishing, strengthening, and sustaining collaborative partnerships among state organizations including not only government organizations but also many other organizations that have a stake in the safe mobility of older adults.

The project commenced with a kickoff meeting, revisions to the work plan, and the convening of project Advisory and Stakeholder groups. UMTRI then conducted a number of tasks during Phase 1 that resulted in a set of six deliverables. Here we briefly summarize the activities and findings of each deliverable.

*Deliverable 1.1: Development of and presentation to the project manager and advisory/stakeholder groups a written analysis of current comparable education and intervention strategy models used by other states or organizations, including an assessment of the program's potential use as a component of a Michigan Driver ESMP education and intervention strategy.*

Current comparable education and intervention strategy models used by other states or organizations were identified and reviewed to assess their potential for inclusion in the Driver ESMP Strategy using several approaches. First, a review of the literature was completed, using search criteria derived from the research teams background knowledge, previous reviews, and discussions with MDOT. UMTRI also conducted a scan of appropriate websites to identify research reports and materials that may not have been identified in more formal databases. The Advisory and Stakeholder groups were also consulted about programs and strategies that may not have been found in the literature. As part of the analysis, UMTRI assessed whether the effectiveness of the comparable models had been measured, or if effectiveness was planned to be measured in other states and organizations. This was important because to the extent possible, the Driver ESMP Strategy was intended to be evidence-based. Thus, a comprehensive approach was used to assess the potential of current strategies to be included in the Driver ESMP Strategy.

The results of this synthesis of knowledge were documented in a report that can be found in Appendix A. The review encompassed the three components planned for the Driver ESMP Strategy: education, direct intervention, and administration/collaboration. The report recommended a framework for the Strategy that is represented by a continuum with driving safety at one end, non-driving mobility at the other end, and the transitioning process in between. The recommended promising

approaches for enhancing safe mobility are centered on older adults themselves but also take into account the important roles of their families and the various professionals who work with them. These encompass both education and intervention, and cut across all points on the continuum. In addition, the framework explicitly takes into account the important role that administration/collaboration plays in the successful implementation of promising education and intervention strategies. Within this framework the report recommends a number of specific resources, programs, interventions, and administrative strategies. In addition, the report presented the following themes and/or conclusions that emerged from the synthesis:

- The literature supports the idea of a comprehensive statewide approach or strategy for promoting safe mobility among older adults.
- Such an approach should be multifaceted and include education, intervention, and administration/collaboration components.
- Given the scope of this project, it is appropriate to have the Strategy focus on the person (whether it be the older adult or someone else who interacts with the older adult). However, it should be recognized that other aspects of transportation safety are important such as the vehicle and roadway environment and should be addressed in other projects.
- While it makes sense to break out education efforts from interventions to facilitate organization and understanding of the materials reviewed, there is clearly overlap between the two components and the boundaries are often blurred. This should be taken into account when it comes to actually developing the Strategy.
- Similarly, both education and intervention efforts often span multiple points along the safe mobility continuum. That being said, it is important that the Driver ESMP Strategy include education and intervention approaches targeted to each major point – safe driving, the transitioning process, and continued community mobility - so that the overall Strategy is as comprehensive in nature as possible.
- In addition, components of the Strategy should be directed at not only older adults themselves but also at the multiple stakeholder groups working to ensure safe mobility for older adults.
- While there are a multitude of education resources in use to promote safe mobility among older adults, most of them have not undergone formal evaluation. Thus, even though they may have been widely adopted and positively promoted as a means of improving safety or mobility, evidence is lacking about the extent to which they actually do this. This reinforces our decision to view the education component as limited to increasing awareness and general knowledge and not directly impacting safety.
- To the extent possible, the education approaches selected should be those shown to be effective.
- There are a handful of self-screening tools that have been evaluated and have been shown to increase awareness and knowledge.
- Given the unique characteristics that might set Michigan apart from other states, it is important to try to tailor the resources to the state. For example, an education tool might be customized to include specific Michigan resources, regulations, guidelines, and other information.

- The review of strategies being employed suggests that a “one-size-fits-all” approach is not optimal, especially given the heterogeneity of the older adult population, as well as the groups that serve this population to advance safe mobility. Therefore, consideration should be given to offering multiple options for key components of the Strategy.
- The review found that Michigan already has in place structures and initiatives for promoting safe mobility for older adults. What is needed is for the state to strengthen existing collaborations and efforts, by building on other efforts around the country.
- To facilitate ownership of a joint effort by stakeholders, successful collaborations tend to include a wide array of stakeholders early in the process.
- There are common factors that contribute to successful collaborations including having: a shared vision; shared goals and objectives; an organizing group with strong leadership; multidisciplinary and multijurisdictional representation; formal mechanisms for facilitating communication; opportunities for training and knowledge sharing; and well established procedures for planning and problem solving that can be implemented early in the process.
- There are existing models of successful collaboration that could be adapted to Michigan.
- The review also suggests an opportunity to apply successful components of commercial marketing to enhance efforts to promote safe mobility. In particular, social marketing and public health branding appear to be valuable approaches that can be incorporated into the Driver ESMP Strategy.
- Public health branding has been shown to be an effective way for the public and other stakeholders to become aware of health promotion initiatives and participate in their activities.

*Deliverable 1.2: Following consultation with the project manager and the advisory group, present a written report detailing recommended specific goals and objectives for the Michigan Driver ESMP education and intervention strategy model.*

Based on discussions with MDOT and the Advisory/Stakeholder groups, UMTRI developed recommended specific goals and objectives for the Strategy and presented them in a brief report (Appendix B) that includes three main goals, each with two objectives as follows:

- **Help older adults who are able to drive safely continue to do so**, by: 1) increasing awareness among older adults, their families, and professionals about age-related declines in abilities that can affect safe driving, what might be done to help overcome or compensate for these declines, and steps to take to evaluate one’s ability to drive safely; and 2) promoting training and/or retraining of older adults to help them overcome or compensate for age-related declines in abilities that can compromise safe mobility.

- **Facilitate the transitioning process from driving to non-driving for those who are unable or choose not to drive**, by: 1) increasing awareness among older adults, their families, and professionals about the need to plan for retirement from driving, as well as strategies for successfully managing the transitioning process; and 2) promoting training among professionals for counseling and supporting older adults considered to be candidates for transitioning from driving.
- **Support the use of non-driving community mobility options for those who no longer drive**, by 1) increasing awareness and general knowledge among older adults, their families, and professionals about non-driving community mobility options; and 2) promoting programs to help older adults manage their non-driving mobility needs.

*Deliverable 1.3: Provide written recommendations for key strategic government and organizational partnerships necessary or helpful to the success of the proposed education and intervention strategy model.*

From the start it was recognized that strategic and governmental collaborative partnerships would play a key role in the successful initial implementation and continuation of the Strategy. Based on the review of the literature UMTRI provided several written recommendations for effective organizational partnerships (Appendix B). The report discussed several factors known to contribute to cooperative efforts among agencies serving older adults including: shared goals, objectives, or vision; common values; commitment and trust; appropriate mix of partners; organizational champions; leadership and engagement at high levels; support from front line workers; and good communication processes. Based on these and other results, UMTRI provided several recommendations for establishing, strengthening, and/or sustaining such partnerships and collaborations:

- Establish within the Senior Mobility Work Group (SMWG) a committee for managing and facilitating the Driver ESMP Strategy, as well as subcommittees to address critical Strategy components.
- Have each member of the SMWG serve as a liaison to other members of his or her agency network with regard to disseminating materials and providing information.
- Develop an action plan for the Driver ESMP Strategy overall and for each of the working groups that is updated on an annual or bi-annual basis.
- Establish a regular meeting schedule for the group.
- Develop a “brand” for the Driver ESMP Strategy (including but not limited to a name, logo, mission statement, goals and objectives) that is accepted and used by all stakeholder organizations and associated with all “products” of the Strategy.
- Encourage (support, foster, facilitate) the integration of Driver ESMP Strategy goals and objectives into each stakeholder agency/organization strategic or long-range plan.

- Develop/organize an annual workshop/working meeting focused on the Strategy to be held in conjunction with the Traffic Safety Summit.
- Develop/maintain up-to-date listing of potential funding opportunities related to Strategy programs and initiatives as a resource for stakeholder organizations that includes synthesis of funding information in a format that consolidates information across multiple government agencies and allows easy comparison of funding requirements.

*Deliverable 1.4: Development of and presentation to the project manager and the advisory group, various design alternatives for a recommended education and intervention strategy model that could be utilized in Michigan.*

Based on the previous deliverables, UMTRI developed a set of recommendations for the Strategy that addressed: purpose; delivery format or setting; content; target audience; and marketing. This report (Appendix C) provided further details about the guiding framework for the Strategy. Specifically, it proposed as general operating principles that the Strategy should be: 1) accessible through various media and communication methods; 2) flexible in terms of services being independent of one another to allow individuals and community organizations to choose based on various levels of resources; 3) respectful of the privacy and dignity of individual users; and 4) supportive of personal independence, in the sense that the model is perceived by users as an ally for personal mobility, rather than a punitive threat.

The report also reiterated the three previously discussed Strategy goals and objectives, laid out specific programs and resources that addressed each goal and objective, and added the following fourth goal with two corresponding objectives with specific activities for these objectives:

- **Goal 4: Have in place strong partnerships among key stakeholders to actively support and market the Strategy** by implementing: 1) recommended partnership activities; and 2) marketing/branding activities.

The recommended partnership activities were discussed in Deliverable 1.3. The new recommended marketing/branding activities were:

- Develop a “brand” for the Driver ESMP Strategy (including but not limited to a name, logo, mission statement, goals and objectives).
- Ensure that the brand is accepted and used by all stakeholder organizations and associated with all “products” of the Strategy.
- Work with marketing professionals to develop and implement a marketing plan for the Strategy.

The report also included a one-page, detailed description of each recommended program and resource.

*Deliverable 1.5: Conduct interviews with selected representatives of prospective consumer users and with representative government and organizational partner agency*

*groups who will be using or supporting the strategy model, to gauge consumer and organizational reaction and receive input to various design alternatives in a short report.*

Two sets of telephone interviews were conducted by the UMTRI research team. The first set of interviews was carried out with people directly involved in designing, implementing, and/or overseeing programs identified in the literature as best practices or promising approaches that could be incorporated into the Strategy. The purpose of these interviews was to learn more about the identified programs, particularly from a logistical standpoint, and discuss how feasible it would be to replicate them or expand them to Michigan. We were especially interested in what resources it would take, what organizations or agencies would be most appropriate to involve in Michigan, what role the interviewees could play in the process, and other issues that we should be considering as we moved forward to finalize the Strategy. The complete results of this activity are documented in Appendix D and briefly reviewed here. The following themes emerged from the interviews:

- The Driver ESMP Strategy was well received.
- Most groups expressed an interest in continued involvement in efforts associated with the Strategy.
- Several interviewees emphasized that stakeholder organizations play a central role in providing information and resources to their members. Collectively, professional organizations were seen as an important mechanism for building support for the Strategy and then disseminating information about the Strategy once it was in place.
- There was great value reported in having a central website for the Strategy, not only for providing information to stakeholders but also to ensure a unified approach throughout the state to address safe mobility issues among older adults.
- Many expressed interest in supporting development and/or updating of content for the website.
- The issue of how to reach people who do not use a computer was raised by one organization. Related to that was how older adults with cognitive decline could be helped to maintain mobility, especially given that people whose cognitive decline is interfering with their ability to drive will also not be able to navigate the internet.
- There was an interest in and support for the Strategy website to build on complementary efforts already underway in other stakeholder organizations, in particular, the Michigan Department of State (MDOS).
- Most stakeholder organizations were supportive of using their networks to disseminate information about the Strategy to groups and individuals with whom they work.
- Several challenges were identified with regard to the medical community, especially physicians. Given the short time available for each patient interaction and the heavy demands on physician time, it was noted that any Strategy elements targeted to physicians will need to clearly demonstrate a “return on investment”.

- It was clear from the interviewees that many professionals are inundated with training for all aspects of their jobs. Most stakeholders saw a need for training of their organization's staff but at the same time pointed to scarce resources including staff time. Because of this, more narrowly-focused training delivered in self-contained units or modules was seen as desirable.
- Collectively, the interviews pointed to a perceived need for and interest in relatively short information and training videos on various aspects of older adult safety and mobility.
- Preferences for other forms of training were mixed. Some stakeholders highlighted the importance of continuing education options that did not require travel. However, several stakeholders did not think that members of their profession would be inclined to seek out continuing education credits through an online curriculum (e.g., physicians). One drawback of "real time" on-line training identified was the need to have everyone available and on the site at one time. Training delivered on-line, but at a time convenient to the user, was considered to be more flexible.
- Online or electronic formats were also seen to have the benefit of being more appealing when the topics are uncomfortable ones.

*Deliverable 1.6: Provide the project manager a written report of Phase 1 findings, together with written recommendations for objectives and actions to be taken in Phase 2.*

The UMTRI team developed a final report for Phase 1 that described all activities and outcomes for that phase. The report also included the following recommendations for specific activities to be conducted in Phase 2 of the project:

- Develop two to three potential brand ideas including logos.
- Develop content, programming, and hosting arrangements for website.
- Establish a vision for the management structure including the agencies to be represented, and specific roles and responsibilities for members.
- Create a team of ambassadors to cultivate support from high level leadership and provide them with a package of unified materials to be used in outreach efforts, as well as a plan and schedule for marketing and communication.

## **Phase 2**

Phase 2 of the project largely involved activities to get the Strategy ready for both implementation and evaluation. Specifically, the activities involved 10 tasks, each with a deliverable in the form of a report. Here we briefly summarize these activities and outcomes of Phase 2.

*Deliverable 2.1: Finalize and provide written documentation of a pilot education and intervention strategy model that will be developed and assessed during Phase 2 of this project, based on information gained in Phase 1.*

*Deliverable 2.2: Develop and provide a written plan for producing the Phase 2 model.*

The first two deliverables were combined into a single document that can be found in Appendix E. Based on the Phase 1 outcomes and discussion with MDOT and the Advisory/Stakeholder group, a draft Strategy was developed and is illustrated in Figure 1.

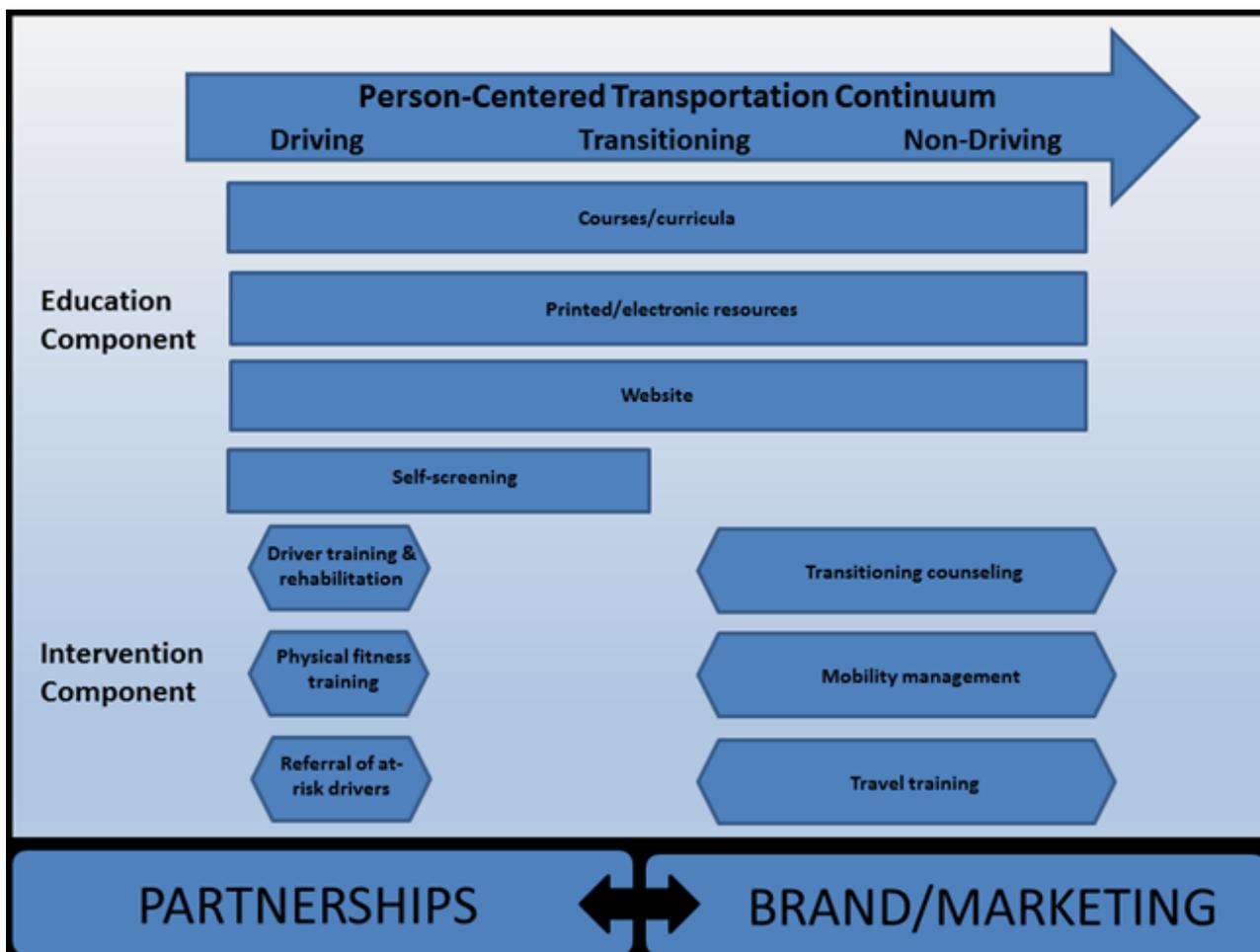


Figure 1: The Final Older Driver Education and Safe Mobility Planning Strategy Model

Deliverables 2.1 and 2.2 presented details on four critical areas for implementation of the Strategy. These were: 1) a well-defined brand for the overall Strategy; 2) a centralized and comprehensive website; 3) a well-articulated vision for the Strategy’s management structure; and 4) an effective mechanism to obtain high level buy in from key stakeholder organizations. For this latter area, UMTRI proposed an Ambassador Team approach to obtain the requisite buy in. This program was envisioned as involving a team of ambassadors to cultivate support from high level organizational leadership, with each member of the Ambassador Team being provided with a package of unified materials to be used in outreach efforts, as well as a plan and schedule for marketing and communication.

*Deliverable 2.3, part 1: Develop and provide a written plan for assessing different features of the model. To the extent possible, the assessment process will involve obtaining feedback from individuals and organizational representatives from a wide geographical area.*

As the project progressed, it became apparent that the Strategy needed a brand/logo that captured the intent of the Strategy, before the other areas could be addressed. MDOT, in conjunction with select members of the Advisory Group began developing some logo/slogan ideas. This deliverable described the plans for focus group and structured interview testing of these and other logo/slogan ideas. Full details can be found in the report (Appendix F).

Plans for testing the example brand logo/slogan ideas were carried out by the UMTRI research team. The methods, results, and conclusions were detailed in a report (Appendix G). In brief, the conclusions were:

- There were no significant differences in opinions and perceptions about the logo/slogan ideas between the older adults in rural and urban areas.
- Most interviewees thought that the brand should not just be about driving, but about all forms of community mobility including driving, riding as a passenger, using transit, walking, bicycling, and so forth.
- The majority of interviewees thought that the target audience for the Strategy needed to be identified in some way; that is, it needed to be clear that the Strategy was intended largely for older drivers and not for other age segments of the population.
- That being said, the term 'older drivers' was not viewed favorably by interviewees; most found it offensive and/or not meaningful in terms of which age group it was referring.
- Most preferred the brand idea "aging with independence and mobility." It was considered to be more positive and respectful, and to best capture the purpose and scope of the Strategy. In particular, the words "aging, independence, and mobility" resonated not only with older drivers and family members, but also with many of the professionals.
- In general, however, interviewees were not enthusiastic about how the "aging with independence and mobility" brand idea was conceptualized as a logo/slogan design. Reactions about many of the design elements were mixed, with little consensus about how best to depict the brand.
- However, one area of agreement was that any logo/slogan used should reference the state of Michigan as this is intended as a statewide Strategy specifically for Michigan.

Based on this feedback, MDOT and the project team continued to develop brand logo/slogan ideas and finally decided on the concept depicted in Figure 2. At this point, the Strategy was renamed Safe Drivers Smart Options (SDSO).



Figure 2: Final Brand Concept, Logo, Slogan, and Tagline for the SDSO Strategy.

*Deliverable 2.3, part 2: Develop and provide a written plan for assessing different features of the model. To the extent possible, the assessment process will involve obtaining feedback from individuals and organizational representatives from a wide geographical area.*

The second part of this deliverable was developed several months after Part 1 and described plans for testing the website (Appendix H). The report noted that both the management structure and Ambassador Team for the Strategy represented internal mechanisms to help implement and sustain the Strategy. To that end, they were not focused on the primary audience for the overall Strategy – older drivers – or even the secondary audience of family members and caregivers, but rather, they were exclusively made up of and focused on the stakeholder organizations who serve older drivers and their families. Therefore, the assessment of the management structure and Ambassador Team was an appropriate part of the process evaluation that was planned to be conducted in Phase 3 of the project.

*Deliverable 2.4: Implement the plans developed in Tasks 2.2 and 2.3.*

*Deliverable 2.5: Conduct analysis of assessment data and provide a written report of the conclusions of assessment of different features of the model.*

Once the logo and slogan for the SDSO Strategy were finalized, MDOT used internal resources to develop a comprehensive website. Development of the website was guided by a subcommittee of the SDSO Advisory group and members of UMTRI and MDOT. The website was to be targeted toward the three audiences identified early in the project—older drivers, family members or friends of older drivers, and professional who work with older people on transportation issues. The URL for the website is: <http://www.michigan.gov/agingdriver>.

Deliverables 2.4 and 2.5 (Appendix I) documented the methods and results of the UMTRI research team's testing of the website. For the testing, different methods were used for the different website audiences. Separate focus groups were conducted with aging drivers and with people who provided care for aging family members. The

professionals completed an online survey. All participants were recruited by convenience sampling.

The results showed that, overall, the website was positively received by all groups, with the professionals and family members/caregivers reporting the greatest value. Reactions to the look of the website were quite positive overall, but some suggestions for improvement were given. All three groups liked the organization of the content and reported that the site was easy to navigate. The website's content was considered to be very good by an overwhelming majority of people. Several suggestions, however, were made about including additional content. Finally, some participants wondered how the site content was going to be added to and kept current.

Based on the outcomes of these discussions, the following recommendations regarding the SDSO website and/or Strategy were made by the UMTRI team:

- The text size, color, and background contrast should be changed to improve legibility. Many websites have an option that allows users to change font size. Such a feature should be considered for the SDSO website.
- The website should contain a brief discussion about the level of resources available. Several people commented that many of the resources are not really local. In cases, it was not apparent that to reach local resources, such as in the find-a-ride section, the user may need to search within an organization's website to locate local information.
- The Strategy needs to establish a way to evaluate and include new resources into the website. For example, the "Clinician's Guide to Assessing and Counseling Older Drivers" on the website is outdated, as a newer edition was just published.
- Under the "family and friends" section, the heading "Assisting Aging Drivers During and After Their Decision to Retire from Driving" should be reworded to "Assisting Aging Drivers During and After The Decision to Retire from Driving."
- Several suggestions were made about additional content. These included: adding links to the ADED Fact Sheets; information on roundabouts; logos next to organizations on the "about" page; a suggestion box for users to provide comments; information about vehicle technologies for older drivers; add basic driving tips; information about new laws; and information about support groups.
- Consider some new photographs, including more Michigan-specific photos and persons of color.
- Some information resources were pointed out to be incorrect, particularly regarding contact information. While it is time consuming to check these, it is important to have contact and other information be accurate or the entire value of the site can be compromised. We suggest developing a process to check information, or at the very least, including a disclaimer that the site links to some information sources that are outside of the SDSO Strategy jurisdiction and these sources may contain incomplete or inaccurate information.

*Deliverable 2.6: Provide a written analysis of the resources needed to expand implementation and testing of the model statewide.*

*Deliverable 2.7: Identify specific target organizations and audiences for expanded model implementation and testing, along with rationale for recommending these organizations/audiences.*

Several changes to the website were made based on the outcomes reported in the testing, so plans could now be made to implement the SDSO Strategy within Michigan. Deliverables 2.6 and 2.7 (Appendix J) identified key organizations for the implementation of the SDSO Strategy. There was also a brief discussion of the resources that might be needed to expand implementation from these local areas to the entire state, as well as evaluate these statewide efforts.

As the end of Phase 2 approached, it became clear that because of delays in finalizing the logo and developing the website, certain tasks planned for Phase 2 would have to be conducted in the early part of Phase 3. These included data collection, analysis, and reporting on website, management structure, and the Ambassador Team. In the end, the website was evaluated during the Phase 3 period, and the results were reported in Deliverable 2.5, as already discussed. The management structure underwent several changes during Phase 3 and ultimately could not be tested. The Ambassador Team idea was never adopted.

*Deliverable 2.8: Present a draft written implementation plan for commencing wider testing of the model among target organizations and audiences, including a plan for budget and administrative support, and a plan for evaluation of the model.*

*Deliverable 2.9: Present a draft written plan for consultative support to various agencies and organizations involved in wider model implementation and testing. This deliverable will include delivery of a draft local program user guide, to assist local service providers in using the Strategy locally.*

Deliverables 2.8 and 2.9 (Appendices K and L) collectively describe plans for how UMTRI would assist in the implementation of the SDSO Strategy, both in the targeted local areas and statewide. These deliverables also discuss UMTRI's plans to evaluate the local and statewide efforts.

*Deliverable 2.10: Present final written report for Phase 2, and specific written recommendations for objectives and actions to be taken in a Phase 3 of the project.*

The final deliverable for Phase 2, described all of the activities and outcomes completed during this part of the project. The report concluded with recommendations for activities to be completed as part of a comprehensive plan to market the Strategy. These were:

- Develop and print a SDSO brochure that is either two-sided or tri-fold that briefly describes the Strategy, points out the target groups for the Strategy, and includes the Strategy website address.
- Develop and print several SDSO posters that can be placed in Secretary of State Offices, medical centers, etc.

- Print logo/website magnets or other promotional materials that can be handed out to target audiences.
- Secure funding for the development and printing of promotional materials.
- Develop short videos on the driver referral process that are specific to target audiences, such as law enforcement, medical/health personnel, and the public. These video should be included on the website.
- Develop a photograph bank so that the website look can be periodically refreshed and updated.

The report also noted that before the Strategy could be implemented, a viable leadership and management structure needed to be in place. The report discussed how MDOS agreed to not only host the website moving forward but to also devote personnel and other resources to manage and sustain the Strategy. A draft management structure led by MDOS was also discussed.

### **Phase 3**

The objectives of Phase 3 were to facilitate implementation of SDSO at targeted service delivery locations and statewide and to evaluate the SDSO Strategy. The deliverables for this phase report on the activities and results of these activities.

*Deliverable 3.1: Draft a report on the baseline awareness of the SDSO strategy among Michigan older adults, informal caregivers of older adults, and employees of stakeholder organizations.*

*Deliverable 3.2: Draft a report of the process evaluation activities, analyses, and results that this report will include a description of consultative support provided by the research team as well as a discussion of all process evaluation outcomes results.*

*Deliverable 3.3: Draft a report on the differences in awareness of the SDSO strategy among Michigan older adults, informal caregivers of older adults, and employees of stakeholder organizations.*

UMTRI conducted two statewide surveys of older adults, informal caregivers of older adults, and employees of stakeholder organizations who work directly with older adults and/or their informal caregivers. The first survey wave occurred early after the SDSO Strategy was first implemented and the second survey wave was conducted 3-4 months later. These surveys were intended to provide information on one important measure of the effectiveness of the implementation of the SDSO Strategy—level of awareness of the strategy among the primary target audiences. These surveys also addressed the information needs and preferred sources of information for the target audiences. The methods, results, and conclusions are detailed in Deliverable 3.1 (Appendix M) and 3.3 (Appendix O). In brief, the following results were found:

- There were few differences between survey waves for most of the questions including awareness of the Strategy.

- For older adults in both survey waves: the primary type of transportation assistance respondents received was being given rides; the top types of information sought were information on how to get around after retiring from driving and information on how aging affects driving; a large majority of older adults who use a computer to find information will search using an Internet search engine or will consult a government agency website; older adults use a variety of non-Internet sources for discovering information with family being the top source followed by health professionals, colleagues, TV/radio, and clergy; older adults place a relatively high level of trust in all information sources except social media, with the highest levels of trust for transportation professionals, libraries, and clergy; and very few older adults in either survey wave had heard the SDSO phrase/tagline or had seen the logo.
- For Michigan residents who provided unpaid transportation assistance to an older adult (informal caregivers): the type of transportation assistance provided was overwhelmingly giving rides; caregivers sought information on a variety of topics related to keeping older adults safely driving, driving retirement, and getting around after stopping driving; those who used a computer for seeking information primarily searched the Internet using a search engine or utilized a government website; a wide variety of non-Internet sources were also used with family, health professionals, colleagues, and aging professionals being the top sources reported; caregivers placed relatively high levels of trust in all sources of information, except wikis, blogs, and chat rooms; and very few respondents had heard the SDSO phrase/tagline or had seen the logo, with no differences between survey waves.
- The results for the survey of employees showed: a large majority had daily contact with older adults/families; employees reported needing a wide range of information to perform their jobs including, resources to help aging drivers retire from driving, information for families of aging drivers, details on how to refer older adults to the Secretary of State, and contact information for agencies that might be of assistance; employees used a variety of sources to obtain needed information with government websites, supervisors/employees, professional organization websites, and colleagues as the top sources; a large majority in both survey waves reported that more information about aging, driving, and mobility is needed; for those who used a computer for seeking information, more than 80% used a desktop with a smaller percentage using a laptop; about 40% had heard the SDSO phrase/tagline, with most encountering it at a Secretary of State office; and 20-30% had visited the website, with nearly all reporting that the website was "somewhat" or "very" useful.
- The lack of differences between the survey waves was not surprising because of the compressed time period to conduct the evaluation, there was only 3-4 months between waves leaving little time for the Strategy to be implemented in a significant way and the statewide implementation of the SDSO Strategy is being phased-in as various stakeholder groups begin to conduct activities to support the Strategy within their organization or group.
- The information that the three groups are seeking is generally available on the SDSO website.

- There are pros and cons for providing information through a website.
- Awareness of the SDSO Strategy is low.
- The older adult and informal caregiver surveys should be conducted again in another year or 2 to gauge awareness of the SDSO Strategy across Michigan once implementation efforts are more fully in place. We now have very good baseline information about awareness of the Strategy. Conducting additional surveys once sustained efforts have been made to promote the Strategy will allow the State of Michigan to determine the success of those efforts as well as determine the demographics for which additional effort is needed.

During Phase 3, the UMTRI research team also facilitated SDSO implementation at a few organizations that had service locations in both an urban/suburban setting (Washtenaw County) and a rural setting (Monroe County). The four organizations selected included: Michigan Department of State (licensing offices); Area Agency on Aging; Michigan State Police; and the Health Clinics. UMTRI conducted meetings (either telephone or in-person) with representatives from each organization and approaches were discussed for implementation, with a focus on what might work best for that specific organization. UMTRI also provided PowerPoint slides developed specifically for these organizations that included: why the Strategy is needed in Michigan; background on, and an overview of, the SDSO Strategy; partners involved in the Strategy; the special fit between the Strategy and each specific stakeholder organizations; components of the Strategy; programs of interest for each stakeholder organization; questions to consider in implementing the Strategy; and ideas for implementation. UMTRI also discussed plans for tracking the implementation efforts. A description of activities and results can be found in Deliverable 3.2 (Appendix N).

Briefly, the following themes emerged from our discussions with the organizations:

- SDSO implementation efforts were somewhat constrained by the relatively short time period available for putting activities in place; however further implementation is planned and being carried out.
- It was important to get high-level "buy-in".
- Several approaches were used for communicating with organizational staff about the Strategy, each building on the structure and established procedures of the particular organization.
- Many organizations want to use multimedia methods to bring the SDSO Strategy to the attention of target audiences.
- Actual demonstrations of the website were seen as effective or possibly effective for familiarizing organizational staff with the Strategy and the SDSO resources.
- More and/or better promotional materials should be developed.

Based on these results, the following recommendations were made:

- Delegation of implementation responsibilities will be necessary in most organizations. Therefore, there needs to be systematic mechanisms in place for follow up with staff to ensure that activities are being implemented.

- To optimize implementation of the Strategy, there should be top level management support within organizations. Therefore, it would be valuable to have talking points that could be used to obtain such support.
- The SDSO bookmarks can best be used as a reminder of the Strategy and website rather than a stand-alone resource. Therefore, efforts need to be in place to educate people about the Strategy that go beyond simply handing out the bookmark so that people have enough knowledge about the Strategy that they think the website will be useful to them.
- In most organizations, there are many competing priorities for the attention of target audiences. Therefore, it would be useful to have an eye catching poster as a focal point for the Strategy with materials that can be handed out in a location nearby.
- Because people like something tangible they can take away with actual advice in it, a brochure should be developed.
- *Michigan's Guide for Aging Drivers and their Families* should be revised to reflect the content of the SDSO Strategy including using its logo.
- To provide greater value to individual users, it would be helpful to add a general Q & A section to the website with frequently-asked questions and answers in language for lay people that direct them to appropriate parts of the website.
- As a way to gauge further needed content for the website and also to provide targeted information, adding an Ask the Expert section to the website should be considered.
- Strategy stakeholders should be polled to determine whether additional videos should be produced and which audiences they should target.
- There needs to be an active plan for continued implementation of the Strategy that involves direct communication with leaders of relevant organizations.

The final deliverable (3.4) is the present report.

## Conclusions and Recommendations

The SDSO Strategy went from a concept to reality in a 3-year joint effort led by MDOT with the assistance of UMTRI, MDOS, and several other organizations. The development effort involved evaluation among stakeholders and target audiences of each component, an analysis of the scientific evidence of effectiveness of each Strategy resource, and careful consideration of how to manage the Strategy for both initial implementation and sustained support. We conclude that the development and initial implementation of the Strategy has been a success, despite the relatively low awareness of SDSO among Michigan's older adults and informal caregivers at this time. A critical component of this success is that SDSO is now being managed by MDOS with dedicated personnel and support. When the project was originally conceived, it was known that the Strategy would need a home, but it was not known which organization would serve in this capacity.

As the Strategy continues to be implemented throughout the state, it will likely be adapted to continue to meet the needs of Michigan's residents. The following are a few

recommendations for the sustained implementation of SDSO. These recommendations are based on the project results and are organized into four categories. They are not listed in any particular order.

### **Website:**

- Website information, particularly contact information, can quickly become out-of-date. We recommend that, on an annual basis, all website links, contact information, and resources be checked and updated.
- The outcomes of the evaluation activities led to several suggestions for changes/improvements to the SDSO website. These suggestions were to: have a way to increase the font size, periodically change the photographs to keep the look of the website fresh; add a "question and answer" section; add an "ask the experts" section; and add more multimedia such as videos as they are created.
- A photograph bank should be developed so that the website look can be periodically refreshed and updated.
- The website should contain a brief discussion about the geographic level at which resources are available and where/how users may need to search to get community specific resources. For example, in the find-a-ride section, users may need to search within another organization's website to locate local information.
- Project results suggested that under the "family and friends" section, the heading "Assisting Aging Drivers During and After Their Decision to Retire from Driving" should be reworded to "Assisting Aging Drivers During and After the Decision to Retire from Driving."
- Several suggestions were made about additional content. These included: adding links to the ADED Fact Sheets; information on roundabouts; logos next to organizations on the "about" page; a suggestion box for users to provide comments; information about vehicle technologies for older drivers; add basic driving tips; information about new laws; and information about support groups.

### **Management and Implementation:**

- The continued success of the program will depend on the degree to which organizations integrate the SDSO Strategy into their normal operations. We recommend that the Ambassador Team concept be reconsidered and possibly adopted as a way to raise awareness of SDSO among high-level management in organizations.
- The integration of the SDSO Strategy goals and objectives into each stakeholder agency/organization strategic or long-range plan should be supported to ensure the long term sustainability of the Strategy and its institutionalization within stakeholder groups.
- SDSO stakeholders should be polled to determine whether additional videos should be produced and which audiences they should target.

- To optimize implementation of the Strategy, there should be top level management support within organizations. Therefore, it would be valuable to have talking points developed that could be used to obtain such support.
- The older adult and informal caregiver surveys should be conducted again in another year or two to gauge awareness of the SDSO Strategy across Michigan once implementation efforts are more fully in place. We now have very good baseline information about awareness of the Strategy. Conducting additional surveys once sustained efforts have been made to promote the Strategy will allow the State of Michigan to determine the success of those efforts as well as determine the demographics for which additional effort is needed.
- Funding should be secured for the development and printing of promotional materials.
- It is important to develop/maintain up-to-date listing of potential funding opportunities related to Strategy programs and initiatives as a resource for stakeholder organizations that includes synthesis of funding information in a format that consolidates information across multiple government agencies and allows easy comparison of funding requirements.
- There needs to be an active plan for continued implementation of the Strategy that involves direct communication with leaders of relevant organizations.
- A vision should be established for the management structure including the agencies to be represented, and specific roles and responsibilities for members.
- A package of unified materials (PowerPoints, etc.) should be created for use in outreach efforts, as well as a plan and schedule for marketing and communication.
- To maximize adoption of the Strategy, it is important to work with marketing professionals to develop and implement a marketing plan for the Strategy.
- Thought should be given to develop/organize an annual workshop/working meeting focused on the Strategy to be held in conjunction with the Traffic Safety Summit.
- An action plan for the SDSO Strategy overall and for each of the subcommittees that is updated on an annual or bi-annual basis should be developed.
- A regular meeting schedule for the SDSO management committees should be established.

### **Communication/Marketing:**

- The SDSO bookmarks can best be used as a reminder of the Strategy and website rather than a stand-alone resource. Therefore, efforts need to be in place to educate people about the Strategy that go beyond simply handing out the bookmark so that people have enough knowledge about the Strategy that they can assess its potential usefulness to them.

- In most organizations, there are many competing priorities for the attention of target audiences. Therefore, it would be useful to have an eye-catching poster or other visual resources, as a focal point for the Strategy with materials that can be handed out in a nearby location.
- Project results showed that the *Michigan's Guide for Aging Drivers and their Families* was a popular resource for older adults and, particularly, for family members/caregivers. We suggest that the next revision of the guide be made to directly link the guide to the SDSO strategy. This includes not only having the SDSO strategy prominently displayed on the cover, but also completely revising the content and organization of the guide to reflect the content, resources, and organization of the SDSO website.
- It would be useful to develop and print an SDSO brochure that is either two-sided or tri-fold that briefly describes the Strategy, points out the target groups for the Strategy, includes some helpful tips and/or facts, and includes the Strategy website address.
- Short videos on the driver referral process specific to target audiences should continue to be developed. These video should be included on the website.
- Additional effort should be devoted to familiarizing those groups/institutions with the SDSO Strategy that both Michigan older adults and family members/caregivers report as trusted sources of information on aging and transportation. Project results showed that these groups are: clergy, libraries, classes/lectures, community centers, and TV/radio.

### **Monitoring and Integration of Evidence-Based Resources:**

- New resources will continue to be developed across the country and internationally. Some of these resources may appear appropriate for inclusion on the SDSO website, even if they have not been evaluated in any way (e.g., programs that “make people feel good”). An important component of the SDSO brand is that resources are included in the Strategy only after careful consideration of the empirical/theoretical evidence of their effectiveness. We therefore recommend that a process be developed whereby the empirical evidence for new resources are considered prior to including them in the Strategy. This process should include input from representatives from the scientific community.
- Given the unique characteristics that might set Michigan apart from other states, it is important to try to tailor the resources to this state. For example, an education tool might be customized to include specific Michigan resources, regulations, guidelines, and other information.
- To ensure that new and emerging evidence-based practices and initiatives are identifies for possible inclusion in the strategy, a dedicated annual meeting should be held with the SDSO management, researchers, and other relevant

stakeholders. This meeting should focus exclusively on new evidence-based programs, practices, resources, and initiatives.

- From the outset, the Strategy was designed to center on person-based education and intervention. As the strategy is implemented in the coming years, careful consideration should be given to expanding the strategy to include vehicle-based and infrastructure/environment based resources. Such expansion would provide the most comprehensive approach to maintaining safe mobility for Michigan's older adults.

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## Appendix A: Deliverable 1.1



### **Analysis of Existing Education and Intervention Strategy Models**

Phase 1 Deliverable 1.1 for the project:

**Research, Program Design, and Test Implementation of a  
Comprehensive Statewide Older Driver Education and Safe Mobility  
Planning Strategy (“Driver ESMP Strategy”)**

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## **1.0. INTRODUCTION**

Like people of all ages, older adults consider mobility (i.e., the ability to get from place to place) essential to conducting the activities of daily life, staying socially connected with their world, participating in activities that make life enjoyable, and increasing quality of life (Eby, Molnar & Kartje, 2009). In the United States (US) and in Michigan, personal mobility is frequently equated with being able to drive a personal automobile. However, because of age-related medical conditions and the medications used to treat them, as people age into older adulthood they are more likely to experience declines in abilities needed for safe driving. Michigan's population is aging and it is estimated that by 2030, older adults age 70 and older will represent about 14 percent of the state population (Eby, Molnar, Kostyniuk, St. Louis & Zanier, 2011). Thus, Michigan is facing a coming wave of older adults who, based on available evidence, will: be driving more than the current cohort of older adults; be dependent on the motor vehicle for mobility; likely be experiencing declines in driving related skills; and will want and expect to have their mobility needs met if driving is limited or no longer possible or desired.

To address these issues, the Michigan Department of Transportation (MDOT) has contracted with the University of Michigan Transportation Research Institute (UMTRI) to plan, test, and implement an effective, sustainable statewide safety education and intervention strategy to support the safe mobility needs of an aging population. The project has been termed Older Driver Education and Safe Mobility Planning Strategy (Driver ESMP Strategy). The goals of the project are to promote self-screening of personal driving skills; to make skill building tools available to extend safe driving; and to assist older drivers and any support givers in making a safe and independent transition from personal vehicle use to other options for personal mobility and independence. It is expected that the end product "education and intervention strategy" will take the form of a relatively flexible service delivery package or product, containing some combination of at least three components: an education component (focused on increasing awareness and general knowledge), a direct intervention component (focused on training, retraining, or compensation of deteriorating skills, planning and finding workable transportation alternatives), and an administrative/collaborative component (finance and budget as well as medical/social/public safety and transportation agency collaboration and coordination).

### **1.1 Project Overview**

This project is being undertaken in three phases. The objective of Phase 1 is to identify and evaluate potential models that could be incorporated into the Driver ESMP Driver Strategy. Specific outcomes of Phase 1 include:

1. Written analysis of current education and intervention strategy models used in other states or organizations.
2. Recommended goals and objectives for the Michigan Driver ESMP Strategy.
3. Recommendations for key strategic government and organizational partnerships necessary or helpful to the success of the proposed strategy.
4. Set of various design alternatives for a recommended model for Michigan.
5. Written documentation of interviews with selected representatives of groups, agencies, and organizations that will be using or supporting the model, to gauge consumer and organizational reaction and receive input to various design alternatives.

6. Written report of all Phase 1 findings, together with recommendations for objectives and actions to be taken in Phase 2.

The objective of Phase 2 is to pilot and evaluate components of the driver ESMP Strategy. The purpose is to determine which combination of model components works best to meet the overall objectives and characteristics of the education and intervention strategy statewide. Work in this phase will include designing and implementing one or more pilot programs of specific duration in at least one urban and one rural geographic area, as well as testing of any media based education and promotional components of the model intended for statewide implementation; coordination of pilot implementation with appropriate governmental, business, and health and social service organizations in selected geographic areas; evaluation of the effectiveness of the program to meet consumer needs; and evaluation of potential of the pilot models for financial and programmatic sustainability over time.

The objective of Phase 3 is to implement the selected Driver ESMP Strategy and conduct overall effectiveness evaluation. During this phase of implementation, we will actively consult with service program personnel to facilitate process improvement and other fine tuning of the service delivery model. We will also be conducting an evaluation of the effectiveness of the statewide and locally installed components of the model. A final report will be completed that presents findings from the evaluation with recommendations on the feasibility of statewide implementation of the model.

This report represents the first outcome of Phase 1 of the project. Specifically, it presents findings from the analysis of current education and intervention strategy models used in other states or organizations. Where possible, we included an assessment of the program's potential use as a component of a Michigan Driver ESMP Strategy, and a determination of whether the effectiveness of the comparable models had been measured, or if effectiveness was planned to be measured in other states and organizations.

## **2.0 BACKGROUND**

The first Baby Boomer will turn age 70 in 2016 and by 2033 all living Baby Boomers will be older adults (Molnar & Eby, 2009). As described in several reviews of the aging and mobility literature, much research has been conducted in the past decade with a focus on maintaining safe mobility for older adults and facilitating the transition from driving to nondriving (Dickerson et al., 2007; Eby et al., 2009; Molnar, Eby, St. Louis & Neumeyer, 2007). The National Highway Traffic Safety Administration (NHTSA, 2013) recognizes the importance of helping older drivers maintain safety and mobility and has called for reframing the goal of older driver programs to reflect this as well as the idea that aging drivers need to plan for eventual modifications to their driving habits.

To this end, Dickerson et al. (2007) identified a framework for older adult safe mobility based on the recognition that older adults who are able to drive safely should be helped to continue to do so; and those who are unable or choose not to drive should be supported in their transition to nondriving and other forms of community mobility (Molnar, Eby & Dobbs, 2005). This framework is represented by a transportation continuum. As described by Dickerson et al.

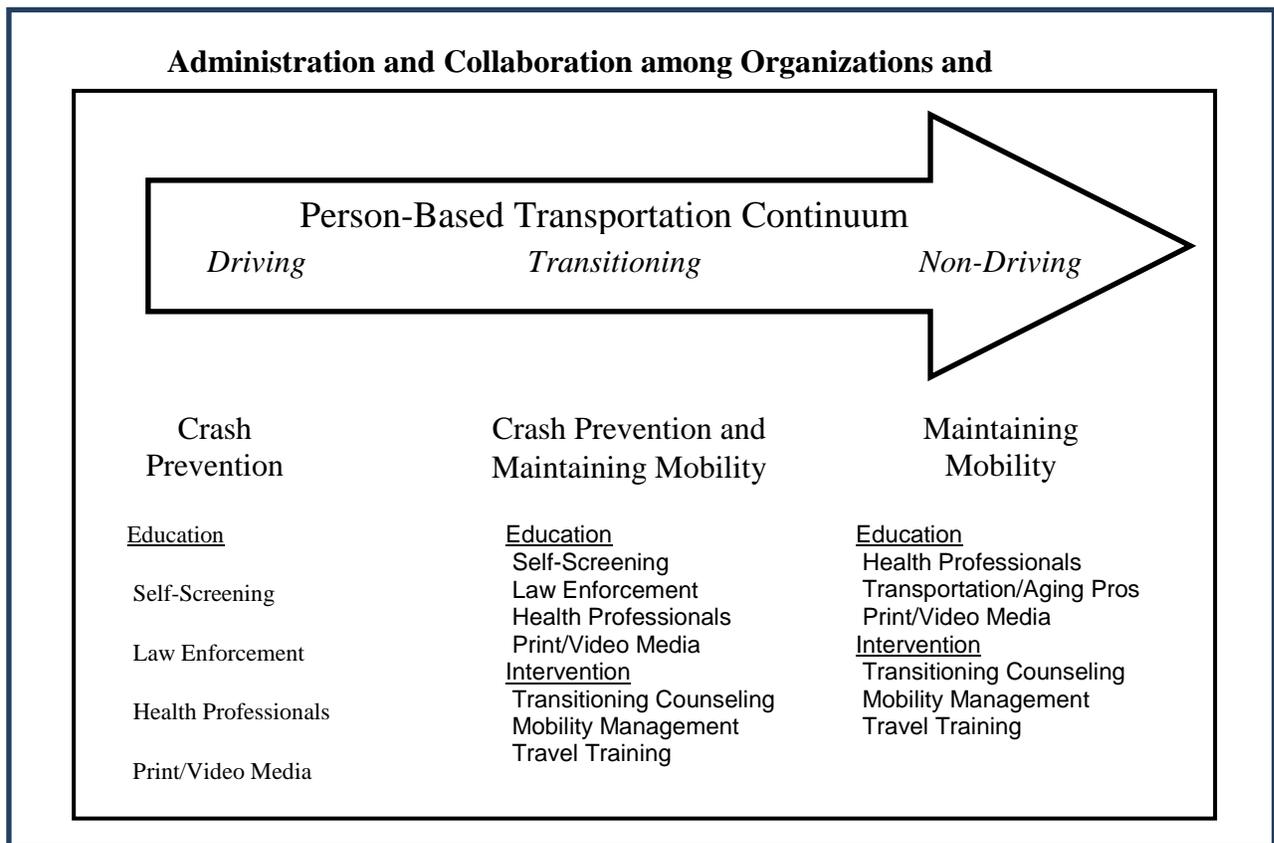
(2007), at one end of the continuum, mobility is enabled through independent driving, with crash prevention being the main focus of research and programs. The authors identified driver-related, vehicle-related, and environment-related approaches considered to hold the greatest promise for reducing crashes and injuries among older adults. Driver-related approaches included screening/assessment and rehabilitation. Vehicle-related approaches included modifications and advanced technology. Environment-related approaches included roadway design. At the other end of the continuum, mobility is provided through nondriving modes, with the focus of research and programming being on the maintenance of older adult mobility through alternative transportation options. Between the two ends of the continuum older adults are transitioning from driving to nondriving; here the focus of research and programs is on the maintenance of both driver safety and mobility.

This framework provides a useful starting point for this project given its focus on the safe mobility continuum for older adults and the explicit inclusion of the transitioning process from driving to nondriving. At the crash protection end of the continuum, the driver-related (or more generally, person-related) approaches are of particular interest and applicability to this project in terms of thinking about potential education and intervention components of the Driver ESMP Strategy for Michigan. It should be noted that although vehicle-related and environment-related approaches form an important part of a comprehensive and multi-faceted strategy for maintaining safe mobility for older adults, they are beyond the scope of the project and are therefore not included in the Driver ESMP Strategy.

Although the Dickerson et al. (2007) framework does not explicitly include administration/collaboration, our thinking about this third component of the Driver ESMP Strategy was informed by Classen, Eby, Molnar, Dobbs, and Winter (2011). Building on the work of Dickerson and her colleagues, they recognized that there might be institutional or system-wide issues that facilitate or impede the success of approaches for achieving safe mobility and that without addressing these issues, even evidence-based programs and policies may not necessarily be successful. Of particular interest to this project was their observation that lack of collaboration and communication among stakeholders can result in a negative impact on outcomes (often referred to as a “silo effect”). The authors identify strategies for eliminating silos including ensuring four levels of capacity for effective community coalition building: membership capacity (having the right organizations involved with individuals who can work collaboratively and have positive attitudes about other stakeholders); relational capacity (positive climate, shared vision, power sharing, values diversity, and positive external relationships); organizational capacity (effective leadership, formalized procedures, effective communication, sufficient resources, and continuous improvement orientation); and programmatic capacity (clear objectives and realistic goals that are need-driven; Foster-Fishman, Berkowitz, Lounsbury, Jacobson, Allen, 2001).

Extending the work of Dickerson et al. (2007) by building on Classen et al. (2011), the framework developed by Dickerson et al. was modified to provide direction for identifying potential education, intervention, and administration/collaboration components currently in use that might be adopted or adapted for Michigan (see Figure 1). The framework continues to be represented by a continuum with driving safety at one end, nondriving mobility at the other end, and the transitioning process in between. However, the focus of promising approaches for

enhancing safe mobility are centered on the “person” rather than the driver, vehicle, or environment, to take into the account the important roles of not only older drivers themselves in this process, but also their families and the various professionals who work with them. However, similar to the driver-related approaches in the Dickerson et al. framework, the person-related approaches encompass both education and intervention. In addition, these person-level approaches are not just focused on crash reduction. Rather, they cut across several points on the continuum. Finally, the role of administration/collaboration in the successful implementation of promising education and intervention strategies has been explicitly incorporated into the framework. This framework served as the basis for the analysis of existing education and intervention strategy models which is summarized in this report.



**Figure 1. Framework for Driver ESMP Strategy**

### 3.0 METHODS

Current education and intervention strategy models or model components used by other states or organizations were identified and reviewed to assess their potential for inclusion in the Driver ESMP Strategy. The review encompassed the three components highlighted earlier: education, direct intervention, and administration/collaboration.

The education component focused on materials related to the provision of information intended to increase self-awareness and general knowledge about issues related to safe mobility. The target audience includes older adults themselves and also family members and other informal caregivers who provide mobility support. Professionals who directly or indirectly address the mobility needs of older adults (e.g., health care and human services professionals, law enforcement) are also able to take advantage of these educational efforts as they interface with the older adult population. Examples of education efforts include self-screening tools, informational websites, brochures, toolkits, and classes or courses.

The direct intervention component focused on materials related to actual training/retraining efforts to compensate for or remediate driving-related declines. Training or retraining efforts also focuses on the use of non-driving community mobility options when driving is no longer possible or desired. Examples of direct intervention include rehabilitation/remedial training by occupational therapists, cognitive or physical fitness training programs, mobility management, travel training, and support groups for individuals with cognitive loss to facilitate the transition from driving to nondriving.

The administrative/collaborative component focused on materials related to strategies for establishing, strengthening, and sustaining partnerships among and between state level government organizations and community agencies. Such partnerships are vital to developing shared understandings and to leverage resources among the diverse organizations and agencies that directly or indirectly impact the safe mobility of older adults. At the same time, it is important to build on existing collaborations to take advantage of relevant work that has already been done and minimize duplication of effort.

The review of education and intervention strategy models or model components was conducted using several approaches. First, a review of the literature was completed, using search criteria derived from our knowledge of the aging and mobility literature, recent reviews of the literature conducted by members of the project team (e.g., Eby et al., 2009; Molnar et al., 2007), and discussions with MDOT (taking into account MDOT's preliminary identification of models in Florida, Oregon, Missouri and elsewhere). The following databases were searched for relevant articles: TRISonline, ProQuest, ScienceDirect, Google Scholar, UM-MIRLYN, and UMTRI's Library). We also conducted a scan of relevant websites (e.g., National Senior Transportation Center, Easter Seals Project Action, Beverly Foundation, AAA, AARP, Foundation for Traffic Safety, and state websites such as Florida's website) to identify research reports and materials that may not be found in other databases.

In conducting the literature search, appropriate search criteria and key words were first identified. For examples, various combinations of the terms aged, driver, education, strategy,

model, plan, intervention, mobility, evaluation and so forth were entered into the various databases as index terms, as part of an iterative process. Inclusion criteria for pulling articles included: English language, predominantly from the US but also from outside US as appropriate, focus on public education, direct intervention, or administration/collaboration components. The Zotero reference management software package (<http://www.zotero.org/>) was used to facilitate identification, retrieval, and storage of reference and other bibliographic information (e.g., to directly import bibliographic information from bibliographic databases, search library catalogs and free databases from within the software program itself; and organize PDFs of the full articles).

Input was also sought from the advisory group and stakeholders group about promising strategies or models that may have been missed from the other literature search activities. Advisory and stakeholder group members were asked to provide sufficient information so that programs could be contacted for additional information.

## **4.0 FINDINGS**

In this section we summarize findings from the review of the published literature, as well as programs and initiatives identified by stakeholders serving in an advisory capacity to the project. As part of the analysis, we tried to assess the extent to which the effectiveness of the comparable models and model components had been measured so as to identify “best practices” that could be adopted or adapted in Michigan. In the area of road safety education, best practices have been described as methods, processes, or activities which have been clearly demonstrated through formal evaluation and shown to be successful in achieving specified road safety education programmatic objectives and provide guidance for the effective delivery of similar road safety education initiatives (Divall, 2011). This was important because to the extent possible the Driver ESMP Strategy is intended to be evidence-based. At the same time, we know that many programs and initiatives have not been formally evaluated. When it was not possible to establish a clear understanding of best practice, we tried to focus on areas of common practice (Divall, 2011). Thus, a comprehensive approach was used to assess the potential of current strategies to be included in the Driver ESMP Strategy.

### **4.1 Education**

A major focus of education efforts directed at older drivers and their families, as well as professionals who work with older adults, is to increase self-awareness and general knowledge about issues related to safe mobility. The lack of such knowledge has been identified as an important but remedial barrier to advancements in the safe mobility of older drivers (Classen et al., 2011). Current educational resources are delivered in many ways and are directed at various target audiences. For example, professions involved with older drivers include not only transportation, law enforcement, health (e.g., physicians, physician assistants, nurses, and nurse practitioners), and occupational therapy, but also people involved with human services and aging agencies just to name a few. As noted by Molnar et al. (2007) educational efforts should build on what is known about functional declines that become more prevalent with aging, how they affect driving, what can realistically be done to address the declines, and what options are available for continued mobility once driving is no longer possible or desired. Thus, collectively and often individually, educational resources span the entire safe mobility continuum, including

maintaining safe driving, transitioning to non-driving, and maintaining mobility through alternative transportation options. In this section we review findings from the literature on education efforts relative to older adult safe mobility. While these efforts can be characterized in a variety of ways, we have grouped them into three main categories to reflect what we see as the natural breakouts in the literature: self-screening for older adults and their families; curricula, courses, and certification programs for professionals; and other educational resources for older adults, their families, and the professionals who work with them in various capacities.

#### ***4.1.1 Self-screening for older adults and families***

An important component of any comprehensive strategy for maintaining the safe mobility of older people is the use of tools that help older drivers understand the functional declines that they may be experiencing, what these declines mean for safe driving, and what they can do to maintain safe driving for as long as possible. These tools – called self-screening tools – are characterized by the following (Eby, Molnar, Shope, Vivoda & Fordyce, 2003; Lang, Parkes & Medina, 2013):

- Self-administered (perhaps with some help).
- Voluntary, with the results not being reported to a medical or licensing authority.
- Provide individualized feedback to the older driver, including feedback of functional declines and specific advice for maintaining mobility (e.g., behavioral changes, further assessment, and/or vehicle modifications).

As discussed by Eby et al. (2003) there are several advantages to self-screening. First the environment for taking the self-screening tool is chosen by the individual providing both a confidential and nonthreatening location for receiving information about one's ability to drive safely. Thus, individuals who may be resistant to having their driving abilities investigated formally may be more willing to engage in self-screening. Second, because self-screening instruments can be administered by oneself (or at least with minimal help), older drivers may self-screen and get driving-related feedback more frequently than formal assessment, and may discover deficits at an earlier stage. Third, the feedback from self-screening tools can help people plan for their future transportation needs, while maintaining a good quality of life, by providing individuals with individualized feedback concerning potential driving problems before they become serious. Finally, because self-screening tools come in simple formats (paper-and-pencil and website/computer program) they can be cheaply and widely distributed, allowing a large number of older drivers and the families of older drivers to benefit from them.

Self-screening tools also have important limitations. As discussed by several researchers (Eby et al., 2003; Lang, et al., 2013; Staplin, Lococo, Stewart & Decona, 1999), self-screening tools can only be used effectively by people without cognitive impairments. As such, some older adults with an elevated crash risk due to cognitive impairment may not be able to benefit from self-screening and may even be put at greater risk if they engage in self-screening and erroneously conclude that they are safe to drive when they are not. Self-screening tools are limited in that people must be motivated to answer questions honestly, to perform tests to the best of their abilities, and to critically consider the feedback. A lack of motivation in any of these areas can compromise the effectiveness of self-screening. A final limitation is that whenever people are

required to answer questions about themselves, accuracy can be reduced for a number of reasons, including forgetting.

Nevertheless, self-screening has been shown to be an effective way to increase an individual's awareness about how various declining abilities can affect safe driving, functional declines that the individual might be experiencing, and what can be done to extend safe driving. For those individuals seeking this type of feedback, there are numerous self-screening tools available in a variety of formats. However, most of these tools have either not been shown to be effective in scientific studies or do not provide individualized feedback. Examples of these self-screening tools targeted for an American audience include: *Drivers 55 Plus: Check Your Own Performance* developed by the AAA Foundation for Traffic Safety (1994; Malfetti & Winter, 1987); *Older Driver Skill Assessment and Resource Guide: Creating Mobility Choices* developed by AARP (1992); *Driving Safely While Aging Gracefully* developed by the USAA Insurance Company, AARP, and the National Highway Traffic Safety Administration (n.d.); and the *Physician's Guide for Assessing and Counseling Older Drivers: Are You Safe to Drive?* developed by the American Medical Association (Carr, Schwartzberg, Manning & Sempek, 2010).

There are several other self-screening tools that have been developed for foreign audiences and therefore are not optimal for use by US older drivers. Many of these also have not been formally evaluated for effectiveness. Examples of these include: *The Handbook for Safe Driving at an Older Age* developed by researchers at the National Technological University of Athens, Greece (Vardaki, Kanellaidis, & Yannis, 2010; Vardaki & Yannis, 2011); *The Devon Driving Decisions Workbook* adapted from an American self-screening tool (Eby, Molnar & Shope, 2000, Eby et al., 2003) by transportation professionals in Devon, United Kingdom (Husband, 2010); *Driving in Old Age—Buzzing Around* developed by the Swiss Council for Accident Prevention and the Swiss Association of Vehicle Licensing Offices (discussed in Lang et al., 2013); *Older but Safe! Useful Facts for Seniors on the Road* developed by Tour Club of Switzerland (discussed in Lang et al., 2013); and *ACT Older Drivers' Handbook* developed based on the tool developed by the AAA Foundation for Traffic Safety (1994) by transportation professionals from the Australian Capital Territory Government (ACT, 2003).

Three other self-screening tools designed for an American audience have been formally evaluated. One of these tools is the *Driving Decisions Workbook* (DDW), a paper and pencil, self-screening instrument developed by UMTRI (Eby et al., 2000, 2003). The workbook was designed to increase older drivers' self-awareness and general knowledge about driving-related declines in abilities, and to make recommendations about changing driving behaviors and strategies that could extend safe driving. The workbook also suggests further evaluation for individuals who may need it. Development of the DDW was guided by an extensive literature review, advice from a panel of experts on older drivers and mobility, and focus groups conducted with both older adults and the families of older adults. The framework for the workbook was based on a model of the influences on driving decisions developed by the authors that included three domains for screening potential driving problems—health (medical conditions and medication use); abilities needed for safe driving (vision, cognition, and movement); and an “other” category that included experiences, attitudes, and behaviors (Eby et al., 2000).

Scientific evaluation of the DDW showed that it correlated well with an on-road driving test, as well as several clinical tests of functional abilities, most of which are part of the test battery from the Model Driver Screening and Evaluation Program (Staplin et al., 2003). Older drivers in the validation study considered the DDW to be useful, and many reported an intention to make changes in their driving and/or seek further evaluation as a result of completing the DDW (Eby et al., 2003).

Another well-known self-screening tool is the *AAA Roadwise Review* (RR), available as an application that can be downloaded from the Internet or from a CD-ROM that can be purchased from an AAA office (Staplin & Dihn-Zahr, 2006). The RR is a self-screening tool adapted from the Driving Health Inventory, a clinical driver screening tool (Staplin & Dihn-Zahr, 2006). In developing the RR, certain procedures were modified from the Driving Health Inventory but the battery of tests was not changed – thus, the self-screening tool addresses the same critical safe driving abilities as the clinical tool. The design of the RR was guided by input from focus groups with older adults. The tool is a series of tests that the individuals either self-administers or are administered by a friend or family member. Scores on the tests are translated into feedback about the individual's ability to drive safely. The tool also allows older adults to assess their safe driving abilities and also helps them decide how to use the outcomes to continue driving safely by providing links to feedback tailored to individual performance on the measures.

Several evaluations of the RR have been published. In one study, researchers conducted a process evaluation of the RR with a convenience sample of 34 older drivers (Myers, Blanchard, McDonald & Porter, 2008). The study found that, overall, older adults had positive impressions of the RR. Feedback from the participants and observations from the researchers, however, revealed problems with how some of the tests were administered (particularly those that required a partner for administration), difficulty using the mouse, following protocols, and interpreting the results. Scialfa, Ference, Boone, Tay & Hudson (2010) compared outcomes of the RR to older drivers' self-reported driving difficulties, crashes, and driving violations. The study found that some of the tests exhibited ceiling effects and could, therefore, not be compared to the self-reported driving difficulty outcome measures. For the other tests, the study found that they did not predict self-reported driving difficulties. In a similar evaluation, Bédard, Riendeau, Weaver & Clarkson (2011) compared RR test scores to actual on-road driving performance (scored by a professional evaluator on an on-road circuit), rather than using self-reported driving difficulties. The study found limited congruence between scores on the RR and actual driving performance. Finally, Porter and Tuokko (2011) conducted an analysis of the RR. Ninety-six participants completed the RR in a laboratory setting and then completed a survey on their thoughts about the RR. They completed a similar survey two weeks later. The study found that participants were very positive about the RR, with the large majority of older drivers reporting that the RR made them more aware of changes that can affect driving, that they would recommend it to others, that the information could be useful for helping with discussing driving issues with family members, and that they would be willing to pay to use the RR. After the two week period, about one-half of participants reported that they had made changes to their driving based on the results of the RR. When asked about the RR tool itself, most had no suggestions but those that did tended to focus on the validity of specific tests and some commented on the lack of familiarity using a mouse and/or a computer.

The third self-screening was developed by UMTRI as follow-up work to the *Driving Decisions Workbook*. This tool is a web-based self-screening instrument based on “health concerns” that affect driving – that is, the symptoms that people experience due to medical conditions, medications used to treat them, and the general aging process – rather than the medical conditions or medications themselves. *The SAFER Driving: Enhanced Driving Decisions Workbook*, is intended to simplify the self-screening process, based on the premise that while there are a myriad of medical conditions and medications, they produce a relatively small number of health concerns that vary in severity, and in turn affect driving. Formal scientific testing of the instrument conducted by UMTRI showed that it correlated with a clinical evaluation and on-road assessment administered through an established driving assessment program at the University of Michigan managed by an occupational therapist, and that study participants reported planning to make changes in their driving and/or seek further evaluation following program completion (Molnar, Eby, Kartje & St. Louis, 2010).

#### ***4.1.2 Curricula, courses, and certification programs for professionals***

Professionals who interact with older drivers often have unique opportunities to educate and influence them about safety and mobility issues. At the same time knowledge gaps among professionals in the medical and law enforcement communities have been identified as important barriers to the advancement of older driver safety and mobility by stakeholders working with older adults (Classen et al., 2011). To address these gaps, several recent initiatives have focused on developing curriculum, courses, and/or certification programs for various groups of professionals. Several of the more noteworthy efforts are highlighted here.

##### **4.1.2.1 Law enforcement:**

The efforts of law enforcement are considered central to improving the safety of older drivers. Countermeasures falling within the scope of “law enforcement roles” received a rating of three out of five stars (likely to be effective based on balanced evidence from high quality evaluations or other sources) in NHTSA’s latest edition of *Countermeasures that Work* (Goodwin, Kirley, Sandt, Hall, Thomas, O’Brien & Summerlin, 2013). NHTSA identified three major roles of law enforcement: enforcing traffic laws, identifying drivers with potential impairments and referring them to licensing agencies, and providing information and education. Examples of the role of law enforcement in educating older drivers and the broader community were compiled by NHTSA for several states in a resource guide available on its website (NHTSA, 2003). To strengthen the ability of law enforcement to carry out all of its roles, several courses have been developed for officers. Some examples of relatively recent initiatives are highlighted here. Most were developed with input from experts and include pre- and post-tests of knowledge for participants but have generally not yet undergone more formal evaluation.

Under the administration of the International Association of Directors of Law Enforcement Standards & Training, NHTSA developed a 4-6 hour train-the-trainer instructor course designed to teach instructors how to effectively deliver a training course to new and in-service law enforcement officers and driver license examiners (NHTSA, 2007). The purpose of the training course is to provide participants with the knowledge needed to effectively interact with older drivers. The training course includes information on how the aging process affects older drivers, effective methods for interacting with and evaluating older drivers, and appropriate referral options available for older drivers. Course materials include an instructor manual, participant

manual, and supplemental videos. NHTSA is in the process of finalizing an on-line law enforcement course targeted directly to officers that builds on the train-the-trainer course. The new course was developed with input from experts in education and training, transportation, and law enforcement. However, it is not yet available.

A course on law enforcement's role in older driver safety has also been developed at the University of California, San Diego (Hill, Rybar & Farrow, 2014). The 2-hour course covers several topics including how age-related changes in health and status impair driving ability and increase crash risk; approaches to identifying impairment in older drivers; enforcement actions for documenting suspected impairment; and resources to assist drivers in evaluating and improving driving skill. The course is open to all interested law enforcement personnel and provides 2 hours of continuing education credits for law enforcement.

A workshop curriculum for law enforcement was developed by the Older Driver Education and Research Team (now known as the St. Louis Consortium for Older Driver at Washington University in St. Louis), in cooperation with Missouri State Highway Patrol and funded by a grant from the Division of Highway Safety, Missouri Department of Transportation (Older Driver Education & Research Team et al., 2007). As stated in the workshop training manual, the purpose of the workshop is to increase awareness about the effects of age-related changes in health and functional ability on driving ability and safety and to provide a structure through which observations of age-related concerns can be recorded and communicated effectively to support the driver licensing and review process. Training materials include the curriculum, case example video clips, a "Cited Driver Worksheet" tool, and the training manual. According to Meusser and Berg-Weger (2012), the curriculum was developed and implemented in 2006-2007 with 180 driver examiners and 500 trained statewide.

#### 4.1.2.2 Health professionals:

Health and medical professionals are often asked or expected to address concerns about older driver safety and mobility in the course of providing care to their patients, but few have received specialized training on driving issues and many physicians report being uncomfortable making decisions about their patients' fitness to drive or lack the necessary information to do so (Marshall, 2005). To address these issues, several initiatives have been undertaken to educate physicians and other health professionals. Some of the more promising curricula and courses are highlighted here.

The American Medical Association (AMA) developed a curriculum to provide clinicians with the core knowledge needed to evaluate the driver fitness of their patients, determine if patients are at increased risk due to a medical or functional problem, and if so, develop a plan for further evaluation and/or consideration of non-driving options for maintaining mobility (Meuser, Carr, Irmiter, Schwartzberg & Ulfarsson, 2010). The curriculum is comprised of five modules in a multimedia format, with slides, video case segments, and handouts. It is delivered in-person to physicians and other health professionals by trained teaching teams made up of a physician, rehabilitation specialist, and other driving specialist.

Development of the curriculum was based on the Physician's Guide to Assessing and Counseling Older Drivers, an initiative that came out of AMA's Older Driver Project, aimed at helping older

drivers continue to drive safely to preserve their mobility and independence (Wang & Carr, 2004). The guide (see Carr et al., 2010) is intended to assist physicians in planning for older driver safety and provides information on how to informally and formally assess older drivers, interpret assessment scores, and help manage and treat patients. Information is also provided on what physicians should know prior to referring patients to a driving rehabilitation specialist, how to counsel patients, legal and ethical responsibilities of physicians, state licensing policies and reporting laws, and medical conditions that may affect driving.

The curriculum was evaluated by examining changes in the attitudes and behavior of participants in 22 training sessions held in 2006-2007 (Meuser et al., 2010). A total of 693 participated in the sessions; of those, 235 completed both pre- and post-tests. Significant gains were found for all attitude and basic knowledge items (e.g., comfort with personal knowledge of topic, familiarity with driver rehabilitation options, comfort in counseling patients at risk, familiarity with state laws and procedures, regularly discussing driving with patients). Improvements in practice were also seen as measured by new adopters (e.g., incorporated driving questions into regular assessment, discussed driving as a clinical concern with any patient, specifically documented driving abilities in chart, worked with patient/family on driving retirement plan, referred patient for other driving evaluation). The authors concluded that an evidence-based, resource-oriented continuing education intervention can enhance health care practice with respect to the evaluation of older driver fitness and safety.

The AMA curriculum was expanded into a 2-hour multimedia workshop format delivered by a multidisciplinary team, with added focus on several dementia-related topics (e.g., dementia diagnosis, screening, and staging of impairment; Meuser, Carr, Berg-Weger, Niewoehner & Morris, 2006). The curriculum was evaluated by comparing participant knowledge, confidence, attitudes, and practice behaviors before and at three points after a series of workshops (Meuser et al., 2006). Results indicated modest gains in knowledge and confidence and significant increases in the frequency of driving-related practices (e.g., incorporating driving-related questions into clinical evaluation, reporting impaired drivers).

Another curriculum for health professionals was developed and evaluated recently in California (Hill, Rybar & Styer, 2013). The curriculum is intended to improve participants' ability to: understand the safety risks of older drivers; identify conditions that may put patients at risk for unsafe driving; and select appropriate screening tests to evaluate patients' level of function for driving fitness. It is focused on increasing awareness of referral and treatment options for patients determined unfit to drive, as well as California's driver licensing methods and requirements. The curriculum was delivered by physicians through 47 1-hour sessions from 2009-2011. Results of pre- and post-testing conducted with 641 of the participants indicated that the curriculum increased both confidence and ability to screen and intent to screen patients.

#### 4.1.2.3 Transportation, aging, human service, and other professionals:

In addition to law enforcement and health professionals, there are a variety of other professionals who work directly with older adults and may have an opportunity to inform and/or influence them with regard to issues of safe mobility. While these professionals may come from very different fields (e.g., transportation, aging, human services), they often face similar gaps in knowledge about older driver issues. Thus, some recent initiatives have been directed at

developing general curriculum and course materials that can be used by wide range of professionals.

One example of this is a recently developed on-line certificate program developed at the University of Massachusetts, Boston (Kerschner & Silverstein, 2014) that focuses on the mobility end of the transportation continuum after older adults have transitioned from driving. The course is targeted to professionals in the field of aging and transportation services interested in addressing older adult transportation challenges and managing services that meet the mobility needs of an aging population. Topics covered in the course include: older adult transportation needs, challenges, and options; older adult use of options; strategies for meeting the needs of older adult passengers; volunteer driver programs and volunteer drivers; and efficiency, effectiveness, and outcomes. The course consists of five modules, with each module equal to 10 hours of instruction (one continuing education unit) that are collectively delivered over 15 weeks.

The University of Massachusetts, Boston course is offered in “real time” and delivered in a team teaching format by two instructors (Nina Silverstein of U-Mass Boston and Helen Kerschner formally of the Beverly Foundation) as well as various guest experts (Silverstein & Kerschner, personal communication 1/7/14). All sessions are also archived with narrated Powerpoint presentations available for view by participants. Sessions are interactive with participants able to ask questions of the instructors and expert guests via a “discussion board.” Each session consists of a lecture as well as exercises completed by participants. The first course was recently completed and included 22 professionals from government agencies, senior centers, area agencies on aging, and planning organizations.

#### ***4.1.3 Other education resources***

In addition to the self-screening tools, curricula, courses, and certification programs discussed above, there are numerous resources (e.g., booklets, brochures, videos, websites) aimed at educating older drivers and/or those who might intervene to promote their safety (Stutts, 2005). Many if not most of these resources have not been formally evaluated. Hence their effectiveness is not known, leading to NHTSA’s rating of two stars out of five stars (effectiveness still undetermined; different methods of implementing this countermeasure produce different results) for the category of general communications and education in its most recent edition of *Countermeasures that Work* (Goodwin et al., 2013). Nevertheless, it is worth identifying available resources, especially because for the purposes of this project, education is considered a separate component from intervention for the Driver ESMP Strategy and is focused on increasing awareness and general knowledge as a precursor to behavior change rather than on improved safety or crash reduction. Table 1 presents summary information about each resource including its name, format (e.g., booklet, brochure, video), the primary target audience (e.g., older drivers, their families, various types of professionals), the sponsoring organization and website link if available, and a short description of the resource. This list is not intended as an exhaustive inventory of such resources but rather a sampling of some of the best known or most widely used resources in the US. Further detail on the education resources presented in the table can be found in Eby et al. (2009), Goodwin et al. (2013), Molnar et al. (2007), and Stutts (2005).

**Table 1. Summary of Selected Education Resources for Older Driver Safe Mobility**

<b>Name of Resource</b>	<b>Format</b>	<b>Target Audience</b>	<b>Organization And Website</b>	<b>Description</b>
<i>AAA Foundation for Traffic Safety</i>	Website for foundation	Professionals working in traffic safety, general population	AAAFTS <a href="https://www.aaafoundation.org/">https://www.aaafoundation.org/</a>	Conducts research to address highway safety issues. Mission is to identify traffic safety problems and foster research to seeks solutions and disseminate information and educational materials.
<i>American Association of Motor Vehicle Administrators</i>	Website for professional association	Motor vehicle and law enforcement community	AAMVA <a href="http://www.aamva.org">www.aamva.org</a>	Develops model programs in motor vehicle administration, law enforcement and highway safety.
<i>AAMVA GrandDriver Program</i>	Media and print	Older drivers, family members, general population	AAMVA <a href="http://www.aamva.org/granddriver/">http://www.aamva.org/granddriver/</a>	Comprehensive public information and education campaign that includes TV and radio public service announcements, billboards, print ads, brochures, and a speaker's bureau. Designed to promote awareness of older driver safety issues.
<i>AARP</i>	Website for membership organization	Individuals over 50	<a href="http://www.aarp.org/">http://www.aarp.org/</a>	AARP delivers information, advocacy and service to people age 50 and over.
<i>Alzheimer's Association</i>	Website for health and aging organization	Individuals with the disease and their caregivers, professionals and researchers that deal in Alzheimer's and dementia	<a href="http://www.alz.org">www.alz.org</a>	Alzheimer's Association works to enhance and care and support for those affected by Alzheimer's and related dementias, and is committed to accelerating progress of new treatments, preventions and a cure. Provides information about Alzheimer's disease, resources, research advances, publications, and events.
<i>American Medical Association</i>	Website for professional association	Physicians	<a href="http://www.ama-assn.org">http://www.ama-assn.org</a>	Resources for physicians and medical students in their efforts to help patients, and resources for patients regarding finding a doctor and the proper care.
<i>American Occupational Therapy Association</i>	Website for professional association	Occupational therapists	AOTA <a href="http://www.aota.org/olderdriver/">http://www.aota.org/olderdriver/</a>	AOTA provides information and resources to encourage and train occupational therapists to develop a specialty in driver rehabilitation.
<i>American Society on Aging (ASA)</i>	Website for association	Professionals that work with older adults, their families and caregivers	ASA <a href="http://www.asaging.org/">http://www.asaging.org/</a>	Supports those working with older adults and their families with professional education, publications and online

				information and training resources.
<i>Association for Driver Rehabilitation Specialists</i>	Website for professional association	Professionals working in driver education/training and vehicle modifications	ADED <a href="http://driver-ed.org">http://driver-ed.org</a>	ADED provides information and support to its membership and offers a driver assessment and rehabilitation certification program.
<i>At the Crossroads: A Guide to Alzheimer's Disease, Dementia, and Driving</i>	Booklet	Older drivers with dementia and their families	Joint project of The Hartford, AARP, and MIT AgeLab <a href="http://agelab.mit.edu/dementia-and-driving">http://agelab.mit.edu/dementia-and-driving</a>	Designed to help persons with dementia and their families maximize independence while minimizing driving risk. Provides suggestions for monitoring, limiting, and stopping driving.
<i>Community Transportation Association of America</i>	Website for association	Community and public transportation operators	CTAA <a href="http://www.ctaa.org">www.ctaa.org</a>	Provides programs and services to help transportation providers improve mobility for all people, particularly older adults and individuals with disabilities.
<i>Cues for Law Enforcement</i>	Pamphlet (also web-based)	Law enforcement officers	NHTSA <a href="http://www.nhtsa.gov/people/injury/olddrive/lawcues.html">http://www.nhtsa.gov/people/injury/olddrive/lawcues.html</a>	Intended to provide law enforcement officers with cues for determining safe operational needs of older drivers. Pamphlet contains information on barriers to safe mobility (e.g., medical conditions that can compromise safe driving, vehicle design issues, and roadway design issues), safe operational detection cues (e.g., driver orientation in time and place, appearance), and intervention options.
<i>Driver Fitness Medical Guidelines</i>	Booklet	Departments of motor vehicles and clinicians	NHTSA and AAMVA <a href="http://www.google.com/url?sa=t&amp;rc=j&amp;q=&amp;esrc=s&amp;frm=1&amp;source=web&amp;cd=1&amp;ved=0CCYQFjAA&amp;url=http%3A%2F%2Fwww.nhtsa.gov%2FDOT%2FNHTSA%2FTraffic%2520Injury%2520Control%2FArticles%2FAssociated%2520Files%2F811210.pdf&amp;ei=p1oTU57cB8L4yOHmhIAg&amp;usg=AFQjCNHNx5chSk2UbPyIaD0AyFUoZa1cWA&amp;bvm=bv.62286460.d.aWc">http://www.google.com/url?sa=t&amp;rc=j&amp;q=&amp;esrc=s&amp;frm=1&amp;source=web&amp;cd=1&amp;ved=0CCYQFjAA&amp;url=http%3A%2F%2Fwww.nhtsa.gov%2FDOT%2FNHTSA%2FTraffic%2520Injury%2520Control%2FArticles%2FAssociated%2520Files%2F811210.pdf&amp;ei=p1oTU57cB8L4yOHmhIAg&amp;usg=AFQjCNHNx5chSk2UbPyIaD0AyFUoZa1cWA&amp;bvm=bv.62286460.d.aWc</a>	Provides guidance to assist licensing agencies in making decisions about an individual's fitness for driving. This is the first attempt to produce a consolidated document covering medical conditions included in the task agreement between NHTSA and the American Association of Motor Vehicle Administrators .
<i>"DriveWell" Community Toolkit</i>	3-ring binder with print materials, video, etc.	Aging service providers	ASA, in partnership with NHTSA. <a href="http://www.nhtsa.org">www.nhtsa.org</a> <a href="http://www.nhtsa.gov/Driving+Safety/Older+Drivers/Drive+Well+Toolkit:+Promoting+Older+Driver+Safety+and+Mobility+in+Your+Community">http://www.nhtsa.gov/Driving+Safety/Older+Drivers/Drive+Well+Toolkit:+Promoting+Older+Driver+Safety+and+Mobility+in+Your+Community</a>	Each kit includes a video, PowerPoint presentation, talking points, and brochures and other materials for increasing community awareness.

<i>Driving and Dementia Fact Sheet and Information</i>	Web-based materials	Older drivers with dementia and their families	Alzheimer's Association <a href="http://www.alz.org/care/alzheimers-dementia-and-driving.asp">http://www.alz.org/care/alzheimers-dementia-and-driving.asp</a>	Website maintains a fact sheet on driving and other information on driving and dementia, including a position statement on care and patients' rights.
<i>Driving Safely While Aging Gracefully (Safe Driving for Older Adults)</i>	Booklet (brochure)	General older driver population	NHTSA and USAA Educational Foundation <a href="http://www.nhtsa.dot.gov/people/injury/olddrive/">http://www.nhtsa.dot.gov/people/injury/olddrive/</a>	Describes how changes in vision, physical fitness, and reflexes can affect driving safety, and offers tips for counteracting these changes.
<i>Driving Transitions Education: Tools, Scripts, and Practice Exercises</i>	Booklet	Professionals who work directly with older drivers, their families, and concerned community members	NHTSA and the American Society on Aging Search <a href="http://www.nhtsa.gov">www.nhtsa.gov</a> or <a href="http://www.asaging.org">www.asaging.org</a>	Provides professionals with tools, scripts, and practice exercises to help them develop skills needed for effective conversations with older drivers, their families, and concerned community members about driving safety and community mobility. Professionals using the module are required to tailor it to their own community by adding in local information about available services, driving regulations, physician reporting, and local resources. NHTSA notes that the booklet can be used in conjunction with the <i>DriveWell Toolkit</i> .
<i>Driving When You Have. . . Cataracts Glaucoma Macular Degen. Stroke Arthritis Parkinson's Dis. Sleep Apnea Diabetes Seizures</i>	Individual brochures	General older driver population and specific at-risk subgroups	NHTSA <a href="http://www.nhtsa.dot.gov/people/injury/olddrive/">http://www.nhtsa.dot.gov/people/injury/olddrive/</a>	Each brochure presents information on a specific medical condition common among older persons that can increase crash risk, including information about symptoms of the condition, how the symptoms can affect driving, suggested steps for increasing driving safety if faced with the condition, and available resources.
<i>Family Conversations with Older Drivers: Safe Driving for a Lifetime</i>	Booklet	Family members of older drivers	The Hartford <a href="http://www.thehartford.com/talkwitholddrivers">www.thehartford.com/talkwitholddrivers</a>	Intended to help families of older drivers initiate the conversation about an older driver's capabilities. Includes instructions on planning for mobility options.
<i>Governors Highway Safety Association</i>	Website for professional association	State and territorial highway safety offices	GHSA <a href="http://www.ghsa.org">www.ghsa.org</a>	Provides member support services, develops and strengthens partnerships, and provides resources to support association services and priorities, all in an effort to improve traffic safety.
<i>How to Help an Older Driver</i>	Booklet	Family members and	AAA Foundation for Traffic Safety	A guide for families to help them help the older driver in their

		friends of older drivers	<a href="https://www.aaafoundation.org/electronic-only-brochures">https://www.aaafoundation.org/electronic-only-brochures</a>	family make responsible decisions about driving and plan for their safe transportation.
<i>How to Understand &amp; Influence Older Drivers</i>	Booklet	Family members and friends of older drivers	NHTSA <a href="http://www.nhtsa.gov/people/injury/olddrive/UnderstandOlderDrivers/">http://www.nhtsa.gov/people/injury/olddrive/UnderstandOlderDrivers/</a>	Provides information to help families and friends of older drivers understand when and how changes in driving may be needed and how to keep older adults better connected to people and activities important to them. It is also intended to broaden the discussion about older driver safety and mobility.
<i>National Association of Area Agencies on Aging</i>	Website of professional association	Older adults, their families and the professionals that serve them	National Association of Area Agencies on Aging <a href="http://www.n4a.org">www.n4a.org</a>	N4A supports the national network of Area Agencies on Aging, advocating for services and resources for older adults and individuals with disabilities.
<i>National Safety Council</i>	Website of public service organization	Professionals interested in increasing safety, businesses, government agencies, general population	NSC <a href="http://www.nsc.org">www.nsc.org</a>	Provides knowledge and resources to its members and the general population to increase safety on the road, in homes, the workplace and the community.
<i>NHTSA</i>	Website of government agency	State and local governments and communities, automobile makers, researchers, general population	NHTSA <a href="http://www.nhtsa.gov">http://www.nhtsa.gov</a>	Sets and enforces safety standards for motor vehicles and motor vehicle equipment, supplies state and local governments with grants for highway safety programs, supports state and local communities increase safety related to motor vehicles, conducts research related to traffic safety.
<i>Older Driver Safety and Transition – for the Mature Driver</i>	Fact sheet and web-based materials	Older drivers	National Center on Senior Transportation (NCST) <a href="http://www.n4a.org/pdf/MatureDriver.pdf">http://www.n4a.org/pdf/MatureDriver.pdf</a> Or <a href="http://www.seniortransportation.net">www.seniortransportation.net</a>	Provides information about resources to aid in driving skill improvement and decision making and offers advice on transitioning from driving to non-driving.
<i>Physician’s Guide to Assessing and Counseling Older Drivers 2nd Edition</i>	Guidebook	Physicians and other health professionals	NHTSA (Carr et al. (2010) <a href="http://www.google.com/url?sa=t&amp;rct=j&amp;q=&amp;esrc=s&amp;frm=1&amp;source=web&amp;cd=2&amp;ved=0CDIQFjAB&amp;url=http%3A%2F%2Fwww.nhtsa.gov%2Fstaticfiles%2Fnti%2Folder_drivers%2Fpdf%2F811298.pdf&amp;ei=Xs8ZU8HrNpKiqwHY2oHwBA&amp;usg=AFQjCNE3yVjCltpaKnNuXx044USCd1fyZw&amp;bvm=bv.62578216.d.aWM">http://www.google.com/url?sa=t&amp;rct=j&amp;q=&amp;esrc=s&amp;frm=1&amp;source=web&amp;cd=2&amp;ved=0CDIQFjAB&amp;url=http%3A%2F%2Fwww.nhtsa.gov%2Fstaticfiles%2Fnti%2Folder_drivers%2Fpdf%2F811298.pdf&amp;ei=Xs8ZU8HrNpKiqwHY2oHwBA&amp;usg=AFQjCNE3yVjCltpaKnNuXx044USCd1fyZw&amp;bvm=bv.62578216.d.aWM</a>	Designed to educate physicians about older driver safety and assist them in assessing their patients for medical fitness to drive. Provides reference information and resources.

<i>Straight Talk for Mature Drivers</i>	Brochures	Older drivers and specific at-risk subgroups	Available at AAA offices for can be ordered from their website <a href="http://www.aaapublicaffairs.com">www.aaapublicaffairs.com</a> <a href="http://exchange.aaa.com/wp-content/uploads/2012/08/Straight-Talk-For-Mature-Drivers-Rx-for-Safe-Driving.pdf">http://exchange.aaa.com/wp-content/uploads/2012/08/Straight-Talk-For-Mature-Drivers-Rx-for-Safe-Driving.pdf</a>	Individual brochures address meeting the challenge of aging and driving, vision, medications, common driving mistakes, stopping driving, and buying and maintaining a vehicle.
<i>Supplemental Transportation Programs for Seniors (STPs)</i>	Report	Community officials and aging service providers, as well as the general public	Beverly Foundation <a href="http://www.aaafoundation.org/pdf/STP2.pdf">http://www.aaafoundation.org/pdf/STP2.pdf</a>  Also available from <a href="http://seniordriving.aaa.com/">http://seniordriving.aaa.com/</a>	Report provides detailed information on more than 400 STPs across the country, and can serve as a resource for those wanting to implement their own programs.
<i>Talking with Older Drivers about Safe Driving</i>	Video	Family members and friends of older drivers	NHTSA <a href="http://www.nhtsa.gov/Driving+Safety/Older+Drivers/Talking+with+Older+Drivers+about+Safe+Driving">http://www.nhtsa.gov/Driving+Safety/Older+Drivers/Talking+with+Older+Drivers+about+Safe+Driving</a>	Web-based materials and short video to help families and friends of older drivers learn more about how to recognized and discuss changes in the older driver's driving.
<i>Video Toolkit on Medical Conditions in Older Drivers</i>	DVD containing series of videos	Older drivers and family members and friends	NHTSA <a href="http://www.nhtsa.gov/Driving+Safety/Older+Drivers/Video+Toolkit+On+Medical+Conditions">http://www.nhtsa.gov/Driving+Safety/Older+Drivers/Video+Toolkit+On+Medical+Conditions</a>	Series of short videos showing how different medical conditions common among older drivers can impact driving abilities.
<i>We Need to Talk ... Family Conversations with Older Drivers</i>	Booklet and Web-based materials	Older drivers with dementia and their families	Joint project of The Hartford, AARP, and MIT AgeLab <a href="http://www.aarp.org/home-garden/transportation/we_need_to_talk/">http://www.aarp.org/home-garden/transportation/we_need_to_talk/</a>  <a href="http://www.thehartford.com/mature-market-excellence/family-conversations-with-older-drivers">http://www.thehartford.com/mature-market-excellence/family-conversations-with-older-drivers</a>	Designed to help persons with dementia and their families maximize independence while minimizing driving risk.
<i>When You are Concerned...</i>	Booklet	Family members and friends of older drivers	New York State Office on Aging <a href="http://www.aging.ny.gov/Transportation/OlderDriver/Handbook2011.pdf">http://www.aging.ny.gov/Transportation/OlderDriver/Handbook2011.pdf</a>	Detailed guide for family members of friends of an at-risk driver, incorporating specific suggestions

Adapted from Stutts (2005) with additional resources added based on review of published literature.

## 4.2 Interventions

As noted earlier, we were interested in reviewing interventions for this analysis that involved actual training/retraining efforts to compensate for or remediate driving-related declines among older drivers. Also of interest were training or retraining efforts related to the use of non-driving community mobility options when driving is no longer possible or desired. In this section, we review findings relative to driver training and rehabilitation, physical fitness training, referral of at-risk drivers, transitional counseling, mobility management, and travel training.

### 4.2.1 Driver training/rehabilitation

Driver training and rehabilitation can play an important role in helping older drivers compensate for and in some cases overcome declines in functional abilities that compromise safe driving. While driver training is a term often used together or interchangeably with education, we use the term to mean not simply the transfer of knowledge but the acquisition of skills through hands-on

instruction and practice (Eby et al., 2011). There are several formal driver training courses designed specifically for older drivers. These courses, offered through organizations such as AAA, AARP, and the National Safety Council, are available in most states but reach only a small proportion of older drivers (Goodwin et al., 2013). NHTSA assigned only two of five stars (effectiveness still undetermined) to formal driving courses because evidence is lacking about their effectiveness in reducing crashes, although some studies have found increased knowledge and some improvement in driving performance. However, these courses represented both classroom only and combined classroom and on-road instruction. Here we review findings of studies of formal driving courses that combine classroom with on-road instruction, thereby fitting our definition of training.

Bédard et al. (2008) examined the effects of a combined in-class and on-road program based on AARP's *55 Alive/Mature Driver Program*, using a randomized controlled trial approach. They found that participants' knowledge of safe driving practices improved and driving performance improved on some aspects of safe driving (e.g., moving on the roadway) but not others. They called for further research to determine if the increased knowledge and driving evaluation scores will translate into safer driving and fewer crashes. In another randomized controlled trial of a combined classroom and on-road training program, Marottoli, Van Ness et al. (2007) evaluated a course comprised of 8 hours of classroom training (based on the *AAA Driver Improvement Program*) and 2 hours of on-road instruction. Results from a pre- and post-knowledge test and on-road evaluation indicated improved driving performance and knowledge of the intervention group relative to the control group.

In an updated systematic review of evidence of older driver retraining interventions, Korner-Bitensky, Kua, von Zweck and Van Benthem (2009) reviewed articles on several types of programs. Focusing on articles published between 2004 and 2008, they concluded that there was moderate evidence from one high level randomized controlled trial (Bédard et al., 2008) that an education intervention curriculum (i.e., classroom instruction) in combination with on-road training improves driving knowledge and strong evidence from two randomized controlled trials (Bédard et al., 2008; Marottoli, Van Ness et al., 2007) that such an intervention improves on-road driving performance. They found no studies meeting the criteria of the systematic review that investigated whether a combined classroom and on-road instruction course reduced crash rates.

A recent study examined the effectiveness of four interventions designed to preserve or enhance safe driving performance among healthy older drivers: classroom driver education with supplemental behind-the-wheel instruction; computer-based exercises to improve speed of processing and divided attention; clinical occupational therapy-based exercises to improve visual skills and attention; and physical conditioning to improve strength, flexibility, and movement (Staplin, Lococo, Brooks & Srinivasan, 2013). The combined classroom and behind-the-wheel course included two 4-hour classroom training sessions held on successive days using materials from Safe Driving for Mature Drivers lessons from AAA's *Safe Driver Improvement Program*, as well as 1 hour of one-on-one behind the wheel instruction focused on specific skills and tactics from the AAA curriculum.

The computer-based training consisted of 8 hours of the *DriveSharp* module of the Posit Science Insight cognitive training software (Posit Science, 2014). The Occupational Therapy (OT-administered) visual skills training consisted of 8 hours of training using a protocol divided into three main content areas: visual field expansion; simultaneous processing of multiple visual stimuli; and ocular skills (visual search routine) exercises, carried out both in a clinical setting and in a training vehicle. The authors made special note that the exercises were administered by an OT and not a certified driving rehabilitation specialist (CDRS), a subset of OTs with specialized training in driving. The physical conditioning intervention (discussed later in this report) completed 8 hours of training to improve strength, flexibility, and movement. Participants randomized to the control group completed 8 hours of activities unrelated to driving.

Results of the study indicated that only participants in the OT-based visual skills training performed better than the control group, as measured by the percentage of drivers without performance deficit at baseline maintaining their skills on subsequent evaluations. For the relatively few participants with performance deficit at baseline, both the OT-based visual skills training and the classroom plus behind-the-wheel training resulted in greater improvements in performance relative to the control group. According to the authors, the apparent efficacy of the OT-based visual training suggests an important opportunity for OTs who do not have the CDRS credential to contribute to the enhanced on-road safety of older drivers. They also noted that more participants in the classroom plus behind-the-wheel training perceived practical value in the intervention than any of the other three interventions.

A final program of note is *CarFit*, developed by the American Society on Aging, the American Automobile Association, AARP, and the American Occupational Therapy Association to assess how older drivers “fit” their vehicles (AAA, AARP & AOTA, 2014). *CarFit* is an educational program designed to promote optimal alignment of older drivers with their vehicle. To this end, the program offers older adults the opportunity to assess how well their personal vehicle “fits” them. The program also offers information and materials on community specific resources that have the potential to enhance their driving safety and/or increase their community mobility. While this program’s focus is essentially educational, it is included here instead of the education section because of its potential to train drivers to fit better into their vehicles, as well as because unlike most education resources, *CarFit* has recently undergone a formal evaluation. As part of the evaluation, 570 drivers living in retirement communities completed driving surveys and were asked to participate in the intervention. Of those, 195 consented and were randomly assigned to a *CarFit* intervention group (n=83) or a comparison group (n=112; Gaines, Burke, Marx, Wagner & Parrish, 2011). Results indicated 71% of participants assigned to the *CarFit* intervention actually attended a *CarFit* program and 86% of them received recommendations. At the 6-month follow up, 60% reported following the recommendations, although there were no significant changes in driving behaviors at the follow-up. The authors concluded that the *CarFit* program was able to detect addressable opportunities that may contribute to driving safety, but stronger reinforcement of recommendations may be needed to ensure that they are followed.

#### ***4.2.2 Physical fitness training***

It is generally agreed that there are many benefits for older adults who maintain a regular exercise routine. Researchers and practitioners have proposed that fitness training programs may

also help people drive more safely by improving strength, stamina, and flexibility, along with the other benefits of exercise such as better cardiovascular health.

In one of the earliest investigations into the effects of an exercise program on older adult driving performance, researchers investigated the effects of a two-month, range-of-motion/flexibility program on driving performance (Ostrow, Shaffron, & McPherson, 1992). The program involved static, upper-body stretching exercises that were performed by the participant in their own home. A log of the exercises conducted and amount of driving were maintained by the participant who met weekly with a clinician to review progress and monitor compliance. A control group consisted of older adults who did not engage in the fitness program. On-road driving was assessed through a 6.8 mile course on actual roadways that was driven by participants and scored for several measures by a ride-along examiner. The results showed that the experimental group exhibited increased shoulder flexibility and a greater range of trunk motion, while these same measures decreased in the control group. The analysis of the on-road driving skills showed, not surprisingly, that the exercise group had significantly better performance than controls on the driving skills that required upper body flexibility (checking mirrors, turning the body to check blind spots, and parallel parking). There were no differences between the groups on the other seven driving measures, including vehicle handling and gap selection.

A study by Marottoli, Allore et al. (2007) investigated the effects of a 3-month fitness program conducted by an occupational therapist in the participant's own home. This intensive, graduated fitness program focused on exercises to improve stamina, flexibility, coordination, and speed of movement. The participants were 178 older drivers (age 70+), who were randomly assigned to an exercise group or to a control group who received in-home safety education. Driving performance for all participants was measured through an on-road assessment with a professional evaluator (blinded to the treatment groups) who gave numeric scores for specific driving skills. Performance was assessed at baseline and again after the completion of the program. Comparisons of driving performance before and after the program showed that driving performance decreased for the control group while performance did not decline for the fitness group. The authors concluded that although the fitness program did not improve driving abilities, it did seem to prevent the loss of skills over the three months of the program.

A study in Portugal examined the effects of an exercise program on abilities related to driving performance among older drivers (Marmeliera, Godinho, & Fernandes, 2009). The 3-month, supervised exercise program consisted of three one-hour sessions each week. The session focused not only on aerobic fitness, but also perceptual and cognitive training. In many cases the types of training were combined, such as keeping several balloons in the air or walking in one direction while moving the arms in a different direction. A battery of perceptual, cognitive, and psychomotor tests were administered to an exercise group and to a control group before and after the program. The results showed that those in the exercise program showed greater improvement in most of the abilities tested when compared to the control group participants. The authors concluded that these improved abilities should translate into better driving performance, but did not address this directly in their study.

In a recent study, Staplin et al. (2013) investigated the effects of an exercise program on tactical and strategic driving performance as assessed on-the-road by a Certified Driving Rehabilitation Specialist and by performance on a driving simulator. These outcome measures were obtained before the program, immediately after the program, and during a 3-month follow up. The exercise program consisted of 8 hours of exercise, divided into four 2-hour group sessions led by a supervisor. The program focused on flexibility, strength, coordination, and several perceptual-cognitive, dual-task activities, similar to the study in Portugal. When compared to a control group, the participants in the exercise group did not show improved driving performance in either the on-road or simulated driving measures.

In summary, the evidence suggests that exercise classes can be beneficial for maintaining older adult mobility. In order to realize these benefits, however, it appears that the exercise program needs to be frequent, moderately intense, and be sustained over the long term. The research indicates that programs that focus on flexibility, strength, and coordination may be the most appropriate for maintaining driving skills, but dual-tasks activities that incorporate physical fitness activities with activities that provide an opportunity to practice perceptual and/or cognitive skills (such as many sports) may also be beneficial.

One promising physical activity program for older adults available in Michigan is *EnhanceFitness* (EF), an evidence-based exercise program to help older adults at all levels of fitness maintain health and functioning. The program consists of stretching, flexibility, balance, low impact aerobics, and strength training exercises. It is coordinated through the Michigan Department of Community Health's Arthritis Program (see [www.michigan.gov/arthritis](http://www.michigan.gov/arthritis)) and is currently offered in Ann Arbor, Detroit, Flint, Grand Rapids, Kalamazoo, Lansing, Livingston County, and Marquette. EF was originally developed by the University of Washington (see <http://www.projectenhance.org/>) and has been shown to be effective in improving physical functioning, as well as reducing healthcare costs, unplanned hospitalizations, and mortality rates for participating older adults in several studies, one of which used a randomized controlled trial design (Centers for Medicare & Medicaid Services, 2013). The program's effects on actual driving do not appear to have been measured.

#### ***4.2.3 Referral of at risk drivers***

Referral of older drivers to departments of motor vehicles received a ranking of four of five stars (demonstrated to be effective in certain situations) in the most recent edition of NHTSA's *Countermeasures that Work* (Goodwin et al., 2013). Of special note were the roles that law enforcement, physicians, and families and friends of older drivers can play in the referral process. This is because law enforcement officers have the opportunity to observe older drivers directly at a traffic stop or the scene of a crash, physicians are well positioned to assess changes in their patients' functioning that might compromise safe driving, and families and friends are often the first to see signs of declines in driving-related abilities in older drivers.

A recent study of older drivers reported as medically impaired in Missouri from 2001-2005 reinforces NHTSA's conclusions. Meuser, Carr, and Ulfarsson (2009) found that referrals came from law enforcement officers (30%), license office staff (27%), physicians (20%), family members (16%), and others (7%). Crash involvement among referred drivers was significantly higher than among controls – four times as high in 2001. Crash involvement of reported drivers

declined rapidly after reporting indicating the impact of license revocation and to a lesser extent mortality according the authors.

Clearly, education and training can increase the capability of these groups to refer appropriately. In addition, referral groups need to be aware of the referral guidelines and requirements in their particular states or jurisdictions. Physicians face the added challenge of having to "...balance their legal and ethical responsibilities to protect their patients health and confidentiality with their duty to protect the general public from unsafe drivers." (p. 7-15, Goodwin et al., 2013). Among the resources identified by NHTSA to assist physicians in this task are the *Physician's Guide to Assessing and Counseling Older Drivers*, discussed earlier in this report, as well as the *Driver Fitness Medical Guidelines*, developed by NHTSA in collaboration with the American Association of Motor Vehicle Administrators (NHTSA, 2009). Other education resources highlighted earlier, especially the curricula for health professionals and law enforcement, can serve an important role in preparing professionals to make the determination if a referral is needed and follow the appropriate procedures to make the referral. However, few of these have undergone rigorous evaluation as yet.

One limitation of the *Physician's Guide to Assessing and Counseling Older Drivers* is that evidence of the effectiveness of the assessment battery recommended in the guide is inconclusive. Eby et. al. (2009) reviewed several studies on the assessment battery, termed Assessment of Driving Related Skills (ADReS) included in the guide for physicians to identify at-risk drivers. Although they found evidence of high inter-rater reliability among various practitioners administering the battery (see Posse, McCarthy & Mann, 2006), a study of the battery's specificity (the probability that the screen is negative given that the person does not have a problem) and sensitivity (the probability that the screen is positive given that the person does have a problem) found that ADReS successfully identified all participants who failed but also identified 70% of the sample as needing intervention when they did not (McCarthy & Mann, 2006). These results are consistent with another study by Fender, Wilber, Stiffler and Blanda (2007) in which only one of 50 participants assessed by ADReS did not end up with at least one "red flag" based on outcomes of the assessment. More recently in a study by Woolnough et al. (2013), ADReS scores did not correlate with motor vehicle collisions in a large sample of older drivers.

#### ***4.2.4 Transitioning counseling***

Although many interventions focused on maintaining safe driving also impact the transitioning process as drivers begin to reduce or modify their driving, there is one noteworthy initiative whose focus starts with the transition from driving to non-driving. Mobility Transition Counseling (MTC), spearheaded by researchers at the University of Missouri, is described as a collaborative, professional intervention to bring about a planned transition for optimal personal mobility (Meuser & Berg-Weger, 2011). The assumption underlying MTC is that strategies such as mobility management and transportation plans are most effective when tailored to fit the attitudes, beliefs, and needs of individual older drivers. Its developers recommend that MTC be integrated into a comprehensive assessment and intervention process to help older adults maintain their mobility. At the heart of the MTC approach is a person-specific assessment tool called the Assessment of Readiness for Mobility Transition (ARMT; Meuser, Berg-Weger,

Chibnall, Harmon & Stowe, 2013), an evidence-based tool intended to increase awareness about mobility loss and assess attitudes that might support or hinder productive planning.

ARMT was validated as a screening tool with a sample of 297 older adults (mean age of 71 years; Meuser et al., 2012). Results indicated sound internal validity and reliability. According to the authors, results confirm the usefulness of ARMT as a new clinical practice tool that social service, health, and transportation professionals can use to assess older adults on measures of emotional and attitudinal readiness and intervene to promote individualized planning for the transition to non-driving.

To facilitate professionals in using the ARMT and practicing MTC with their older adult clients, a training website has been developed and several modules for a MTC curriculum are available free to social service and health professionals (Meuser & Berg-Weger, 2011). The objectives of the curriculum are to: help participants understand how the aging process may affect personal and community mobility; introduce them to a new construct, “emotional and attitudinal readiness for mobility transition,” to guide mobility-related introductions for older adults; embed this construct within the context of the mobility management field; facilitate knowledge of MTC; and help participants develop a plan for disseminating MTC strategies to meet their organizational and professional needs. The curriculum includes on-line instruction for use of ARMT (e.g., background, administration, scoring, interpretation), training videos, and a printed manual (Meuser & Berg-Weger, 2011).

#### ***4.2.5 Mobility management***

Older adults who are no longer able or choose not to drive can benefit from a unified approach to helping them maintain community mobility. Mobility management represents such an approach. The National Center on Senior Transportation (NCST, 2014) identifies two levels of “person-centered” mobility management for older adults: the individual level which involves one-on-one group education and counseling about transportation options and alternatives to driving; and the systems level which is described as a service to facilitate coordination among transportation and human service providers and ensure the availability of a range of transportation options and modes to support older adult mobility needs in communities throughout the US. Mobility management has also been described as a systems approach to managing transportation resources (Ellis, 2009) directed at: identifying needed services and the transportation options to access those services; assessing community transportation resources and individuals’ ability to use transportation services; filling service gaps; and providing both agencies and individuals with access to training on how to use local transportation (Easter Seals Project ACTION, 2009). According to Burkhardt and McLary (nd), the benefits of mobility management are that it offers more mobility to community residents while helping transit systems reduce their operating expenses.

NCST (2014) points out that mobility management can and should be applied to a variety of transportation modes including volunteer driver programs, dial-a-ride, and assisted transportation models, as well as to situations in which there are limited mobility options such as in rural areas, and some suburban and even small metropolitan areas. While a detailed discussion about the range of transportation options available to older adults is beyond the scope of this review, there has been much written about the challenges that older adults face in using these options and

recommendations for making various transportation modes more available, acceptable, accessible, affordable, and adaptable (e.g., see Burkhardt et al., 2002; Eby et al., 2009, 2011; Kerschner & Hardin, 2006). In addition, information on transportation options for older adults in Michigan has been compiled for each county by the Michigan Department of Transportation (see MDOT, Doing Business, Passenger Transportation at [http://www.michigan.gov/mdot/0,1607,7-151-9625\\_21607-31837--,00.html](http://www.michigan.gov/mdot/0,1607,7-151-9625_21607-31837--,00.html)), as well as the Michigan Department of State (see Traffic Safety Division, Alternative Transportation Services/Transit Authorities by County at [http://www.michigan.gov/sos/0,4670,7-127-1640\\_14837\\_64607-299780--,00.html](http://www.michigan.gov/sos/0,4670,7-127-1640_14837_64607-299780--,00.html)).

A number of electronic resources related to mobility management are available on the NCST website to assist agencies across the transportation spectrum (including webinars, transcripts from teleconferences, and identification of grantees considered to demonstrate innovative and effective solutions to promote person-centered mobility management strategies at both the individual and system levels). Longer-term goals and objectives for a national person-centered mobility management movement can be found in Easter Seals Project ACTION's *National Strategic Plan for Human Services Person-Directed Mobility Management* (2009).

Additional resources have been compiled by the National Center for Mobility Management (NCMM), an initiative of the United We Ride program, supported by the Federal Transit Administration (FTA) and operated through a consortium of three national organizations: the American Public Transportation Association, the Community Transportation Association of America, and the Easter Seals Transportation group (NCMM, 2014). NCMM is charged with providing support to FTA grantees, mobility managers, and partners so they can adopt proven, sustainable, and replicable transportation coordination, mobility management, and one-call-one click transportation information practices. A series of modules related to mobility management are available on the NCMM website on the following topics: what is mobility management; understanding the customer; identifying transportation services in your community; transportation for people with disabilities; transportation for job seekers and people with limited income; transportation for medical purposes; transportation for older adults; transportation for military veterans; and creating new service options.

There has been increased funding for mobility management as a result of the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) which includes it as an eligible activity under FTA's three specialized transportation programs (S.5310, JARC, and New Freedom; Ellis, 2009). Although there are limited evaluation results available on the effectiveness of these efforts, several programs have been identified as best practices by NCST and are showcased on their website (NCST, 2014). Of special note is the Mid-East Area on Aging's *Transportation Options Counseling* in Missouri, intended to assist individuals and their caregivers in learning about options and making decisions about long term services and supports. The ARMT has been integrated into the counseling process to allow more structured conversation about the transition from driving to non-driving. The *United We Guide* program offered by the Florida Department of Transportation in partnership with several other agencies is also focused on helping older drivers prepare for the transition from driving in addition to its more traditional role of serving as a community-based mobility management program.

NCST has also just recognized Michigan's Myride2 mobility management program as a "best practice" (see [www.myride2.com](http://www.myride2.com)). The program is operated under the auspices of the Area on Aging 1-B in Southfield Michigan. Myride2 is described as a one-call/one-click mobility management service that helps older adults and those with disabilities locate transportation options in Oakland and Macomb Counties. Mobility specialists termed "mobility concierges" work with clients to address mobility and transportation issues. The program was launched in 2012 and partners with the local Center for Independent Living.

Another initiative in Michigan that could be useful in expanding and strengthening the provision of mobility management for older adults is the Aging and Disability Resource Collaborations (ADRCs). These are partnerships with the aging and disability networks and other local service providers to provide information and assistance/referral and options counseling for people seeking information about long-term supports and services. By developing strong relationships with partner agencies, ADRCs are able to offer referrals with comprehensive information and specific contacts. ADRCs can also help people review their options and develop person-centered plans for services that might include referrals to local transportation services and the development of mobility plans. Michigan has 15 emerging ADRCs covering 74 counties, with statewide coverage expected by the end of 2014. Michigan's initiative is part of the national Aging and Disability Resource Center Program, a collaborative effort of the US Administration on Community Living (including the Administration on Aging since 2012) the Centers for Medicare and Medicaid Services. The centers are intended to serve as single points of entry into the long-term supports and services system for older adults and people with disabilities (see <http://www.adrc-tae.acl.gov/tiki-index.php?page=ADRCHomeTest>).

#### ***4.2.6 Travel training***

A comprehensive strategy for maintaining older adult mobility must address how older adults can safely get around once they no longer drive. One of the most affordable and commonly available non-driving transportation options, at least in urban and suburban areas, is fixed route public transit services (i.e., buses, trains, subways). Many older adults are not familiar with the benefits of traveling by public transportation or with the procedures and requirements for using fixed route public transit services (Babka, Cooper, & Ragland, 2009; Burkhardt, McGavock & Nelson, 2002; Ling & Murray, 2010; Tuokko, McGee, Stepaniuk & Benner, 2007; Wolf-Branigin, Wolf-Branigin, Culver & Welch, 2012). Training older people to use transit services — called travel training — has the potential to help older adults who cannot or choose not to drive maintain mobility and quality of life (Burkhardt, McGavock, & Nelson 2002; Hardin, 2005).

According to recent research by Burkhardt et al. (2014a, 2014b), travel training programs can take many forms and involve many activities. In its simplest form, travel training can be provided by a transit operator as instructional pamphlets or videos provided on a website. The most effective programs, however, are much more detailed. As described by Burkhardt et al. (2014b), promising travel training programs engage in one or more of the following types of training and instruction:

- Transit Travel Orientation: An instructor works briefly with older adults to introduce them to the bus or train routes they would like to learn, including planning out routes to location that people want to go.
- Group Travel Training: Bringing together a group of older adults, usually from a senior-based organization such as a senior center or senior residential facility, and providing general instruction on how to use the transit system. This type of training often involve a group outing with the participants and the instructor to an entertainment or shopping location to help familiarize participants with transit travel.
- Travel Ambassador Training: An older adult volunteer who is familiar with using the transit system will accompany an older adult to their destinations and provide instruction and advice for using the transit system.
- One-On-One Training: An intensive type of travel training that begins with a personalized assessment of an older adult's functional abilities and mobility needs followed by instruction that is tailored to the individual. This training includes the instructor riding along with the older adults to their desired destinations until the older adult is comfortable making these transit trips by themselves. Regular follow up with the older adult is conducted to ensure that mobility needs are being met and to see if additional training is needed.

Regardless of the type of program, the instructional components of travel training generally include information on entering and exiting the transit facility, paying fares, special passes, purchasing tickets, reading schedules, locating seating, planning trips, personal safety, and transferring. If mobility devices are used, then instruction is usually also included about how to use lifts or other assistance when utilizing transit facilities.

Studies show that travel training programs can have many benefits for older adults, the caregivers of older adults, and for the communities in which older adults live. These benefits have been summarized by Burkhardt et al. (2014a). The benefits for older adults include:

- Expansion of travel options.
- Increased ability to go to places that may have been difficult to go to without using transit.
- Less need for relying on friends or family for rides.
- Potential increase in quality of life as one ages, such as the ability to age in place in their own homes or to traveling more spontaneously.
- Improved ability to stay connected with friends and family.
- Saving money that may be getting spent on more expensive travel options such as taxis or paratransit.

The benefits of travel training also extend to the family and friends who voluntarily assist older adults. A recent study in Michigan has found that more than 90 percent of unpaid, informal caregivers for older adults report that they provide some form of transportation assistance, usually by driving the older adults to destinations (Eby et al., 2011). Informal caregiving has been linked to poorer health and economic hardship among caregivers (National Alliance on Caregiving & AARP, 2009; MetLife Mature Market Institute, 2006). Travel training has the potential to ease caregivers' burden throughout their support network by allowing at least some

of these trips to be made by fixed-route, freeing up informal caregivers for other activities and at the same time saving resources that would otherwise be spent on caring for an older adult.

Travel training can also have benefits for communities (Burkhardt et al., 2014a). In a very real sense, travel training programs can be an essential component for a healthy community. Communities in which older adults cannot meet all of their transportation needs are faced with increased health care costs and a general decrease in quality of life of community members. At least one study has shown that when people lose mobility they spend less money in their community due to a lack of access to goods and services (Kim & Richardson, 2006). Travel training can help meet these mobility needs among older adults, which in turn helps the entire community.

Travel training is a relatively new and underutilized strategy in most areas of the US. This is surprising given the breadth of potential benefits and research showing the economic benefits to public transportation providers who engage in effective travel training programs (Wolf-Branigin et al., 2012). Fortunately, detailed resources now exist to help organizations that are considering improving existing programs or developing new ones. A recent project sponsored the Transit Cooperative Research Program (TCRP) developed an handbook that provides information for transit agencies and human services providers about how to create, implement, sustain, and evaluate travel training programs for older adults who can use fixed route public transit (Burkhardt et al., 2014a). The information for this handbook was based on several in-depth case studies, a review of the literature, and expert knowledge. Model programs are also presented. A companion document describes that research that supported the information discussed in the handbook (Burkhardt et al., 2014b).

### **4.3 Administration/Collaboration**

Addressing the issues surrounding older adult safety and mobility will require a multi-faceted, multidisciplinary approach (Eby, Molnar & Kartje, 2009). Coordination and collaboration among stakeholder organizations providing services to older adults must be central to this approach and in fact has become the accepted approach to addressing complex health and social problems that require complex solutions (Thom, Herring, Bayley, Waller & Berridge, 2013).

#### ***4.3.1 Benefits of collaboration***

Effective collaborations and partnerships have been associated with several key benefits as highlighted by Lindsay and McQuaid (2008). Specifically, multiagency approaches allow: facilitation of local flexibility and responsiveness (i.e., interventions can be tailored to specific local circumstances); sharing of knowledge, expertise, and resources brought about by bringing together a broad range of stakeholders with different areas of expertise; improved efficiency; achievement of a coherent, integrated, long-term approach brought about by aligning initiatives early on; building of community capacity and shared ownership; greater buy-in from community stakeholder groups and enhanced credibility of policies and programs. An additional benefit of collaboration is increased social capital between agencies (i.e., relationships of trust, norms of reciprocity, and networks among individuals) built through the mechanisms of commitment and continuity, understanding, empathy, and respect, transparency, and dependability and predictability (Wagner & Fernandez-Gimenez, 2008).

### **4.3.2 Barriers to collaboration**

Despite these benefits, there are many barriers to interagency cooperation and collaboration. Classen et al. (2011) identified several including: limited resources; employee reward structures that discourage working with people outside one's field; lack of trust resulting from not understanding the perspective, vernacular, or activities of other groups; lack of a facilitator who understands the "big picture." Other barriers, especially for nontraditional collaborations, are related to either organizational characteristics (e.g., pre-existing policies that limit sharing of information or resources across agencies, funding limitations, inflexible differences in organizational culture) or characteristics specific to the particular collaboration (e.g., unclear goals, inadequate guidelines or resources, interagency competition; e.g., Ott, 2008; Vogel, Ransom, Wai & Luisi, 2007).

### **4.3.3 Contributing factors to collaboration**

Among the general factors identified as contributing to cooperative activities among agencies serving older adults include: having shared goals, objectives, or vision (e.g., Linden 2002; Thom et al., 2013); shared problems or external pressures such as client needs/demands (e.g., Johnson et al. 2003); commitment and trust, an appropriate mix of partners, meaningful leadership and positive attitudes toward the process (e.g., Bardach, 2001; Linden, 2002; Page, 2003); organizational champions and supportive front line workers (e.g., Page, 2003); leadership and engagement at high levels of organization (e.g., Thom et al., 2013); shared needs, common values, and an open and credible process (Santora and Sarros, 1995); and good communication processes.

Case studies of specific collaboration provide additional insights into strengthening interagency collaboration. For example, Aram and Stratton (1974) identified key factors that contributed to progress among 20 health, social, and planning agencies in a large Midwestern city in their planning efforts to coordinate services to adults in a single public housing project for the aged. Key factors emerging from interviews with agency personnel included: individual leadership – that is, one individual being overwhelmingly seen as the central person; agency leadership – that is, leadership and organizing forces of the interagency development were focused in a relatively small group of key people and key agencies; meeting behavior – greater attendance of committee meetings and more involvement in subcommittees among key people; perceived agency goals – participants who perceived some immediate goal of their agency as relevant to the coordination project were more active.

In another case study of interagency collaboration among health and social service agencies providing services to older adults in public health, the Stages of Collaboration model of interagency collaboration was used to describe and analyze the process of collaboration between the city health department and the city housing authority (Vogel, Ransom, Wai & Luisi, 2007). The Stages of Collaboration Model includes four stages, each characterized by progressively more program integration and commitment by the agencies involved. In the first stage, information is exchanged between organizations about their missions, goals, and target audiences. In the second stage, the organizations work together on a collaborative project, carried out within the context of existing organizational structures. In the third stage, the organizations recognize that existing agency rules may be acting as barriers to effective collaboration and work to change these agency rules. In the final stage, organizations focus on

system level changes that are inhibiting collaboration such as organizational policies, culture, and accountability patterns. The final stage is generally not attained because of the challenges around organizational change.

Vogel et al.'s (2007) analysis of the collaboration between the city health and housing departments identified three major challenges that limited the success of the collaboration: differences in organizational culture, scarce resources, and difficulties related to managing program expansion. Suggestions for overcoming these challenges included earlier consideration of potential conflicts around organizational culture and discussions of how to obtain additional funding (e.g., during first stage), as well as undertaking actions to ensure that administration of expanding programs does not become unmanageable (e.g., through establishment of an interagency planning council and strategic planning of collaborative efforts).

Another consideration in building successful interagency collaboration is the important role that standards can play. Murphy, Shardlow, Davis, Race, Johnson and Long (2006) describe standards as knowledge, understanding, skills, and behavior in interagency practice. They argue that standards in interagency training and learning might help foster collaboration, even though such standards may be implemented differently within different agencies. At the same time, they recognize, that a major challenge in developing common standards across agencies and professions is that there can be subtle differences in how terms and concepts are described, as well as accepted.

The issue of how terms and concepts are interpreted has implications that go well beyond the development of standards. Having a common understanding of safe mobility terms and concepts across stakeholder groups (or at least the awareness that common terms are often interpreted quite differently) will enhance the ability of these groups to work together more effectively. To this end, members of the Medical Licensing Subcommittee of the Transportation Research Board's Committee on Safe Mobility for Older Persons, the Association of Driver Rehabilitation Specialists, and other stakeholder are working together to establish a taxonomy or glossary of terms and concepts related to safe mobility for older adults that can be referenced by diverse stakeholder groups (TRB Committee on Safe Mobility for Older Persons, 2012). This effort is being supported by the American Occupational Therapy Association and is still underway.

In another effort that should help foster collaboration, NHTSA recently developed guidelines for older driver safety to help states plan for the growing population of older drivers and their unique needs (NHTSA, 2013). The guidelines call for each state to pursue "centralized data analysis and program planning, implementation, and coordination to identify the nature and extent of its older driver safety problems, to establish goals and objectives for the State's older driver safety program and to implement projects to reach the goals and objectives" (p. 26). Recommended program elements include: designating a lead organization for older driver safety; developing resources; collecting and analyzing data on older driver crashes, injuries, and fatalities; identifying and prioritizing older driver problems; encouraging and facilitating regular collaboration among agencies and organizations responsible for or impacted by older driver safety issues; developing programs/projects to address identified problems; coordinating older driver safety projects with other highway safety projects; increasing awareness of older driver

transportation options; integrating older driver safety into the state strategic highway safety plan and other related activities; and routinely evaluating older driver safety programs and services.

These guidelines reinforce what Michigan is already doing through its Office of Highway Safety Planning and the Senior Mobility Work Group, one of the action teams of the Governor's Traffic Safety Advisory Commission (GTSAC). The GTSAC was formed by an Executive Order of the Governor in 2002, in part, to serve as the state's major forum for identifying key traffic safety challenges, and developing, promoting, and implementing strategies to address these challenges (GTSAC, 2012). Membership on the GTSAC consists of the governor (or a designee); the directors (or their designees) of the Departments of Community Health, Education, State, State Police, and Transportation; and Office of Services to the Aging, the executive director of the Office of Highway Safety Planning; as well as three local government representatives. The NHTSA guidelines also support the need for continued focus on and further strengthening of these collaborative activities and structures.

In thinking about how to strengthen Michigan's collaborative efforts, it may be instructive to examine other states that have implemented coordinating groups to promote older driver safety. The United States Government Accounting Office (2007) reported that of six states it visited, five (California, Florida, Iowa, Maryland, and Michigan) had active multidisciplinary coordination groups to address older driver safety and considered them to be instrumental in addressing older driver safety. The Californian Traffic Safety Task Force is comprised of eight groups of stakeholders (aging services, health services, law enforcement, licensing, mobility, policy/legislation, public information, transportation safety). The Florida At-Risk Driver Council focuses issues in four areas: prevention, early recognition, and education of at-risk drivers; assessments; remediation, rehabilitation, and adaptation; and alternatives and accommodations for transportation. The Iowa Older Driver Target Area Team works to: coordinate public education and outreach; promote research and analysis efforts; provide guidance for policy and legislative considerations; and promote implementation of low cost engineering safety improvements. The Maryland Research Consortium has working groups in four areas: identification and assessment; remediation and counseling; mobility options; and public information and education. What is common to these groups is that their focus extends well beyond safety to encompass the broader issue of community mobility.

Models of how law enforcement in particular has partnered with other entities such as senior citizen groups, roadway signage committees, family help networks, social service agencies, public and private transportation, media, motor vehicle departments, and medical review boards are also instructive. A common model found in a compendium of law enforcement older driver programs produced by NHTSA is the National Association of TRIADS, Inc. (NHTSA, 2003). TRIADS, Inc. represents a partnership between local law enforcement and the community based on a signed agreement to reduce senior victimization. Information about how particular TRIADS have implemented driver safety programs can be found on the website.

#### ***4.3.4 Public health branding and social marketing***

Another unifying strategy for the multiple groups of stakeholders involved in promoting safe mobility is "public health branding." The importance of creating brands is in the "associations" they represent; that is, they not only serve as a basis for communicating with consumers but they

position products, services, behaviors, and organizations by creating associations that can transcend any one promotional activity (Evans & Hastings, 2008). Branding is increasingly being employed in efforts to promote behavioral change in various realms of public health, particularly when the behaviors of interest are complex, resources are limited, and multiple stakeholders are needed to promote the desired behavioral change (Evans, Blitstein, Hersey, Renaud & Yaroch, 2008). Further detail on specific features of branded health campaigns can be found in Evans and Hastings (2008).

Branding is increasingly becoming an important part of social marketing efforts focused on improving public health. Social marketing refers to the application of commercial marketing techniques to public health and social issues (Andreasen, 1994). A major distinction between commercial and social marketing is that the goal of the former is profit, while the goal of the latter is societal benefit (Smith, 2006). The adoption of social marketing principles into the design and implementation of programs or interventions has been characterized as: having specific behavioral objectives; using consumer research to understand the target audience(s); considering ways of segmenting the population and tailoring the intervention accordingly and appropriately; considering what would motivate people to change; using a combination of channels or activities that make up the marketing “mix;” and addressing barriers to behavior change (Stead, Gordon, Angus & McDermott, 2007). Social marketing approaches have been successful in changing some health-related behaviors. For example, evidence suggests that social marketing interventions can be effective in preventing youth tobacco, alcohol, and illicit drug use, at least in the short term (Stead et al., 2007), reducing alcohol-impaired driving (Rothschild, Mastin & Miller, 2006), and improving diet and increasing exercise (Gordon, McDermott, Stead & Angus, 2006).

#### **4.4 Selected State Models and Model Components**

Several states have been recognized as standing out for their efforts to achieve a unified and comprehensive approach to promoting safe mobility for older drivers. Not surprisingly, most of these states are also among the states mentioned earlier that have implemented coordinating groups to promote safe mobility among older adults. For example, based on review of the literature and internet, as well as personal communications, Stutts (2005) highlighted Michigan and the following other states as being or having been engaged in comprehensive older driver planning initiatives: California, Florida, Iowa, Maryland, New York, and Oregon. Some examples of state activities are summarized here. More detail can be found in Stutts (2005).

Florida has one of the more comprehensive programs. It's *Safe Mobility for Life Coalition* grew out of the Florida Department of Transportation's Safe Mobility for Life Program through the efforts of the Pepper Institute on Aging and Public Policy at Florida State University (FSU; Florida Department of Transportation, 2014). Its mission is to improve the safety, access, and mobility of Florida's aging road users by developing a comprehensive plan to reduce injuries and crashes. The coalition has developed a strategic plan with goals and team leaders in a number of areas including: program management, evaluation, and resources; outreach and education; data collection and analysis; advocacy and policy; aging in place; assessment, remediation, and rehabilitation; licensing and enforcement; other road users; prevention and early recognition; and transitioning from driving. The coalition has developed a guide for aging drivers and has created a one-stop website ([www.SafeandMobileSeniors.org](http://www.SafeandMobileSeniors.org)) to provide easy access to Florida's

transportation safety and mobility needs for aging road users. Information about other notable accomplishments including establishment of the Safe Mobility for Life Resource Center at FSU, expansion of an alternative transportation options database, development of training courses, adoption of the CarFit program to name a few, is available on the website.

California's *Facilitating Safe Mobility for Seniors* program is directed at facilitating a collaborative, public health systems approach to increase the number of Californian older adults who remain safely mobile in their communities and are able to successfully age in place (Occupational Therapy Association of California, 2014). The program has a particular focus on increasing the capacity of occupational therapists, nurse practitioners, and physicians to screen, assess, counsel, and refer older adults who may be at risk. Activities are underway to: develop and promote educational modules; provide trainings throughout the state; determine the capacity of the current health care system to address driving safety and mobility issues; establish a professional development certificate program for OTs, and create a comprehensive website with online training for health care providers. A website ([www.ElderSafety.org](http://www.ElderSafety.org)) has also been developed by the Center for Injury Prevention Policy and Practice at San Diego State University, that provides information, training, and resources to help improve the safe mobility of older adults. The website also includes information on various approaches for improving safe mobility at a community, regional, or state level, including a public health systems approach, collaborative task force approach, and comprehensive injury prevention approach.

In addition to the states already discussed, Missouri has made great strides in trying to forge a more comprehensive strategy for supporting safe mobility. Missouri's older driver intervention program is a collaboration between the Missouri Department of Transportation, NHTSA, and the American Society on Aging (MoDOT, 2014). The Older Driver Safety and Community Mobility initiative includes a core set of programs being piloted in different areas of the state: DriveWell Toolkit, CarFit, NHTSA Law Enforcement Module, Roadwise Review, and the Physicians Guide to Assessing & Counseling the Older Driver. Other Missouri led initiatives and projects include the previously discussed curriculum for state highway patrol examiners and officers (Health, Functional Status, and Older Driver Safety), curriculum for health professionals (AMA Older Driver Curriculum for Health Professionals), and the Mobility Transition Counseling program.

## **5.0 CONCLUSIONS AND DISCUSSION**

In this report, we reviewed education and intervention strategy models or model components currently in use that might be adapted or adopted for inclusion in the Driver ESMP Strategy. The review encompassed the three components planned for the Driver ESMP Strategy: education, direct intervention, and administration/collaboration. To guide the review and development of the strategy, a framework was used that builds on earlier work by Dickerson et al. (2007) and Classen et al. (2011). The framework is represented by a continuum with driving safety at one end, nondriving mobility at the other end, and the transitioning process in between. Promising approaches for enhancing safe mobility are centered on the "person" taking into account the important roles of not only older drivers themselves, but also their families and the various professionals who work with them. These encompass both education and intervention, and cut across all points on the continuum. In addition, the framework explicitly takes into

account the important role that administration/collaboration plays in the successful implementation of promising education and intervention strategies.

To further guide our review of the literature and help us organize the findings in a meaningful way, we made a clear distinction between education and intervention components. We considered education to be directed at the provision of information intended to increase self-awareness and general knowledge about issues related to safe mobility. Potential target audiences included older adults, family members, and informal caregivers, as well as health care and human services professionals, law enforcement, and others working directly or indirectly with older adults. We considered interventions to encompass actual training/retraining efforts to help older adults compensate for or remediate driving-related declines, as well maintain community mobility after transitioning to nondriving.

In addition, we considered the administrative/collaborative component to be directed at strategies for establishing, strengthening, and sustaining partnerships among and between state level government organizations and community agencies. Adding this component to the Driver ESMP Strategy is essential because such partnerships are needed to develop shared understandings and leverage resources among the diverse organizations and agencies that directly or indirectly impact the safe mobility of older adults.

A number of themes and/or conclusions emerged from the review of the literature. These are highlighted below:

- The literature supports the idea of a comprehensive statewide approach or strategy for promoting safe mobility among older adults.
- Such an approach should be multifaceted and include education, intervention, and administration/collaboration components.
- Given the scope of this project, it is appropriate to have the strategy focus on the person (whether it be the older adult or someone else who interacts with the older adult). However, it should be recognized that other aspects of transportation safety are important such as the vehicle and roadway environment and should be addressed in other projects.
- While it makes sense to break out education efforts from interventions to facilitate organization and understanding of the materials reviewed, there is clearly overlap between the two components and the boundaries are often blurred. This should be taken into account when it comes to actually developing the strategy.
- Similarly, both education and intervention efforts often span multiple points along the safe mobility continuum. That being said, it is important that the Driver ESMP Strategy include education and intervention approaches targeted to each major point – safe driving, the transitioning process, and continued community mobility - so that the overall strategy is as comprehensive in nature as possible.
- In addition, components of the strategy should be directed at not only older adults themselves but also at the multiple stakeholder groups working to ensure safe mobility for older adults.
- While there are a multitude of education resources in use to promote safe mobility among older adults, most of them have not undergone formal evaluation. Thus, even though they may have been widely adopted and positively promoted as a means of improving

safety or mobility, evidence is lacking about the extent to which they actually do this. This reinforces our decision to view the education component as limited to increasing awareness and general knowledge and not directly impacting safety.

- To the extent possible, the education approaches selected should be those shown to be effective.
- There are a handful of self-screening tools that have been evaluated and have been shown to increase awareness and knowledge.
- Given the unique characteristics that might set Michigan apart from other states, it is important to try to tailor the resources to the state. For example, an education tool might be customized to include specific Michigan resources, regulations, guidelines, and other information.
- The review of strategies being employed suggests that a one-size-fits-all approach is not optimal, especially given the heterogeneity of the older adult population, as well as the groups that serve this population to advance safe mobility. Therefore, consideration should be given to offering multiple options for key components of the strategy.
- The review found that Michigan already has in place structures and initiatives for promoting safe mobility for older adults. What is needed is for the state to strengthen existing collaborations and efforts, by building on other efforts around the country.
- To facilitate ownership of a joint effort by stakeholders, successful collaborations tend to include a wide array of stakeholders early in the process.
- There are common factors that contribute to successful collaborations including having: a shared vision; shared goals and objectives; an organizing group with strong leadership; multidisciplinary and multijurisdictional representation; formal mechanisms for facilitating communication; opportunities for training and knowledge sharing; and well established procedures for planning and problem solving that can be implemented early in the process.
- There are existing models of successful collaboration that could be adapted to Michigan.
- The review also suggests an opportunity to apply successful components of commercial marketing to enhance efforts to promote safe mobility. In particular, social marketing and public health branding appear to be valuable approaches that can be incorporated into the Driver ESMP Strategy.
- Public health branding has been shown to be an effective way for the public and other stakeholders to become aware of health promotion initiatives and participate in their activities.

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## **Appendix B: Deliverable 1.2 and 1.3**

### **Older Driver Education and Safe Mobility Planning Strategy Goals, Objectives, and Recommendations for Partnerships**

#### **Background**

The Michigan Department of Transportation (MDOT) has contracted with the University of Michigan Transportation Research Institute (UMTRI) to plan, test, and implement an effective, statewide strategy to support the safe mobility needs of an aging population. MDOT's aims are to promote self-screening of personal driving skills; make skill building tools available to extend safe driving; and assist older drivers and any support givers in making a safe and independent transition from personal vehicle use to other options for personal mobility and independence.

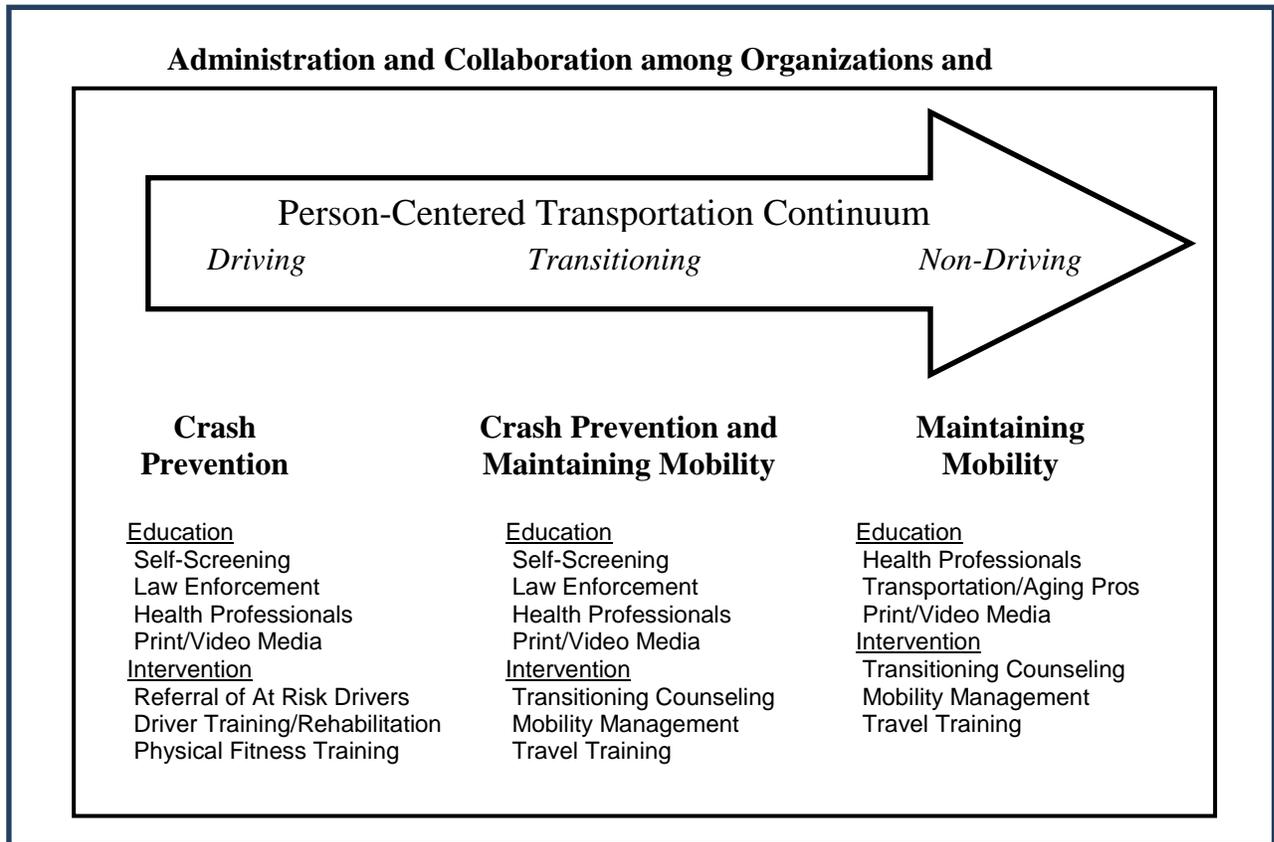
The project has been termed the Older Driver Education and Safe Mobility Planning Strategy (Driver ESMP Strategy). It is expected that the end product will take the form of a relatively flexible service delivery package or product, containing some combination of three components: an education component (focused on increasing awareness and general knowledge), a direct intervention component (focused on training, retraining, or compensation for deteriorating skills, and planning for and finding workable transportation alternatives), and an administrative/collaborative component (finance and budget, as well as medical/social public safety and transportation agency partnerships and coordination).

Development of this service delivery package will be based on a number of operating principles. Specifically, the package will be to the extent possible: 1) accessible through various media and communication methods; 2) flexible in terms of services being independent of one another to allow individuals and community organizations to choose based on various levels of resources; 3) respectful of the privacy and dignity of individual users; 4) supportive of personal independence, in the sense that the model is perceived by users as an ally for personal mobility, rather than a punitive threat.

To provide direction for the project, a framework was adapted from work by Dickerson et al. (2007) and Classen, Eby, Molnar, Dobbs and Winter (2011). The framework (see Figure 1) is represented by a transportation continuum with driving safety at one end, non-driving mobility at the other end, and the transitioning process in between. The focus of promising approaches for enhancing safe mobility are centered on the "person" rather than just the driver, to take into the account the important roles of not only older drivers themselves, but also their families and the various professionals who work with them. In addition, vehicle-related and environment-related approaches are not included in the framework as they are beyond the scope of the current project.

Person-centered approaches to enhancing safe mobility encompass both education and intervention. In addition, these person-level approaches are not just focused on crash reduction. Rather, they cut across several points on the continuum. Finally, the role of administration/collaboration has been explicitly incorporated into the framework. This component is central to addressing institutional or system-wide issues that may facilitate or

impede the successful implementation of education and intervention strategies for achieving safe mobility.



**Figure 1. Framework for Driver ESMP Strategy**

Goals and objectives for the Driver ESMP Strategy are highlighted below. In addition, related goals and objectives of stakeholder organizations are identified in the Appendix to provide a starting point for thinking about how Strategy goals and objectives might be integrated into the planning efforts of individual organizations as the Driver ESMP Strategy is implemented.

**Goals and Objectives**

The overarching goals of the Driver ESMP Strategy are to: 1) help older adults who are able to drive safely continue to do so; 2) facilitate the transitioning process from driving to non-driving for those who are unable or choose not to drive; and 3) support the use of non-driving community mobility options for those who no longer drive. Each of the three goals, along with the objectives to achieve those goals, is presented below. Note that the objectives are necessarily general in nature and do not include specific programs or initiatives that will be outlined in the actual strategy or model.

**Goal 1: Help older adults who are able to drive safely continue to do so.**

- Objective 1a: Increase awareness among older adults, their families, and professionals about age-related declines in abilities that can affect safe driving, what might be done to help overcome or compensate for these declines, and steps to take to evaluate one's ability to drive safely.
- Objective 1b: Promote training and/or retraining of older adults to help them overcome or compensate for age-related declines in abilities that can compromise safe mobility.

**Goal 2: Facilitate the transitioning process from driving to non-driving for those who are unable or choose not to drive.**

- Objective 2a: Increase awareness among older adults, their families, and professionals about the need to plan for retirement from driving, as well as strategies for successfully managing the transitioning process.
- Objective 2b: Promote training among professionals for counseling and supporting older adults considered to be candidates for transitioning from driving.

**Goal 3: Support the use of non-driving community mobility options for those who no longer drive.**

- Objective 3a: Increase awareness and general knowledge among older adults, their families, and professionals about non-driving community mobility options.
- Objective 3b: Promote programs to help older adults manage their non-driving mobility needs.

**Recommendations for Partnerships**

To achieve the goals and objectives of the Driver ESMP Strategy, it will be critical to have in place strong partnerships and collaborations among and between state-level government agencies and community organizations. The review of the literature from this project (Molnar, Eby, St. Louis, Zanier & Kostyniuk, 2014) identified several factors that contribute to cooperative efforts among agencies serving older adults including: shared goals, objectives, or vision; common values; commitment and trust; appropriate mix of partners; organizational champions; leadership and engagement at high levels; support from front line workers; and good communication processes. The review also identified guidelines from the National Highway Traffic Safety Administration for states to address the growing safe mobility needs of their older adult populations that include: designating a lead organization; developing resources; collecting and analyzing data on older driver crashes, injuries, and fatalities; identifying and prioritizing older driver problems; encouraging and facilitating regular collaboration among agencies and organizations responsible for or impacted by older driver safety issues; developing programs/projects to address identified problems; coordinating older driver safety projects with other highway safety projects; increasing awareness of older driver transportation options; integrating older driver safety into the state strategic highway safety plan and other related activities; and routinely evaluating older driver safety programs and services. Finally, the review highlighted efforts in several other states with regard to areas of emphasis within the broader area of safe mobility, as well as pointed out the important role that public health branding plays in impacting behavior. Based on findings from the literature review, a set of recommendations was developed for establishing, strengthening, and/or sustaining such partnerships and collaborations.

- Establish within the Senior Mobility Work Group (SMWG) a committee for managing and facilitating the Driver ESMP Strategy, as well as subcommittees to address critical Strategy components (with committee and subcommittee membership drawn from SMWG, Advisory and Stakeholder Groups and elsewhere as appropriate).
- Have each member of the SMWG serve as a liaison to other members of his or her agency network with regard to disseminating materials and providing information.
- Develop an action plan for the Driver ESMP Strategy overall and for each of the working groups that is updated on an annual or bi-annual basis.
- Establish a regular meeting schedule for the group (in person or conference call).
- Develop a “brand” for the Driver ESMP Strategy (including but not limited to a name, logo, mission statement, goals and objectives) that is accepted and used by all stakeholder organizations and associated with all “products” of the Strategy.
- Encourage (support, foster, facilitate) the integration of Driver ESMP Strategy goals and objectives into each stakeholder agency/organization strategic or long-range plan (in either original or adapted form as necessary to fit the mission of the organization).
- Develop/organize an annual workshop/working meeting focused on the Strategy to be held in conjunction with the Traffic Safety Summit.
- Develop/maintain up to date listing of potential funding opportunities related to Strategy programs and initiatives as a resource for stakeholder organizations that includes synthesis of funding information in a format that consolidates information across multiple government agencies and allows easy comparison of funding requirements.

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## **APPENDIX**

### **Related Goals, Objectives, and/or Strategies of Stakeholder Organizations**

#### **Alzheimer’s Association – Greater Michigan Chapter**

The mission of the Alzheimer’s Association – Greater Michigan Chapter is “to enhance the quality of living for all persons affected by Alzheimer’s disease and other dementia related disorders by providing leadership, programs and service, advocacy awareness and research support” (Alzheimer’s Association, 2009). The Greater Michigan Chapter’s 2009 Strategic Plan outlines five major goals:

- Advance the Association’s Continuum of Care and Support (Client Services)
- Increase and enhance concern and awareness of Alzheimer’s disease and the Association (Public Awareness)
- Increase the reach, influence, and effectiveness of advocacy (Advocacy)
- Accelerate Research: Support increased funding for biomedical and social/behavioral Alzheimer’s disease related research (Research)
- Attain and strengthen financial health and stability (Financial Health)

#### **Association for Driver Rehabilitation Specialists (ADED)**

The mission of ADED is to “promote excellence in the field of driver rehabilitation in support of safe, independent community mobility” (ADED, n.d.). ADED’s goal is that they will be identified as the preferred, international thought-leader for driver rehabilitation specialist education and support. ADED members are highly qualified and considered experts in the field and are available in every major service area of the US and Canada. This diversified membership is active at the local and national level and influences legislation and decision makers. The Certified Driver Rehabilitation Specialist (CDRS) is recognized as the gold standard for expertise in the field and levels of certification are offered to reflect the varied expertise of the membership. ADED is easily recognized as the primary resource for drivers with disabilities, family and caregivers of disabled drivers and passengers and represents the profession to the general public. ADED is recognized as a preferred place of employment and place where members want to serve the community. ADED is financially sound with various sources of revenue.

#### **Blueprint for Aging Michigan**

The Blueprint for Aging’s mission is “to create and maintain positive community change to increase the quality of life and independence for older adults and their allies in Washtenaw County through a community collaborative process” (Blueprint for Aging, n.d.). The Strategic Priorities of the Blueprint for Aging are (Blueprint for Aging, n.d.):

- Collect, report on and provide access to relevant local and national data about aging-related research, trends, needs and resources to build a full knowledge base which informs key messaging and service development decisions.
- Create and disseminate a compelling communication/messaging and education strategy that builds awareness and advocates for aging-related needs among our funders, direct service providers, and all generations in our community.
- Be a conduit between national and local key stakeholder groups and individuals.

- Convene stakeholders and establish, as appropriate, strategic partnerships to identify, promote and evaluate best practice approaches in addressing senior needs and emerging issues.
- Maintain, increase and diversify the funding and resource pool available to meet senior needs.

### **Governor’s Traffic Safety Advisory Commission**

The mission of the Governor’s Traffic Safety Advisory Commission (GTSAC) is to “improve traffic safety in Michigan by fostering effective communication, coordination, and collaboration among public and private entities.” The GTSAC was formed by an Executive Order of the Governor in 2002, in part, to serve as the state’s major forum for identifying key traffic safety challenges, and developing, promoting, and implementing strategies to address these challenges. The creation of the GTSAC merged the Michigan State Safety Commission and the Michigan Transportation Safety Management System. Membership on the GTSAC consists of the governor (or a designee); the directors (or their designees) of the Departments of Community Health, Education, State, State Police, and Transportation; Office of Services to the Aging; the executive director of the Office of Highway Safety Planning; and three local government representatives. The strategies identified in its State of Michigan Highway Safety Plan in the area of Senior Mobility and Safety include (GTSAC, 2012):

- Promote and sponsor research on senior mobility issues.
- Plan for an aging mobility and transportation dependent population (i.e., encourage agencies to consider the aging population and issues of transportation dependency when planning their communities).
- Promote the design and operation of Michigan roadways with features that better accommodate the special needs of older drivers and pedestrians.
- Develop and/or enhance programs to identify older drivers at increased risk of crashing and take appropriate action (i.e., enable older drivers to retain as much mobility through driving as is consistent with safety on the road for themselves, passengers, and other road users).
- Encourage senior-friendly transportation options.
- Improve communication and coordination among partners at the state, regional and local levels to enhance senior mobility.
- Provide recommendations related to senior mobility and safety legislation.

### **Geriatric Social Workers of Southeast Michigan (GSWSM)**

Geriatric Social Workers of Southeast Michigan is dedicated to promoting the specialized field of Geriatric Social Work through the provision of professional development and educational programming. We believe in supporting geriatric social workers through networking and in upholding the NASW Code of Ethics (GSWSM, n.d.).

### **Michigan Association of Chiefs of Police (MACP)**

The MACP describes its purposes as “to advance the science and art of police administration and crime prevention, to develop and disseminate approved administrative and technical practices and promote their use in police work, to foster police cooperation, unity of action, and the exchange of information and experience among police officers of this state, to bring about the

recruitment and training in the police profession of qualified persons, to seek legislation of benefit to the citizens of the state or law enforcement in general, and to encourage adherence of all police officers to high professional standards of conduct” (MACP, 2013).

### **Michigan Association of Planning (MAP)/American Planning Association (APA)**

MAP is concerned with the long-term sustainability of our communities, environment, and economy. As their website states: “The community planning process should involve a broad-based citizenry, including public and private sector leaders, community interest groups and multi-disciplinary professionals. A positive relationship between development and the making of community should be established through a citizen-based participatory planning and design process.” MAP supports the development of communities that, in addition to other elements, are designed for pedestrians and non-motorized transit as well as for motorized transit (MAP, 2005).

### **Michigan Academy of Family Physicians (MAFP)**

The mission of MAFP is to improve the health of patients, families, and communities in Michigan by serving the needs of family physicians. The MAFP Advocacy Committee compiles a list of the Academy's advocacy priorities for the year, and those priorities that are relevant to the Driver ESMP project are as follows:

- Move to a new primary care model built around patients and delivered by teams, to provide health care coverage to all Michigan citizens through a primary care-based system by:
  - Advancing the model of the physician-led, patient care team, which ensures patients receive the best quality of care from the appropriate health care professional at the proper time.
  - Ensuring every health care provider in the team practices at the full extent of their education and training.
  - Laws that appropriately reflect the differences in education and training between physicians and allied health professionals, and prioritize the safety and satisfaction of the patients.
  
- Investing in the primary care workforce and reforming the delivery system, as family physicians are the main source of primary care for the Medicare and Medicaid population. These MAFP priorities are achieved by:
  - Reducing the income disparity between primary care physicians and subspecialists, which serves as deterrent for medical students seeking a career in primary care.
  - Policies and incentives that help alleviate medical student loan debt, making Family Medicine more attractive to aspiring physicians.
  - State and federal funding for the Michigan State Loan Repayment Program (SLRP).
  - Reforms that encourage a high participation rate in SLRP and maximize resources in the geographic areas of most need.
  - Sustaining state and federal funding for Graduate Medical Education (GME).

- Reforms that place higher priority on funding for primary care training in community-based settings.
- Expanding adoption of the Patient-Centered Medical Home (PCMH) *[and other innovative payment and delivery models that will help lower costs, improve quality and expand access to care over the long-term]* by Michigan Medicaid and other payers.
- Medicaid reimbursement levels that reflect the true cost of sustaining a medical practice with a high Medicaid patient population.

Repealing the flawed sustainable growth rate (SGR) formula to help alleviate the economic uncertainty physicians currently face, and replacing it with a long-term, stable funding formula that places higher value for the comprehensive services provided by primary care physicians (MAFP, 2014).

### **Michigan Department of Community Health (MDCH)**

The following goals of the MDCH that are relevant to the Driver ESMP project are:

- Identify and link data sources related to motor vehicle crashes, focusing on restraint use, the proportion of crashes that results in death or serious injury and the behavioral factors (i.e., alcohol use, distracted driving, excessive speed) related to crash outcomes.
- Create a system for dissemination of crash-related data back to local community-based public information and education programs such as Safe Communities.
- Assess educational needs and develop appropriate training programs in motor vehicle safety and occupant protection for targeted groups including engineers and health care providers such as physicians and nurses.
- Support enhanced driver's license testing (i.e., having the driver's license renewal with license plate renewal) as a way to ensure safer driving behaviors, especially among older adult drivers who have the highest ratio of motor vehicle deaths to motor vehicle injuries.

(Michigan Injury Prevention Task Force and Michigan Department of Community Health Injury Prevention Section, 2003)

### **Michigan Department of Human Services**

The mission of the Michigan Department of Human Services (DHS) is “improving the quality of life in Michigan by providing services to vulnerable children and adults that will strengthen the community and enable families and individuals to move toward independence” (DHS, 2014). The Michigan DHS describes four goals in its 2014 Strategic Plan (DHS, 2014). They are:

- Interrupt generational poverty and support families and individuals on their road to self-sufficiency (self-sufficiency)
- Ensure the safety, well-being and permanence of children in our care and the safety of adults in our care (safety)
- Demonstrate good stewardship of taxpayer dollars (stewardship)
- Improve employee relations (employees)

### **Michigan Department of State**

The Michigan Department of State (MDOS) serves the citizens of Michigan with programs designed to administer driver and vehicle systems, enhance traffic safety, protect consumers, ensure integrity of records maintained and oversee the statewide elections process. MDOS is committed to delivering modern, efficient, cost-effective and convenient service, achieved with innovation, technology, and the energy, vision and experience of its valuable team members (Michigan Department of State, 2014).

### **Michigan Department of Transportation**

The goals of the Michigan Department of Transportation (MDOT) relevant to the Driver ESMP project are:

- Move Michigan toward zero deaths through the incorporation of safety in all transportation efforts.
- Foster communication, coordination and collaboration with public and private safety partners and prioritize MDOT safety investments toward those with the highest probability of achieving goal of zero deaths.
- Foster and sustain partnerships to optimize operations to achieve customer-centered results.
- Promote the safety and security of the transportation system for users and passengers, pedestrians, and motorized and non-motorized vehicles.
- Work with the general public, public agencies and private sector organizations to ensure basic mobility for all Michigan citizens by (at a minimum) providing safe, effective, efficient and economical access to employment, educational opportunities, and essential services.
- Create incentives for coordination between public officials, private interests, and transportation agencies to improve safety, enhance or consolidate services, strengthen intermodal connectivity, and maximize the effectiveness of investment for all modes by encouraging regional solutions to regional transportation problems.
- Improve intermodal connections to provide seamless transportation for both people and products to and throughout Michigan.
- Coordinate local land use planning, transportation planning, and development to maximize the use of the existing infrastructure, increase the effectiveness of investment, and retain or enhance the vitality of the local community.

MDOT is committed to achieving the aims represented by these goals. While some are readily achieved by MDOT acting in its own areas of responsibility, others require the action and cooperation of other agencies (MDOT, n.d.).

### **Michigan Pharmacists Association (MPA)**

The Michigan Pharmacists Association's (MPA) vision statement is "MPA, as the leader of pharmacy professionals in Michigan, is the premier source of professional development, information, and practice innovations. Through the active involvement of its diverse members, MPA is an influential force in developing health policy and optimizing patient health, safety, and medication management" (MPA, 2011). Their mission is "to serve members by providing support, advocacy and resources that ultimately improve patient care, safety, health, and the

practice of pharmacy” (MPA, 2014). Long range strategic issues of MPA relevant to the Driver ESMP project include (MPA, 2011):

- MPA will be an influential force in legislative and regulatory matters.
- All pharmacy professionals will be in compliance with state and federal laws, rules and regulations.
- All technicians have the knowledge, skills and abilities (are competent) to practice in the state of Michigan.
- Pharmacy professionals will use medication error information to prevent errors and ensure patient safety in the future.
- Laws, rules and regulations will support a “just” (nonpunitive) culture for patient safety
- Pharmacy professionals have the tools to practice in a manner that maximizes patient safety.
- Pharmacy professionals, other health care providers and the public view MPA as the premier source of pharmacy continuing education and training in Michigan.
- Pharmacy professionals are vital members of the health care team and valued for their unique knowledge, skills and abilities.
- Pharmacists will improve quality of services and operating efficiencies.

#### **Michigan Sheriffs’ Association (MSA)**

The Michigan Sheriffs’ Association’s (MSA) works toward improved, professional standards to better serve and protect the citizenry (MSA, n.d.[a]). The goals of the MSA that are relevant to the Driver ESMP project include:

- Institute training and education programs in relation to concerns, trends and developments in law enforcement.
- Support effective law enforcement coverage of traffic and safety.
- Maintain a leadership role in support and enactment of appropriate law enforcement legislation to best serve the needs of the Sheriff and the citizens of Michigan.
- Support the concept of a Michigan Triad approach of police chiefs, the sheriff and older or retired leaders in a county to working together to “reduce the criminal victimization of the elderly and enhance the delivery of law enforcement services to older persons” (MSA, n.d.[b]).

#### **Michigan State Police**

The Michigan State Police (MSP) seeks to be a world-class police agency that leads the way in adopting new and innovative policing methods and tools, providing an exceptional value for the investment. To achieve this goal MSP seeks to:

- Increase patrol operations through the continued implementation of the Regional Policing (which emphasizes enhanced technology and data-driven policing.)
- Expand the use of evidence-based policing strategies across the department by applying the principles of Data Driven Approaches to Crime and Traffic Safety (DDACTS) and evidence-based policing practices to other areas of the department, including all posts and various specialty areas, to reduce crime and improve traffic safety.

- Increase community outreach and prevention services for purposes of crime prevention and education. Twenty-one Community Service Troopers (CSTs) were established in some post areas to enhance MSP's connection with the community. The CSTs provide education and establish partnerships to address crime prevention and detection. The number of CSTs will be assessed with the goal of establishing at least one CST at each post based on need. The community involvement and outreach of post commanders and district commanders will also be tracked. The MSP Prevention Services Unit of the Grants and Community Services Division will formalize the classes, training, and presentations offered by the unit. An assessment of how to broaden the scope and delivery of these classes will be completed (Michigan State Police, 2013).

**National Association of Social Workers (NASW) – Michigan Chapter**

NASW-Michigan helps shape legislation that affects the health, welfare and education of all people. The Chapter works with several allied organizations to promote causes and services that improve society. The mission of NASW-Michigan is to support, promote and advocate for professional social work practice, practitioners and the social work profession, to improve the quality of life for the people of Michigan (NASW, n.d.)

**Office of Highway Safety Planning (OHSP)**

OHSP's mission is to save lives and reduce injuries on Michigan roads through leadership, innovation, facilitation, and program support in partnership with other public and private organizations. Their vision is: to be a catalyst for the development and implementation of innovative ideas, while encouraging the adaptation of successful strategies; to have a fully integrated problem-solving process that is fundamental to all decision making; to be a leader in cultivating and supporting traffic safety initiative at the state and local level; to have a work environment that fosters enthusiasm, creativity, integrity, and commitment (Office of Highway Safety Planning, n.d.).

**Office of Services to the Aging**

The Michigan Office of Services to the Aging (OSA) is committed to the independence and wellbeing of older Michigan residents. Goals from OSA's 2014-2016 Michigan State Plan on Aging that are especially applicable to the Driver ESMP Strategy (and are described as reflecting a leadership-driven focus on efficiency and a commitment to better coordination of services to Michigan's older adults) include (OSA, 2013):

- Use person-centered planning to ensure older adults have independence and self-direction through an array of long-term supports and services provided in the setting of their choice.
  - Aging and disability resource collaborations
  - Person-centered planning, self-direction, and cultural competence
  - Congregate and home-delivered meals
  - Long-term supports and services workforce
- Provide a variety of opportunities to enhance their physical and mental wellbeing, using evidence-based practices and other innovative practices.
  - Evidence-based disease prevention

- Senior center database
- Creating confident caregivers
- Mental health and aging
- Develop and enhance public and private partnerships to better serve older adults.
  - Partnership development
  - LGBT-friendly services
  - Veterans access to benefits and services
  - American Indian elders
- Employ continuous quality improvement and innovation to accommodate the changing needs of older adults.
  - Area Agency on Aging oversight
  - Technology
  - Profile of participants and services

### **Southeast Michigan Council of Governments**

SEMCOG, the Southeast Michigan Council of Governments, is the only organization in Southeast Michigan that brings together all of the region's governments to solve regional challenges. SEMCOG was established in 1968 as a regional planning partnership in Southeast Michigan. It is accountable to local governments who join as members. Membership is open to all counties, cities, villages, townships, intermediate school districts, community colleges, and public universities in Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties. Citizens are represented at SEMCOG through their local elected officials. Funding for SEMCOG is provided by federal and state grants, contracts, and membership dues. (SEMCOG, n.d.).

Strategic initiatives of SEMCOG (2013) relevant to the Driver ESMP project:

- Provide data and unbiased analysis for informed decision making affecting Southeast Michigan and its local governments;
- Promote the efficient use of tax dollars for both long-term infrastructure investment and shorter-term governmental efficiency;
- Deliver direct assistance to member governments in the areas of transportation, environments, and community and economic development;
- Solve regional issues that go beyond the boundaries of individual local governments; and
- Advocate on behalf of Southeast Michigan in Lansing and Washington.
- Enhance personal access to services, jobs, markets, and amenities for the region's many different population groups; this includes persons with disabilities, older adults, low-income and transit dependent persons, and students, as well as those that have other transportation options.
- Improve public transit quality and service levels to better serve the needs of residents, employers, and visitors.
- Improve quality of life and personal health by facilitating walking, biking, and other trails/pathways.

**TRIP/ American Association of State Highway and Transportation Officials (AASHTO)**

Recommendations for improving safety and mobility needs for older Americans relevant to the Driver ESMP project are to (TRIP and AASHTO, 2012):

- Promote education and training programs for older drivers.
- Evaluate and monitor of “at-risk” older motorists through appropriate licensing requirements.
- Ensure public transit vehicles, facilities and stops are easily accessible and accommodating to elderly or disabled passengers.
- Expand bus and transit routes.
- Implement non-traditional and public sector approaches that are tailored to the needs of older adults, including ride sharing, volunteer driving programs, door-to-door community transportation services, taxi services and vehicle donation.

**Appendix C: Deliverable 1.4**



**UMTRI**

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**Older Driver  
Education and Safe Mobility Planning Strategy**

**Recommendations for Model Design**

**July 30, 2014**

**Behavioral Sciences Group  
University of Michigan Transportation Research Institute  
Ann Arbor, MI**

## **Background**

The Michigan Department of Transportation (MDOT) has contracted with the University of Michigan Transportation Research Institute (UMTRI) to plan, test, and implement an effective, statewide strategy to support the safe mobility needs of an aging population. MDOT's aims are to promote self-screening of personal driving skills; make skill building tools available to extend safe driving; and assist older drivers and any support givers in making a safe and independent transition from personal vehicle use to other options for personal mobility and independence.

The project has been termed the Older Driver Education and Safe Mobility Planning Strategy (Driver ESMP Strategy). The end product is intended to take the form of a relatively flexible service delivery package or product, containing some combination of three components: an education component (focused on increasing awareness and general knowledge), a direct intervention component (focused on training, retraining, or compensation for deteriorating skills, and planning for and finding workable transportation alternatives), and an administrative/collaborative component (finance and budget, as well as medical/social public safety and transportation agency partnerships and coordination), which essentially underlies the other two components.

The guiding framework for the Strategy is represented by a transportation continuum with driving safety at one end, non-driving mobility at the other end, and the transitioning process in between. The focus of promising approaches for enhancing safe mobility are centered on the "person" rather than just the driver, to take into the account the important roles of not only older drivers themselves, but also their families and the various professionals who work with them. Vehicle-related and environment-related approaches are not currently included in the Strategy as they are beyond the scope of the current project.

Development of this service delivery package was based on a thorough review of the published literature, as well as input from key stakeholder organizations engaged in working with older adults. It is also responsive to several operating principles or values. Specifically, the package will be to the extent possible: 1) accessible through various media and communication methods; 2) flexible in terms of services being independent of one another to allow individuals and community organizations to choose based on various levels of resources; 3) respectful of the privacy and dignity of individual users; 4) supportive of personal independence, in the sense that the model is perceived by users as an ally for personal mobility, rather than a punitive threat.

## Recommended Model for the Driver ESMP Strategy

Figure 1 presents an overview of the recommended model for the Driver ESMP Strategy. The overall framework for the Strategy is a Person-Centered Transportation Continuum with driving mobility at one end, non-driving mobility at the other end, and the transitioning process in-between. Partnerships (among stakeholder groups) and branding/marketing efforts underlie or provide the foundation for education and intervention components of the Strategy. Within each component area are model elements targeted at one or more points along the continuum. Within the education component, courses/curricula, printed/electronic resources, and a website are targeted at all three points along the continuum, while self-screening is targeted at driving mobility and the transitioning process. Within the intervention component, driver training/rehabilitation, physical fitness training, and referral of at-risk drivers are targeted at driving mobility. Transitioning counseling, mobility management, and travel training are targeted at the transitioning process and non-driving mobility.

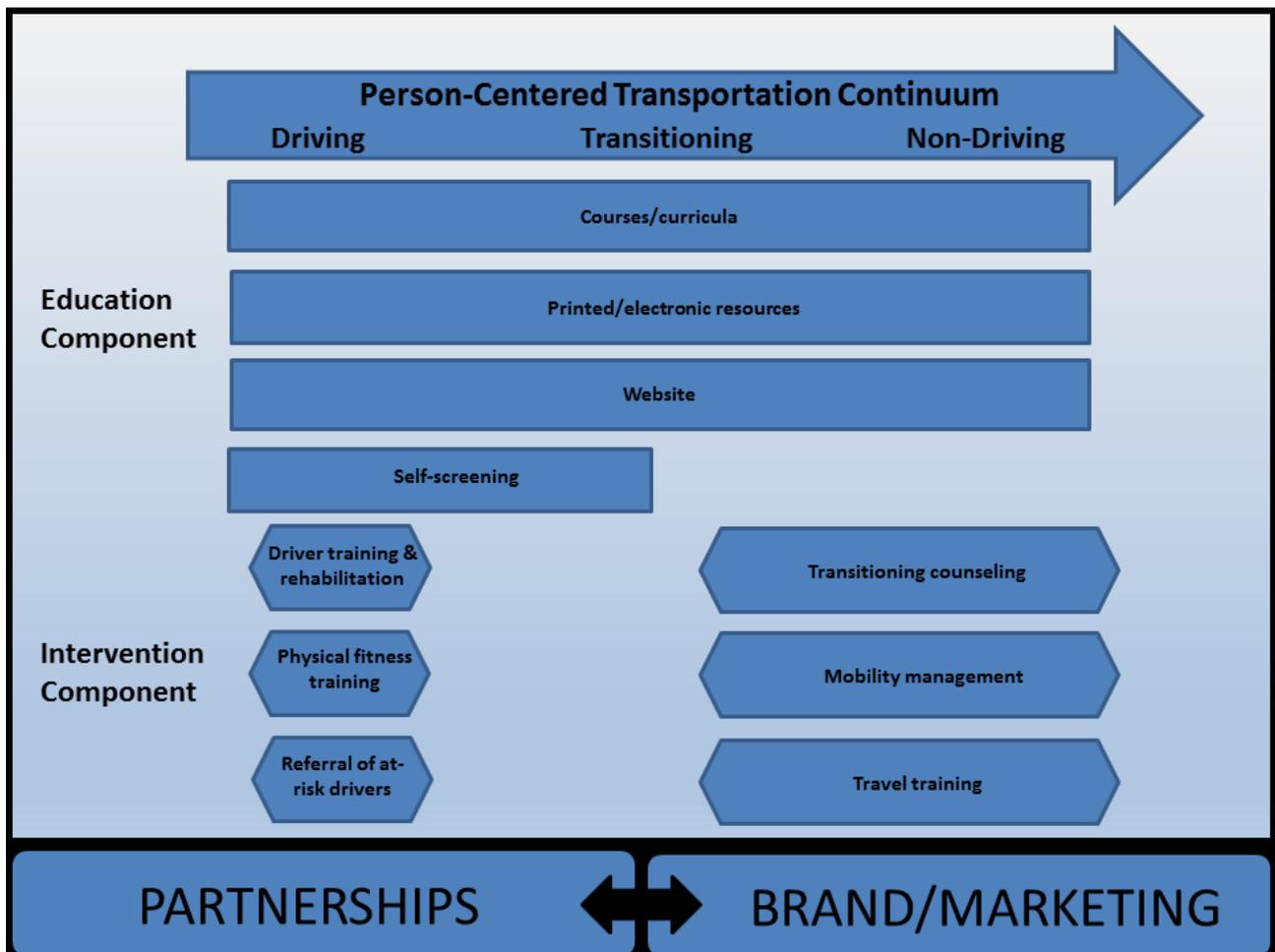


Figure 1: Overview of Recommended Model

## Model Elements Linked to Strategy Goals and Objectives

The overarching goals of the Driver ESMP Strategy are to: 1) help older adults who are able to drive safely continue to do so; 2) facilitate the transitioning process from driving to non-driving for those who are unable or choose not to drive; 3) support the use of non-driving community mobility options for those who no longer drive; and 4) have in place strong partnerships among key stakeholders to actively support and market the Strategy. Each of the four goals, along with the objectives to achieve those goals, and the recommended model elements associated with these goals and objectives, is presented below.

### **Goal 1: Help older adults who are able to drive safely continue to do so**

Objective 1a: Increase awareness among older adults, their families, and professionals about age-related declines in abilities that can affect safe driving, what might be done to help overcome or compensate for these declines, and steps to take to evaluate one's ability to drive safely.

<b>Goal 1 Objective 1a Recommended Model Elements</b>			
<b>Model Element</b>	<b>Strategy Component</b>	<b>Options</b>	<b>Target Audience(s)</b>
Self-Screening	Education	Driving Decisions Workbook SAFER Driver: Enhanced Driving Decisions Workbook AAA Roadwise Review	Older drivers; families Older drivers; families Older drivers; families
Courses/Curricula	Education	AAA Mature Driver Training Course AARP Smart Driver™ Course NHTSA Law Enforcement Train the Trainer Course NHTSA Law Enforcement Course University of California Law Enforcement Course St. Louis Consortium Law Enforcement Workshop AMA Curriculum AMA Multimedia Workshop with Dementia Focus	Older drivers Older drivers Law enforcement Law enforcement Law enforcement Law enforcement Health professionals Health professionals
Printed/electronic resources	Education	See Appendix A for comprehensive listing	Older drivers; families; health, transportation, and aging professionals; law enforcement
Website	Education	Website developed specifically for Michigan with links to educational resources (see Appendix A) and general educational information about older adult safe mobility	Older drivers; families; health, transportation, and aging professionals; law enforcement

Objective 1b: Promote training and/or retraining of older adults to help them overcome or compensate for age-related declines in abilities that can compromise safe mobility.

<b>Goal 1 Objective 1b Recommended Model Elements</b>			
<b>Model Element</b>	<b>Strategy Component</b>	<b>Options</b>	<b>Target Audience(s)</b>
Driver training and rehabilitation	Intervention	Occupational Therapy Visual Skills Training CarFit	Older drivers Older drivers
Physical Fitness Training	Intervention	EnhanceFitness	Older drivers
Referral of at-risk drivers	Intervention	Video/resource for referrals	Families; health, transportation, and aging professionals; law enforcement

**Goal 2: Facilitate the transitioning process from driving to non-driving for those who are unable or choose not to drive**

Objective 2a: Increase awareness among older adults, their families, and professionals about the need to plan for retirement from driving, as well as strategies for successfully managing the transitioning process.

<b>Goal 2 Objective 2a Recommended Model Elements</b>			
<b>Model Element</b>	<b>Strategy Component</b>	<b>Options</b>	<b>Target Audience(s)</b>
Self-Screening (see Goal 1, Objective 1a)	Education	Driving Decisions Workbook SAFER Driver: Enhanced Driving Decisions Workbook AAA Roadwise Review	Older drivers; families Older drivers; families Older drivers; families
Courses/Curricula (see Goal 1, Objective 1a)	Education	AAA Mature Driver Training Course AARP Smart Driver™ Course NHTSA Law Enforcement Train the Trainer Course NHTSA Law Enforcement Course University of California Law Enforcement Course St. Louis Consortium Law Enforcement Workshop AMA Curriculum AMA Multimedia Workshop with Dementia Focus	Older drivers Older drivers Law enforcement Law enforcement Law enforcement Law enforcement Health professionals Health professionals
Printed/electronic resources (see Goal 1, Objective 1a)	Education	See Appendix A for comprehensive listing	Older drivers; families; health, transportation, and aging professionals; law enforcement
Website (see Goal 1, Objective 1a)	Education	Website developed specifically for Michigan with links to educational resources (see Appendix A) and general educational information about older adult safe mobility	Older drivers; families; health, transportation, and aging professionals; law enforcement

Objective 2b: Promote training among professionals for counseling and supporting older adults considered to be candidates for transitioning from driving.

<b>Goal 2 Objective 2b Recommended Model Elements</b>			
<b>Model Element</b>	<b>Strategy Component</b>	<b>Options</b>	<b>Target Audience(s)</b>
Transitional Counseling	Intervention	Mobility Transition Counseling (MTC)	Older drivers; families
Mobility Management	Intervention	Replication/expansion of Michigan mobility management programs (e.g., Myride2)	Older drivers; families
Travel Training	Intervention	Expansion of Michigan travel training programs (e.g., Rapid Travel Training Program in Grand Rapids)	Older drivers; families

**Goal 3: Support the use of non-driving community mobility options for those who no longer drive**

Objective 3a: Increase awareness and general knowledge among older adults, their families, and professionals about non-driving community mobility options.

<b>Goal 1 Objective 1a Recommended Model Elements</b>			
<b>Model Element</b>	<b>Strategy Component</b>	<b>Options</b>	<b>Target Audience(s)</b>
Courses/Curricula	Education	University of Massachusetts Boston Organizing and Managing Senior Transportation Options On-Line Certification Course	Transportation and aging professionals
Printed/electronic resources (see Goal 1, Objective 1a)	Education	See Appendix A for comprehensive listing	Older drivers; families; health, transportation, and aging professionals; law enforcement
Website (see Goal 1, Objective 1a)	Education	Website developed specifically for Michigan with links to educational resources (see Appendix A) and general educational information about older adult safe mobility	Older drivers; families; health, transportation, and aging professionals; law enforcement

Objective 3b: Promote programs to help older adults manage their non-driving mobility needs.

<b>Goal 2 Objective 2b Recommended Model Elements</b>			
<b>Model Element</b>	<b>Strategy Component</b>	<b>Options</b>	<b>Target Audience(s)</b>
Transitional Counseling (see Goal 2, Obj. 2b)	Intervention	Mobility Transition Counseling (MTC)	Older drivers; families
Mobility Management (see Goal 2, Obj. 2b)	Intervention	Replication/expansion of Michigan mobility management programs (e.g., Myride2)	Older drivers; families
Travel Training (see Goal 2, Obj. 2b)	Intervention	Expansion of Michigan travel training programs (e.g., Rapid Travel Training Program in Grand Rapids)	Older drivers; families

**Goal 4: Have in place strong partnerships among key stakeholders to actively support and market the Strategy**

Objective 4a: Implement the following partnership recommendations:

- Establish within the Senior Mobility Work Group (SMWG) a committee for managing and facilitating the Driver ESMP Strategy, as well as subcommittees to address critical Strategy components (with committee and subcommittee membership drawn from SMWG, Advisory and Stakeholder Groups and elsewhere as appropriate).
- Have each member of the SMWG serve as a liaison to other members of his or her agency network with regard to disseminating materials and providing information.
- Develop an action plan for the Driver ESMP Strategy overall and for each of the working groups that is updated on an annual or bi-annual basis.
- Establish a regular meeting schedule for the group (in person or conference call).
- Encourage (support, foster, facilitate) the integration of Driver ESMP Strategy goals and objectives into each stakeholder agency/organization strategic or long-range plan (in either original or adapted form as necessary to fit the mission of the organization).
- Develop/maintain up to date listing of potential funding opportunities related to Strategy programs and initiatives as a resource for stakeholder organizations that includes synthesis of funding information in a format that consolidates information across multiple government agencies and allows easy comparison of funding requirements.

Objective 4b: Implement the following marketing/branding recommendations:

- Develop a “brand” for the Driver ESMP Strategy (including but not limited to a name, logo, mission statement, goals and objectives).
- Ensure that the brand is accepted and used by all stakeholder organizations and associated with all “products” of the Strategy.
- Work with marketing professionals to develop and implement a marketing plan for the Strategy.
- Develop/organize an annual workshop/working meeting focused on the Strategy to be held in conjunction with the Traffic Safety Summit and consider presentations at other stakeholder organizations’ annual meetings.

## Descriptions of Individual Model Element Options

Descriptions of each model element option are provided on the following pages. For each option, the following information is provided:

1. Overview: short summary that provides an overall description of the program or service.
2. Strategy component/associated objective: which component the program or service is associated with (education, intervention, administrative).
3. Target audience(s): group(s) to whom the program or service is directed (older drivers, their families, law enforcement, health professionals, transportation and aging professionals).
4. Delivery format: format in which program or service is provided (e.g. paper and pencil, computer-based).
5. Facilitating entity: agency or organization required for development and/or implementation of the program or service.
6. Stage of readiness: current status of program or service in terms of its state of preparation for implementation (low, medium, or high).
7. Costs to implement and operate: dollars required for training, personnel, materials and other incidentals (\$, \$\$, or \$\$\$).
8. Other keys to success and potential challenges.
9. Potential funding sources/process.

KEY					
Target Audiences		Costs		Stage of Readiness	
	Older Drivers	\$	<\$500		3+ years to implementation
	Families	\$\$	\$500-\$5,000		1-2 years to implementation
	Law Enforcement	\$\$\$	Over \$5,000		<1 year to implementation
	Health Professionals				
	Transportation and Aging Professionals				

<b>Driving Decisions Workbook</b>	
Overview	The Driving Decisions Workbook (DDW) is a paper and pencil, self-screening instrument developed by UMTRI to increase older drivers’ self-awareness and general knowledge about driving-related declines in abilities, and to make recommendations about changing driving behaviors and strategies that could extend safe driving. The workbook also suggests further evaluation for individuals who may need it. Development of the DDW was guided by an extensive literature review, advice from a panel of experts on older drivers and mobility, and focus groups conducted with both older adults and the families of older adults. The framework for the workbook includes three domains for screening potential driving problems—health (medical conditions and medication use); abilities needed for safe driving (vision, cognition, and movement); and an “other” category that included experiences, attitudes, and behaviors.
Strategy component/objective	Education/Increase awareness about age-related declines in abilities that can affect safe driving, how to overcome and/or compensate for these declines, and how to evaluate one’s ability to drive safely.
Target audience(s)	
Delivery format	Paper and pencil.
Facilitating entity	N/A – available in the public domain; can be obtained and printed from several websites.
Stage of readiness	
Costs to implement/operate	\$ Costs are minimal.
Other keys to success and potential challenges	Self-screening tools have some important limitations. They can only be used effectively by people without cognitive impairments. Therefore, some older adults with an elevated crash risk due to cognitive impairment may not be able to benefit from self-screening and may even be put at greater risk if they engage in self-screening and erroneously conclude that they are safe to drive when they are not. Self-screening tools are limited in that people must be motivated to answer questions honestly, to perform tests to the best of their abilities, and to critically consider the feedback. A lack of motivation in any of these areas can compromise the effectiveness of self-screening. A final limitation is that whenever people are required to answer questions about themselves, accuracy can be reduced for a number of reasons, including forgetting.
Contact Information	University of Michigan Transportation Research Institute  David W. Eby Phone: <a href="tel:734-763-8107">734-763-8107</a> Email: <a href="mailto:eby@umich.edu">eby@umich.edu</a>  Lisa J. Molnar Phone: <a href="tel:734-764-5307">734-764-5307</a> Email: <a href="mailto:ljmolnar@umich.edu">ljmolnar@umich.edu</a>

<b>SAFER Driver: Enhanced Driving Decisions</b>	
Overview	The <i>SAFER Driver: Enhanced Driving Decisions</i> was developed by UMTRI as a follow-up to the DDW. This tool is a web-based self-screening instrument based on “health concerns” that affect driving – that is, the symptoms that people experience due to medical conditions, medications used to treat them, and the general aging process – rather than the medical conditions or medications themselves. <i>The SAFER Driving: Enhanced Driving Decisions Workbook</i> is intended to simplify the self-screening process, based on the premise that while there are a myriad of medical conditions and medications, they produce a relatively small number of health concerns that vary in severity, and in turn affect driving.
Strategy component/ Objective	Education/Increase awareness about age-related declines in abilities that can affect safe driving, how to overcome and/or compensate for these declines, and how to evaluate one’s ability to drive safely.
Target audience(s)	
Delivery format	Computer-based
Facilitating entity	N/A – available in the public domain; can be obtained and printed from several websites.
Stage of readiness	
Costs to implement/operate	\$\$ Website needs to be updated. Other costs are minimal.
Other keys to success and potential challenges	<p>Self-screening tools have some important limitations. They can only be used effectively by people without cognitive impairments. Therefore, some older adults with an elevated crash risk due to cognitive impairment may not be able to benefit from self-screening and may even be put at greater risk if they engage in self-screening and erroneously conclude that they are safe to drive when they are not. Self-screening tools are limited in that people must be motivated to answer questions honestly, to perform tests to the best of their abilities, and to critically consider the feedback. A lack of motivation in any of these areas can compromise the effectiveness of self-screening. A final limitation is that whenever people are required to answer questions about themselves, accuracy can be reduced for a number of reasons, including forgetting.</p> <p>Computer-based self-screening tools have the potential limitation that users must have access to a computer and be comfortable using it.</p>
Contact Info	<p>University of Michigan Transportation Research Institute</p> <p>David W. Eby  Phone: <a href="tel:734-763-8107">734-763-8107</a>  Email: <a href="mailto:eby@umich.edu">eby@umich.edu</a></p> <p>Lisa J. Molnar  Phone: <a href="tel:734-764-5307">734-764-5307</a>  Email: <a href="mailto:ljmolnar@umich.edu">ljmolnar@umich.edu</a></p>

<b>AAA Roadwise Review</b>	
Overview	Roadwise Review (RR) is an application that can be downloaded from the Internet or from a CD-ROM that can be purchased from an AAA office. RR is a self-screening tool adapted from the Driving Health Inventory, a clinical driver screening tool. In developing the RR, certain procedures were modified from the Driving Health Inventory but the battery of tests was not changed – thus, the self-screening tool addresses the same critical safe driving abilities as the clinical tool. The design of the RR was guided by input from focus groups with older adults. The tool is a series of tests that the individuals either self-administers or are administered by a friend or family member. Scores on the tests are translated into feedback about the individual’s ability to drive safely. The tool also allows older adults to assess their safe driving abilities and also helps them decide how to use the outcomes to continue driving safely by providing links to feedback tailored to individual performance on the measures.
Strategy component/ Objective	Education/Increase awareness about age-related declines in abilities that can affect safe driving, how to overcome and/or compensate for these declines, and how to evaluate one’s ability to drive safely.
Target audience(s)	
Delivery format	Computer-based.
Facilitating entity	AAA
Stage of readiness	
Costs to implement/operate	\$ Free for online version; \$15 for CD.
Other keys to success and potential challenges	<p>Self-screening tools have some important limitations. They can only be used effectively by people without cognitive impairments. Therefore, some older adults with an elevated crash risk due to cognitive impairment may not be able to benefit from self-screening and may even be put at greater risk if they engage in self-screening and erroneously conclude that they are safe to drive when they are not. Self-screening tools are limited in that people must be motivated to answer questions honestly, to perform tests to the best of their abilities, and to critically consider the feedback. A lack of motivation in any of these areas can compromise the effectiveness of self-screening. A final limitation is that whenever people are required to answer questions about themselves, accuracy can be reduced for a number of reasons, including forgetting.</p> <p>Computer-based self-screening tools have the potential limitation that users must have access to a computer and be comfortable using it. In addition, the RR requires that someone other than the older driver be available to help administer and/or score some of the tests.</p>
Contact Information	<a href="http://seniordriving.aaa.com/">http://seniordriving.aaa.com/</a> AAA Public Affairs MS72 1000 AAA Drive Heathrow, FL 32746 Email: <a href="mailto:publicaffairswebmaster@national.aaa.com">publicaffairswebmaster@national.aaa.com</a>

<b>AAA Mature Driver Training Course</b>	
Overview	<p>The AAA Mature Driver Training program acts as a quick refresher for driving defensively in a variety of situations and provides tips and techniques to help older drivers compensate for changing vision, reflexes and response time.</p> <p>The AAA Mature Driver Training program is conducted over 2 days in two 4-hour sessions. An optional behind-the-wheel evaluation is also available upon request.</p> <p>Day one topics include:  CarFit — Find out how the “fit” of your vehicle affects your driving  Pre-Assessment — Evaluates your strengths and weaknesses  Seeing — Where, when and what to look for, as well as factors affecting vision while driving  Communicating — Enhancing non-verbal communication skills when sharing the road with other drivers</p> <p>Day two topics include:  Adjusting speed — Factors to consider when selecting your speed  Margin of safety — Positioning for visibility and maintaining space around your vehicle  Your vehicle — Vehicle care, special situations and driving pickups, SUVs and vans  Driving emergencies — Emergency situations you could find yourself in and how to recover  You the driver — How to keep the most important element of driving in the best condition to drive you</p>
Strategy component/Objective	Education/Increase awareness about age-related declines in abilities that can affect safe driving, how to overcome and/or compensate for these declines, and how to evaluate one’s ability to drive safely.
Target audience(s)	
Delivery format	Classroom
Facilitating entity	AAA
Stage of readiness	
Costs to implement/operate	\$\$
Other keys to success and potential challenges	Marketing and incentives can be useful in increasing participation among older adults.
Contact Information	<a href="mailto:DriverTraining@AAAMich.com">DriverTraining@AAAMich.com</a> Phone: 866-659-1317

<b>AARP Smart Driver™ Course</b>	
Overview	<p>The AARP Smart Driver™ Course, offered by AARP Driver Safety, is the nation’s largest classroom and online driver safety course and is designed especially for drivers age 50 and older.</p> <p>By taking a driver safety course you'll learn the current rules of the road, defensive driving techniques and how to operate your vehicle more safely in today's increasingly challenging driving environment. You'll learn how you can manage and accommodate common age-related changes in vision, hearing and reaction time. In addition, you'll learn:</p> <ul style="list-style-type: none"> <li>• How to minimize the effects of dangerous blind spots</li> <li>• How to maintain the proper following distance behind another car</li> <li>• The safest ways to change lanes and make turns at busy intersections</li> <li>• Proper use of safety belts, air bags, antilock brakes and new technology found in cars today</li> <li>• Ways to monitor your own and others' driving skills and capabilities</li> <li>• The effects of medications on driving</li> <li>• The importance of eliminating distractions, such as eating, smoking and using a cellphone</li> </ul> <p>After completing the course, you will have a greater appreciation of driving challenges and a better understanding of how to avoid potential collisions and injuring yourself or others.</p>
Strategy component/ Objective	Intervention/Promote training and/or retraining of older adults to help them overcome or compensate for age-related declines in abilities that can compromise safe mobility
Target audience(s)	
Delivery format	Classroom, online.
Facilitating entity	AARP
Stage of readiness	
Costs to implement/operate	<b>\$\$</b> The classroom course costs \$15 for AARP members and \$20 for nonmembers. The cost for the online course is \$17.95 for AARP members and \$21.95 for nonmembers.
Other keys to success and potential challenges	Formal driver training courses designed specifically for older drivers are available in most states but reach only a small proportion of older drivers. Marketing and incentives can be useful in increasing participation among older adults.
Contact Information	Frank Carroll, Curriculum Development Phone: 202-434-3919 Email: fcarroll@aarp.org

<b>NHTSA Law Enforcement Course</b>	
Overview	NHTSA is in the process of finalizing an on-line law enforcement course targeted directly to individual officers. The focus of the course is on educating law enforcement officers on older driver issues. The new course builds on a previously developed train-the-trainer course (that is no longer supported by NHTSA). It was developed with input from experts in education and training, transportation, and law enforcement. However, it is not yet available.
Strategy component/ Objective	Education/Increase awareness about age-related declines in abilities that can affect safe driving, how to overcome and/or compensate for these declines, and how to evaluate one's ability to drive safely.
Target audience(s)	
Delivery format	The course will be computer-based. A DVD for law enforcement training is being developed.
Facilitating entity	NHTSA will support the DVD.
Stage of readiness	 The course is expected to be finalized in 2014 but previous delays make the finalization date somewhat uncertain.
Costs to implement/operate	 The course and DVD will be free of charge to officers (NHTSA supported).
Other keys to success and potential challenges	
Contact Information	Brian Chodrow National Highway Traffic Safety Administration Phone:202 366 9765 Email: Brian.Chodrow@dot.gov

<b>University of California Law Enforcement Course</b>	
Overview	A course on law enforcement’s role in older driver safety has been developed at the University of California, San Diego. The 2-hour course covers several topics including how age-related changes in health and status impair driving ability and increase crash risk; approaches to identifying impairment in older drivers; enforcement actions for documenting suspected impairment; and resources to assist drivers in evaluating and improving driving skill. The course is open to all interested law enforcement personnel but is primarily used by highway patrol officers and not local police officers. Completion of the course results in the provision of 2 hours of continuing education credits.
Strategy component/ Objective	Education/Increase awareness about age-related declines in abilities that can affect safe driving, how to overcome and/or compensate for these declines, and how to evaluate one’s ability to drive safely.
Target audience(s)	
Delivery format	Classroom including a 2-hour curriculum addressing issues of aging, medical issues, and older driver traffic stops. The course uses active or retired police officers or active/retired DMV staff.
Facilitating entity	University who developed course.
Stage of readiness	
Costs to implement/operate	<b>\$\$</b> Costs include a team of people to conduct the training.
Other keys to success and potential challenges	May be of more interest to highway patrol officers than local police officers. One strength is that the course contains a variety of media sources and is interactive. Some police officers are not interested in expending more effort to enforce older driver actions – they are seen as distraction from more serious criminals such as those committing DUI. There needs to be high level buy in from police departments.
Contact Information	University of California, San Diego  Jill Rybar Phone: <a href="tel:858.534.9313">858.534.9313</a> Email: <a href="mailto:jrybar@ucsd.edu">jrybar@ucsd.edu</a>  Linda Hill email: <a href="mailto:lhillbaird@gmail.com">lhillbaird@gmail.com</a> and <a href="mailto:llhill@ucsd.edu">llhill@ucsd.edu</a>

<b>AMA Curriculum</b>	
Overview	<p>The American Medical Association (AMA) developed a curriculum to provide clinicians with the core knowledge needed to evaluate the driver fitness of their patients, determine if patients are at increased risk due to a medical or functional problem, and if so, develop a plan for further evaluation and/or consideration of non-driving options for maintaining mobility. The curriculum is comprised of five modules in a multimedia format, with slides, video case segments, and handouts. It is delivered in-person to physicians and other health professionals by trained teaching teams made up of a physician, rehabilitation specialist, and other driving specialist.</p> <p>Development of the curriculum was based on the Physician’s Guide to Assessing and Counseling Older Drivers, an initiative that came out of AMA’s Older Driver Project, aimed at helping older drivers continue to drive safely to preserve their mobility and independence. The guide is intended to assist physicians in planning for older driver safety and provides information on how to informally and formally assess older drivers, interpret assessment scores, and help manage and treat patients. Information is also provided on what physicians should know prior to referring patients to a driving rehabilitation specialist, how to counsel patients, legal and ethical responsibilities of physicians, state licensing policies and reporting laws, and medical conditions that may affect driving.</p>
Strategy component/ Objective	Education/Increase awareness about age-related declines in abilities that can affect safe driving, how to overcome and/or compensate for these declines, and how to evaluate one’s ability to drive safely
Target audience(s)	
Delivery format	In-person
Facilitating entity	American Geriatrics Society has taken over from AMA as facilitator.
Stage of readiness	
Costs to implement/operate	\$\$\$
Other keys to success and potential challenges	It is difficult to get physicians and other health professionals to commit to the in-person training. A modified on-line training is being developed and considered to be more accessible.

<b>Printed/Electronic Resources</b>	
Overview	There are numerous resources (e.g., booklets, brochures, videos, websites) aimed at educating older drivers and/or those who might intervene to promote their safety.
Strategy component/ Objective	Education/Increase awareness about age-related declines in abilities that can affect safe driving, how to overcome and/or compensate for these declines, and how to evaluate one's ability to drive safely
Target audience(s)	
Delivery format	Electronic, print
Facilitating entity	
Stage of readiness	Ⓜ
Costs to implement/operate	\$

<b>Website &amp; Branding</b>	
Overview	Website developed specifically for Michigan with links to educational resources and general educational information about older adult safe mobility. Michigan-specific branding for the strategy. Branding for the Driver ESMP Strategy including but not limited to a name, logo, mission statement, goals and objectives.
Strategy component/Objective	Education, marketing/Implement recommendations for marketing and branding
Target audience(s)	
Delivery format	Electronic, print
Facilitating entity	
Stage of readiness	Ⓛ
Costs to implement/operate	\$\$\$

<b>Occupational Therapy Visual Skills Training</b>	
Overview	The Occupational Therapy (OT-administered) visual skills training of a recent study consisted of 8 hours of training using a protocol divided into three main content areas: visual field expansion; simultaneous processing of multiple visual stimuli; and ocular skills (visual search routine) exercises, carried out both in a clinical setting and in a training vehicle. The exercises were administered by an OT (not certified driving rehabilitation specialists).
Strategy component/ Objective	Intervention/Promote training and/or retraining of older adults to help them overcome or compensate for age-related declines in abilities that can compromise safe mobility
Target audience(s)	 Special subpopulation of interest is those individuals with neurological and visual diagnoses which are covered for clinical occupational therapy services.
Delivery format	In-person
Facilitating entity	Occupational therapy practitioners
Stage of readiness	
Costs to implement/operate	\$\$

<b>CarFit</b>	
Overview	Developed by the American Society on Aging, the American Automobile Association, AARP, and the American Occupational Therapy Association to assess how older drivers “fit” their vehicles. <i>CarFit</i> is an educational program designed to promote optimal alignment of older drivers with their vehicle. To this end, the program offers older adults the opportunity to assess how well their personal vehicle “fits” them. The program also offers information and materials on community specific resources that have the potential to enhance their driving safety and/or increase their community mobility.
Strategy component/ Objective	Intervention/Promote training and/or retraining of older adults to help them overcome or compensate for age-related declines in abilities that can compromise safe mobility
Target audience(s)	
Delivery format	In-person
Facilitating entity	AAA
Stage of readiness	
Costs to implement/operate	<b>\$\$</b> Free for older drivers. Costs are to the company sponsoring the program.

<b>EnhanceFitness</b>	
Overview	EnhanceFitness, a low-cost, evidence-based group exercise program, helps older adults at all levels of fitness become more active, energized, and empowered to sustain independent lives. (projectenhance.org)
Strategy component/ Objective	Intervention/Promote training and/or retraining of older adults to help them overcome or compensate for age-related declines in abilities that can compromise safe mobility
Target audience(s)	
Delivery format	In-person
Facilitating entity	Michigan Department of Community Health
Stage of readiness	
Costs to implement/operate	<b>\$-\$\$\$</b> Depending on the package, costs include a \$5,000/\$6,000 start-up fee including licensing and training, plus other operational costs. Initial license for an agency is \$3,000 then \$50/yearly. However, if an organization already has the license, the program can be expanded to other geographical areas or venues within an area without an additional license. Wrist and ankle weights are required to be purchases by the agency. Payment for instructors is flexible – depending on whether instructors are professionals or volunteers.
Other keys to success and potential challenges	There is an opportunity to work with agencies that already hold licenses within the state of Michigan such as the Kidney Foundation and the YMCA which has a national licensing agreement.
Contact information	Michigan Department of Community Health  Annmarie Hodges Phone: <a href="tel:5173358402">(517) 335-8402</a> Email: <a href="mailto:hodgesa5@michigan.gov">hodgesa5@michigan.gov</a>  Meghan Faulkner Phone: 517-241-5652 Email: <a href="mailto:faulknerm@michigan.gov">faulknerm@michigan.gov</a>

<b>Referral of at-risk drivers</b>	
Overview	<p>Training videos that address questions on how and when to refer at-risk drivers. Referrals can not only be made to licensing agencies for driving assessment but also to occupational therapy professionals (and in particular certified driving rehabilitation specialists) who can conduct comprehensive driving evaluations and also provide rehabilitation services to help older adults compensate for or overcome impairments in some driving-related abilities and allow them to continue to drive safely or begin the transition to non-driving as appropriate.</p> <p>Comprehensive driving evaluation include administering evidenced base assessments in clinic and in-vehicle and provide training by an occupational therapy practitioner/CDRS. Assessments include a clinical visual assessment, cognitive and physical assessment as well as actual behind the wheel assessment, including problem solving scenario's designed to determine an in-depth analysis of an individual's driving capability. Training sessions provided by an occupational therapist/CDRS/DRS are tailored to meet each individuals needs to promote motor safety.</p>
Strategy component/ Objective	Intervention/Promote training and/or retraining of older adults to help them overcome or compensate for age-related declines in abilities that can compromise safe mobility.
Target audience(s)	
Delivery format	Video/other
Facilitating entity	
Stage of readiness	Ⓛ
Costs to implement/operate	\$\$
Other keys to success and potential challenges	There is an opportunity to produce short narrowly focused videos that can be used by various organizations to integrate into their established processes activities for training.

<b>Mobility Transition Counseling (MTC)</b>	
Overview	<p>Mobility Transition Counseling (MTC), spearheaded by researchers at the University of Missouri, is described as a collaborative, professional intervention to bring about a planned transition for optimal personal mobility. The assumption underlying MTC is that strategies such as mobility management and transportation plans are most effective when tailored to fit the attitudes, beliefs, and needs of individual older drivers. Its developers recommend that MTC be integrated into a comprehensive assessment and intervention process to help older adults maintain their mobility. At the heart of the MTC approach is a person-specific assessment tool called the Assessment of Readiness for Mobility Transition, an evidence-based tool intended to increase awareness about mobility loss and assess attitudes that might support or hinder productive planning.</p> <p>ARMT was validated as a screening tool with a sample of 297 older adults (mean age of 71 years). Results indicated sound internal validity and reliability. According to the authors, results confirm the usefulness of ARMT as a new clinical practice tool that social service, health, and transportation professionals can use to assess older adults on measures of emotional and attitudinal readiness and intervene to promote individualized planning for the transition to non-driving.</p>
Strategy component/ Objective	Intervention/Promote programs to help older adults manage their non-driving mobility needs
Target audience(s)	
Delivery format	In-person
Facilitating entity	
Stage of readiness	
Costs to implement/operate	\$\$
Contact information	<p>University of Missouri – St. Louis</p> <p>Thomas Meuser Phone: 314-516-5421 Email: meurer@umsl.edu</p> <p>Marla Berg-Weger Phone: 314-977-2151 Email: bergwm@slu.edu</p>

<b>Replication/Expansion of Existing Mobility Management Programs in Michigan (e.g. Myride2)</b>	
Overview	<p>Older adults who are no longer able or choose not to drive can benefit from a unified approach to helping them maintain community mobility. Mobility management represents such an approach.</p> <p>Mobility management has been described as a systems approach to managing transportation resources directed at: identifying needed services and the transportation options to access those services; assessing community transportation resources and individuals' ability to use transportation services; filling service gaps; and providing both agencies and individuals with access to training on how to use local transportation. The benefits of mobility management are that it offers more mobility to community residents while helping transit systems reduce their operating expenses.</p> <p>NCST has also just recognized Michigan's Myride2 mobility management program as a "best practice" (see <a href="http://www.myride2.com">www.myride2.com</a>). The program is operated under the auspices of the Area on Aging 1-B in Southfield Michigan. Myride2 is described as a one-call/one-click mobility management service that helps older adults and those with disabilities locate transportation options in Oakland and Macomb Counties. Mobility specialists termed "mobility concierges" work with clients to address mobility and transportation issues. The program was launched in 2012 and partners with the local Center for Independent Living.</p>
Strategy component/Objective	Intervention/Promote programs to help older adults manage their non-driving mobility needs
Target audience(s)	
Delivery format	Phone, web
Facilitating entity	
Stage of readiness	
Costs to implement/operate	\$\$\$
Other keys to success and potential challenges	NCST points out that mobility management can and should be applied to a variety of transportation modes including volunteer driver programs, dial-a-ride, and assisted transportation models, as well as to situations in which there are limited mobility options such as in rural areas, and some suburban and even small metropolitan areas.
Contact information	<p>Area Agency on Aging 1-B</p> <p>Roberta Habowski  Phone: 248-262-9211  Email: rhabowski@aaa1b.com  Myride2@aaa1b.com</p>

<b>Replicate and Expand Existing Travel Training Programs in Michigan (e.g. Rapid Travel Training Program in Grand Rapids)</b>	
Overview	<p>A comprehensive strategy for maintaining older adult mobility must address how older adults can safely get around once they no longer drive. One of the most affordable and commonly available non-driving transportation options, at least in urban and suburban areas, is fixed route public transit services (i.e., buses, trains, subways). Many older adults are not familiar with the benefits of traveling by public transportation or with the procedures and requirements for using fixed route public transit services.</p> <p>Regardless of the type of program, the instructional components of travel training generally include information on entering and exiting the transit facility, paying fares, special passes, purchasing tickets, reading schedules, locating seating, planning trips, personal safety, and transferring. If mobility devices are used, then instruction is usually also included about how to use lifts or other assistance when utilizing transit facilities.</p>
Strategy component/ Objective	Intervention/Promote programs to help older adults manage their non-driving mobility needs
Target audience(s)	
Delivery format	In-person
Facilitating entity	In its simplest form, travel training can be provided by a transit operator as instructional pamphlets or videos provided on a website. Travel training programs can also include transit travel orientation, group travel training, travel ambassador training, and one-one-one training.
Stage of readiness	
Costs to implement/operate	\$\$\$

<b>University of Massachusetts Boston Organizing and Managing Senior Transportation Options On-Line Certification Course</b>	
Overview	<p>A recently developed on-line certificate program developed at the University of Massachusetts, Boston that focuses on the mobility end of the transportation continuum after older adults have transitioned from driving. The course is targeted to professionals in the field of aging and transportation services interested in addressing older adult transportation challenges and managing services that meet the mobility needs of an aging population. Topics covered in the course include: older adult transportation needs, challenges, and options; older adult use of options; strategies for meeting the needs of older adult passengers; volunteer driver programs and volunteer drivers; and efficiency, effectiveness, and outcomes. The course consists of five modules, with each module equal to 10 hours of instruction (one continuing education unit) that are collectively delivered over 15 weeks.</p> <p>The University of Massachusetts, Boston course is offered in “real time” and delivered in a team teaching format by two instructors (Nina Silverstein of U-Mass Boston and Helen Kerschner formally of the Beverly Foundation) as well as various guest experts. All sessions are also archived with narrated Powerpoint presentations available for view by participants. Sessions are interactive with participants able to ask questions of the instructors and expert guests via a “discussion board.” Each session consists of a lecture as well as exercises completed by participants. The first course was recently completed and included 22 professionals from government agencies, senior centers, area agencies on aging, and planning organizations.</p>
Strategy component/ Objective	Education/Increase awareness and general knowledge among older adults, their families, and professionals about non-driving community mobility options
Target audience(s)	
Delivery format	Online (real time)
Facilitating entity	University of Massachusetts Boston
Stage of readiness	
Costs to implement/operate	\$\$\$
Contact information	University of Massachusetts Boston Nina Silverstein Phone: 617-287-7317 Email: Nina.silverstein@umb.edu

## **Appendix D: Deliverable 1.5**

# **Research, Program Design, and Test Implementation of a Comprehensive Statewide Older Driver Education and Safe Mobility Planning Strategy (“Driver ESMP Strategy”)**

## **Summary of Stakeholder Interviews**

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**University of Michigan Transportation Research Institute  
Center for Advancing Transportation Leadership and Safety  
(ATLAS Center)**

**September 2014**

## Background

Two sets of telephone interviews were conducted by the UMTRI research team for the Driver ESMP Project. The first set of interviews was carried out with people directly involved in designing, implementing, and/or overseeing programs identified in the literature as best practices or promising approaches that could be incorporated into the strategy (see Table 1 for list of programs represented). The purpose of these interviews was to learn more about the identified programs, particularly from a logistical standpoint, and discuss how feasible it would be to replicate them or expand them to Michigan. We were especially interested in what resources it would take, what organizations or agencies would be most appropriate to involve in Michigan, what role the interviewees could play in the process, and other issues that we should be considering as we moved forward to finalize the Strategy. The knowledge gained from these interviews was used to update the program information we had previously compiled for these potential elements, as well as provide a basis for discussion for the second set of interviews.

Strategy Element	Program
Courses/curricula	AAA Mature Driver Training Course AARP Smart Driver™ Course NHTSA Law Enforcement Train the Trainer Course NHTSA Law Enforcement Course University of California Law Enforcement Course St. Louis Consortium Law Enforcement Workshop AMA Curriculum and Multimedia Workshops
Driver training/rehabilitation	Occupational Therapy Visual Skills Training CarFit
Physical fitness training	EnhanceFitness
Transitional counseling	Mobility Transition Counseling (MTC)
Mobility management	Myride2

The second set of interviews was carried out with representatives of agencies and organizations likely to use or support the Driver ESMP Strategy. The purpose of these interviews was to obtain feedback on specific elements of the strategy, as well as discuss, more generally, issues related to implementation (e.g., how active of a role they might play in implementing various elements, what barriers they would likely encounter, and what resources would be needed to help them overcome these barriers). Interviewees were chosen in consultation with the Michigan Department of Transportation, with the goal being to include a range of organizations or agencies expected to play a role in the Strategy (see Table 2 for list of organizations represented).

<b>Table 2. List of Organizations Selected for Interviews to Obtain Feedback on Driver ESMP Strategy</b>
Area Agency on Aging 1-B
AARP
Association for Driving Rehabilitation Specialists (ADED)
AAA Michigan
Geriatric Social Workers of Southeastern (SE) Michigan
Michigan Association of Chiefs of Police (MSCP)
Michigan Association of Family Physicians (MAFP)
Michigan Department of Community Health (MDCH)
Michigan Department of State (MDOS)
Michigan Office of Services on Aging (MOSA)
Michigan Office of Highway Safety Planning (OHSP)
Michigan Public Transit Association (MPTA)
Michigan Sheriffs' Association (MSA)

All interviews were conducted by a trained moderator with at least one additional member of the project team present during the call to take notes. All notes were reviewed so that key themes that emerged from the discussions could be identified and key findings summarized. Key findings from the interviews with stakeholder organizations are presented below. Key findings from the program interviews were integrated into the program profiles contained in other project deliverables.

### **Findings**

A number of themes emerged from the interviews with stakeholder organizations. These are summarized below.

#### ***Relevance of and support for overall strategy***

The Driver ESMP Strategy was well received. Overall, there appeared to be substantial support for efforts to put in place a statewide strategy for supporting the mobility needs of Michigan's older adults as they age. Despite differences among stakeholder organizations with regard to whether they are directly or indirectly involved in transportation, what was common to all groups was their commitment to the well-being of older adults and the frequent need to consider community mobility as an important component of helping older adults achieve such well-being. Geriatric social workers, for example, generally see people for "behavioral health issues" but families often come in with concerns about an older adult's ability to drive safely. While transportation is not a mandated or funded program for some organizations like MOSA, a central focus of MOSA and the Area Agencies on Aging to which funding is provided, is the development of comprehensive person-centered plans for older adults. It was noted that these clearly need to address plans for driving retirement and managing non-driving mobility.

#### ***Continued involvement in Strategy activities***

Most groups expressed an interest in continued involvement in efforts associated with the Strategy. The challenge will be in finding roles that are appropriate and effective but do not overly tax the resources of each organization, particularly the time demands on staff. With regard to governance, there was some confusion expressed about the distinction between the

advisory group convened for the project and the group that needs to be in place to help oversee the Strategy, once it is actually implemented. In addition, it was unclear how that transition should best occur. It was stressed that when thinking about bringing people together, there needs to be a clear set of expectations about what they are being asked to do; that is, what their roles and responsibilities will be. It was also noted that high-level “buy in” from stakeholder organizations will be necessary for the Strategy to move forward in an effective manner and should be sought early in the process. For example, in law enforcement, it was noted that the support from the chiefs of police and the sheriffs will be critical if things are going to happen.

### ***The central role of professional associations***

The important role that professional organizations play in providing information and resources to their members was highlighted by several interviewees – from family physicians looking to the Michigan Medical Society or the MAFP, to social workers looking to the Geriatric Social Workers of SE Michigan for training and networking opportunities. One way that professional organizations do this is through their annual meetings and conferences, although some are better attended than others. Some associations have more frequent meetings. For example, the Geriatric Social Workers of SE Michigan has four chapters (Oakland, Macomb, Genesee, Wayne) each of which meets quarterly. Some organizations also oversee various committees – for example the MSA and MACP each have a number of traffic safety committees they are involved in. Collectively, professional organizations were seen as an important mechanism for building support for the Strategy and then disseminating information about the Strategy once it was in place.

### ***Website***

There was great value reported in having a central website for the Strategy, not only for providing information to stakeholders but also to ensure a unified approach throughout the state to address safe mobility issues among older adults. However, it was emphasized that the website would need to be made easy for older drivers and their families to navigate so that they could use it on their own. Similarly, it would need to be easy for professionals to find things of interest. For example, it was noted that for many professional groups, particularly physicians, Strategy elements will need to be packaged in a way so that implementation looks easy, attractive, and doable.

Many expressed interest in supporting development and/or updating of content for the website. At the same time, it was clear that such support would more likely be in the form of personnel time rather than actual dollars. Interviewees also expressed support for providing links to the website and advertising it in other ways. Some groups directly control their website content and could easily set up linkages. For others, websites are under control of their respective national organizations and getting approval for links to the Strategy website or even postings about it would have to come from the national organization and might prove to be difficult and time consuming.

The issue of how to reach people who do not use a computer was raised by one organization. Related to that was how older adults with cognitive decline could be helped to maintain mobility, especially given that people whose cognitive decline is interfering with their ability to drive, will also not be able to navigate the internet.

There was an interest in and support for the Strategy website to build on complementary efforts already underway in other stakeholder organizations, in particular, the MDOS. MDOS has developed a website focused on older drivers ([Michigan.gov/agingdriver](http://Michigan.gov/agingdriver)). Website information is currently limited to the newly released Michigan's Guide for Aging Drivers and their Families; however, the plan is to expand the content so that the site can serve as a resource for all agencies with a stake in older adult mobility. It is possible that the Strategy website could be linked to this website or even reside within it which would make sense given the expected overlap in educational information and resources.

### ***Central role of information, referral, and assistance***

The central role of most organizations, particularly those in the aging field, was reported to be the provision of information and referrals rather than direct services. For example, these roles characterize the MOSA and the Area Agencies on Aging which it supports. As such, their potential role in the Strategy was seen as serving as a clearinghouse for information to their members and helping to market the strategy rather than directly providing any services themselves. Another example was the MDCH which works to ensure access to public health information and link people to resources and services. Therefore, one potential role that MDCH could play in the Strategy is to help with public education. A second role would be to help disseminate information to other professionals and organizations through its networks (e.g., trauma coordinators, safety net providers, primary care providers), as well as its in-house communication structures (e.g., website, social media such as Facebook and Twitter, and articles and press releases).

Another organization that is focused on education is AAA Michigan. As noted in the interview, its primary role is considered to be one of education and referral. One example mentioned is the program "Keeping the Keys" which is focused on providing information and resources rather than serving as a direct intervention. ADED considers its central purpose to be education/awareness and training. To that end, the association has pursued several partnerships, including a partnership with the American Occupational Therapy Association to support the CarFit program. There might be an opportunity to work with ADED to support the expansion of the CarFit program in Michigan by having members of ADED serve as trainers for the program in various geographic locations around the state. Then someone else would have to take the lead in identifying locations and doing community outreach.

A final example is the Area Agencies on Aging (of which there are 16 in Michigan). Responsibilities of the Area Agencies on Aging include: 1) information and assistance; 2) planning and coordination; 3) advocacy; and 4) development. Each agency has a resource center and is responsible for providing information and assistance. In fact, connecting people to other networks is what they were created to do. Thus, helping to support the Strategy's education component would be a natural complement to and extension of what the Area Agencies on Aging are already doing.

Some of the Area Agencies on Aging, including 1-B which covers half of the state, are engaged in providing detailed information and counseling specific to transportation through its mobility management program. All calls coming into its resource center that have to do with

transportation assistance are sent to its mobility managers. Other Area Agencies on Aging have the infrastructure in place but are lacking the resources and training to offer mobility management. It was noted that sustained funding streams for mobility management are needed to keep things going once initial funding to start a program is secured. Support for expanding mobility management also came from transit-involved stakeholders. Two models of mobility management were identified: one that actually provides rides as well as identifies resources in the community; and one that serves as a resource for transportation options in the community but does not actually provide the rides (such as Myride2). It was noted that training for mobility management training is key. The most comprehensive training was reported to come from the related area of coordinated mobility and specifically the National Training Institute. In addition, Ohio has a manual for coordinated transportation and the Area Agency on Aging 1-B has put together its own manual on mobility management.

Most stakeholder organizations were supportive of using their networks to disseminate information about the Strategy to groups and individuals with whom they work. For example, as noted, the MDOS uses a variety of social media, as well as their new older driver website that could be used for outreach about initiatives related to older adult mobility. AARP has a disability network that they communicate with regularly. They also produce a quarterly email newsletter for their membership (through which they engage their membership), as well as use social media including blogs, twitter, and Facebook.

### ***Special challenges for medical community***

Several challenges were identified with regard to the medical community, especially physicians. Given the short time available for each patient interaction and the heavy demands on physician time, it was noted that any strategy elements targeted to physicians will need to clearly demonstrate a “return on investment.” A potentially effective approach was seen as marketing efforts of the Strategy as “part of what must be done” rather than something extra. To this end, it was suggested that the Medicare Annual Wellness Visit, which has very specific guidelines of what is assessed, could be expanded to include some sort of driver screening and education component.

### ***Training of professionals***

It was clear from the interviewees that many professionals are inundated with training for all aspects of their jobs. Most stakeholders saw a need for training of their organization’s staff but at the same time pointed to scarce resources including staff time. Because of this, more narrowly-focused training delivered in self-contained units or modules was seen as desirable. For example, for law enforcement who deal with older drivers on a regular basis, the idea of sensitizing officers to important aging issues was considered important as long as it could be delivered efficiently in the form of a relatively narrowly focused training highlighting why it is important to take action with older drivers and specific procedures for doing so. Such short (5-10 minute) modules could be provided as part of regular law enforcement roll calls. It was noted that Michigan does not offer incentives to law enforcement for continuing education credits like some other states such as California do, so the motivation to participate in in-depth training may not be as strong.

Collectively, the interviews pointed to a perceived need for and interest in relatively short information and training videos on various aspects of older adult safety and mobility. Many organizations highlighted the increasing demands on staff time and noted the attractiveness of informational or training tools that focused on narrow topics that could be delivered easily in a video format and that would be brief enough to integrate into ongoing training or informational processes such as roll calls for law enforcement.

One potential topic for training that received strong interest was referral of at-risk drivers. Three main target audiences for referral information were identified: the medical community (physicians and other health professionals); law enforcement; and families of older drivers. The information of interest to these groups was considered to be unique in some ways but also overlapping in other ways. This topic area was considered to lend itself to a short video format with the understanding that a one-size-fits-all approach would not be effective. Rather, videos would need to be tailored to each target audience, including having appropriate and credible sources of information for each target audience. For example, it was noted that “cops listen to cops.”

Preferences for other forms of training were mixed. Some stakeholders highlighted the importance of continuing education options that did not require travel. However, several stakeholders did not think that members of their profession would be inclined to seek out continuing education credits through an online curriculum (e.g., physicians). One drawback of “real time” on-line training identified was the need to have everyone available and on the site at one time. Training delivered on-line, but at a time convenient to the user, was considered to be more flexible. AAA Michigan noted that it offers short sessions delivered via conference calls using Live Meetings which allow for the sharing of PowerPoint presentations. This helps them overcome the challenge of in-person training, given that staff members are spread out around the state. Other organizations and associations such as MPTA expressed interest in training in general, and more specifically in receiving updates on older adult mobility issues relevant to its members.

Online or electronic formats were also seen to have the benefit of being more appealing when the topics are uncomfortable ones. For example, AARP has moved from an in-person to online format for its “We Need to Talk” program to increase involvement of older adults and their families in what can be difficult conversations about driving cessation.

## Appendix E: Deliverables 2.1 and 2.2



### PHASE 2 Deliverables 2.1/2.2

For Project

**RESEARCH, PROGRAM DESIGN, AND TEST IMPLEMENTATION OF A  
COMPREHENSIVE STATEWIDE OLDER DRIVER EDUCATION AND SAFE  
MOBILITY PLANNING STRATEGY (“DRIVER ESMP STRATEGY”)**

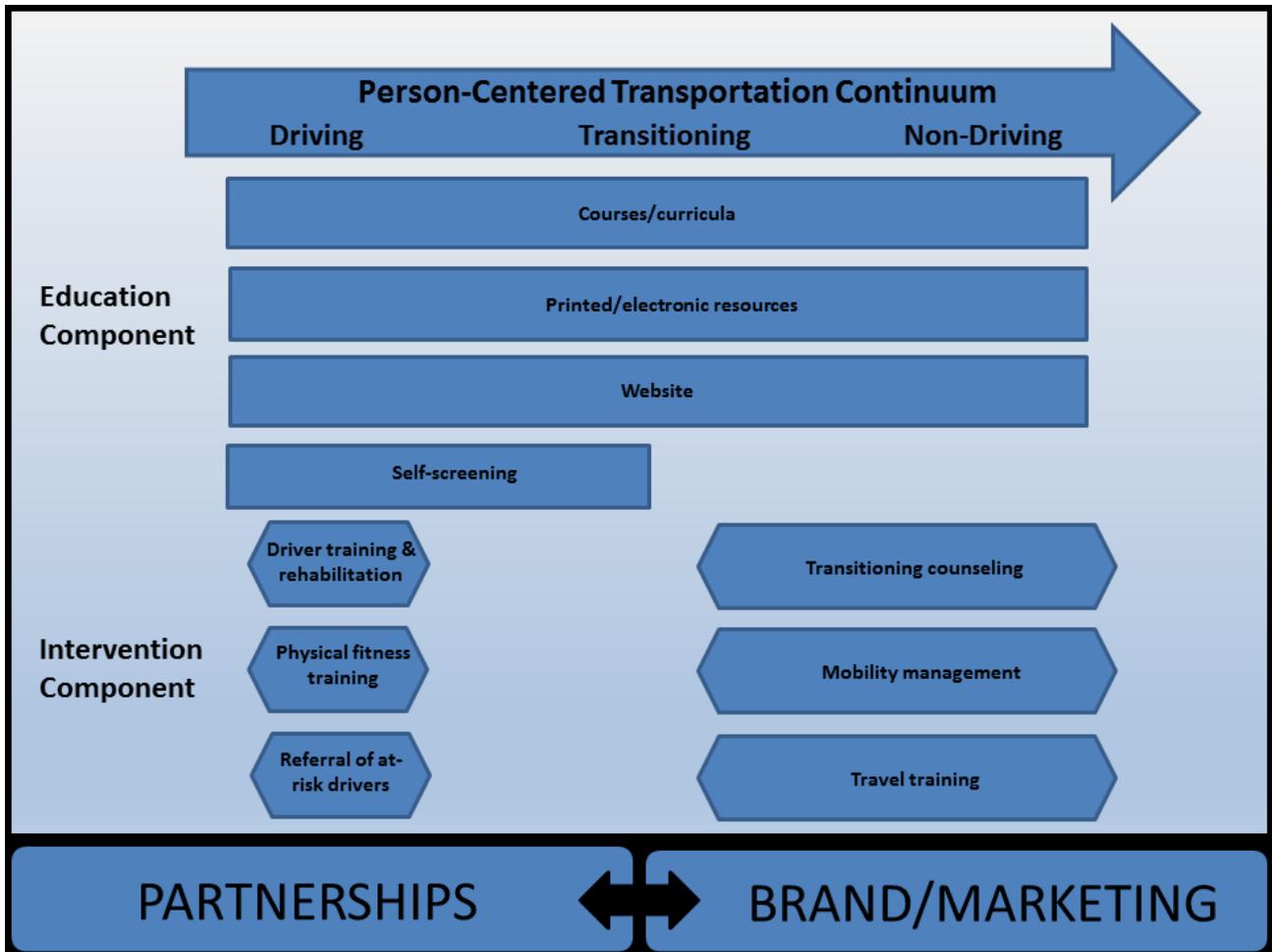
**Deliverable 2.1: Finalize and provide written documentation of a pilot education and intervention strategy model that will be developed and assessed during Phase 2 of this project, based on information gained in Phase 1.**

**Deliverable 2.2: Develop and provide a written plan for producing the Phase 2 model.**

## **BACKGROUND**

The Michigan Department of Transportation (MDOT) has contracted with the University of Michigan Transportation Research Institute (UMTRI) to plan, test, and implement an effective, sustainable statewide strategy to support the safe mobility needs of Michigan's aging population. The end product is envisioned to take the form of a relatively flexible service delivery package, containing some combination of three components, with each component comprised of various elements: a public education component (e.g., information, awareness, references), a direct intervention component (e.g., skill assessment, skill building, planning and finding workable transportation alternatives), and an administrative/collaborative component (finance and budget as well as medical/social/public safety and transportation agency collaboration and coordination).

The project is being carried out in three phases over a 3-year period, with each phase taking 1 year. The objective of Phase 1 (completed in 2014) was to identify and evaluate potential models for the strategy, including design alternatives for various components, processes, and recommended key strategic partnerships with governmental, professional, and industry groups, to optimize program sustainability and flexibility (see Phase 1 Final Report for full detail). The overall purpose of Phase 2 is to build and test selected elements of the strategy, based on the information and conclusions from Phase 1 of the project. This document describes the model to be tested during Phase 2 and the plans to put it in place for testing. It is important to note that the model that will be tested in Phase 2 represents some but not all of the components and their respective elements that are contained in the full strategy. This approach is being taken as a direct result of findings from Phase 1 that point to the importance of establishing a strong foundation for inter-agency collaboration and coordination before implementing the remaining elements of the overall strategy. Once the foundation is firmly in place, Phase 3 will focus on the implementation of the full strategy. The full strategy identified in Phase 1 is represented in Figure 1 below. The Phase 2 model to be tested is described in the following section.



**Figure 1. Final Strategy from Phase**

**GENERAL DESCRIPTION OF PHASE 2 MODEL AND PLANS TO PUT IT TOGETHER**

Based on the results of Phase 1 and in consultation with MDOT, a Phase 2 model was identified that recognizes the critical role that the administrative/collaborative component of the Strategy will need to play in anchoring and reinforcing the education and intervention components. Therefore, while the Phase 2 model has some elements from the education component of the strategy, it focuses primarily on the administrative/collaborative component of the strategy, as this component was identified as being essential to building broad involvement in, support for, and use of the education and direct intervention components. The model does not contain elements from the direct intervention component because these elements will be directly tied to and greatly depend on how the organizational/stakeholder support structure is formulated. In addition, we have selected programs for the direct intervention component that are evidence based and therefore have been demonstrated to be effective. During Phase 3, to the extent that these programs are implemented, we will explore how they are implemented and received.

The Phase 2 model contains four separate and distinct parts: 1) a well-defined brand for the overall strategy; 2) a centralized and comprehensive website; 3) a well-articulated vision for the

Strategy's management structure; and 4) an effective mechanism to obtain high level buy in from key stakeholders organizations. Each of these model parts is described more fully below, along with the steps needed to ensure that they are in place and ready for testing. A separate document (Deliverable 2.2) outlines the plan for testing these four parts once they are put together. The strategy brand, management structure, and mechanism for obtaining high level buy in are all critical aspects of a successful administrative/collaborative component. Without a strong brand, an effective management structure, and buy in from high level organizational leaders, it will difficult or impossible to implement and sustain a unified statewide strategy for supporting older adults as they age. A comprehensive and well-designed website will also contribute to successful coordination among organizations serving older adults as well as comprise the central core of the education component.

It is important to note that the UMTRI-MDOT contract does not contain budgeted tasks and dollars for brand/logo/slogan development and testing; neither does it contain resources for website development and testing. This decision was made to save on costs for additional subcontracting and because UMTRI has no internal resources to accomplish these tasks while MDOT does have those internal resources. Therefore, the contract was developed with the understanding that needed brand and web development would be provided by MDOT in conjunction with its sister state agencies.

## **Strategy Brand**

As identified in the literature review conducted for Phase 1, branding represents an important approach for unifying the multiple groups of stakeholders involved in promoting safe mobility of older adults. Creating a brand not only serves as a basis for communicating with consumers but the brand positions products, services, behaviors, and organizations by creating associations that can transcend any one promotional activity. Branding is increasingly being employed in efforts to promote behavioral change in various realms of public health, particularly when the behaviors of interest are complex, resources are limited, and multiple stakeholders are needed to promote the desired behavioral change. Building on these results, one of the recommendations for partnerships that came out of Phase 1 was to develop a "brand" for the Driver ESMP Strategy (including but not limited to a name, logo, mission statement, goals and objectives) that is accepted and used by all stakeholder organizations and associated with all aspects of the Strategy.

To that end, the plan for Phase 2 is to develop two to three brand ideas or themes, along with accompanying logos and slogans, that can be tested with various stakeholder groups through a series of focus groups and structured interviews. Development of the brand ideas is coming primarily from MDOT marketing and creative staff, along with partners from the Michigan Department of State (MDOS) and Office of Highway Safety Planning. This approach allows us to take advantage of resources that are already in place among the stakeholder organizations. A set of preliminary themes have been identified that center on safe driving, smart choices, staying mobile, and aging with independence (see Appendix A). MDOT's graphic artist has created logos and slogans around these themes and input has been received from the Advisory and

Stakeholder groups. These brand options will be finalized for testing in February and March of 2015.

### **Website**

Phase 1's review of other states that stand out for their efforts to achieve a unified and comprehensive approach to promoting safe mobility for older drivers found that having a one-stop website can be instrumental in providing access to a state's transportation safety and mobility needs for aging adults. It also provides an important mechanism for facilitating coordination among the many stakeholder groups involved in older adult safe mobility. Several websites were identified that provide information, training materials, and resources to help improve the safe mobility of older adults, as well as information on various approaches for improving safe mobility at the community, regional, and state level. Results from the structured interviews conducted as part of Phase 1 indicated strong support for having a central website for the Strategy, not only for providing information to stakeholders but also to ensure a unified approach throughout the state to address safe mobility issues among older adults.

As part of Phase 2, we will again build on existing resources to develop content, programming, and management and hosting arrangements for a comprehensive website. The plan is to partner with MDOS to leverage their ongoing efforts in building an older driver website ([Michigan.gov/agingdriver](http://Michigan.gov/agingdriver)). Their website information is currently limited to the newly released Michigan's Guide for Aging Drivers and their Families; however, the plan is to expand the content so that the site can serve as a resource for all agencies with a stake in older adult mobility. It is possible that the Strategy website could be linked to this website or even reside within it which would make sense given the expected overlap in educational information and resources. Given the unique characteristics that might set Michigan apart from other states, it is important to tailor the website to the state, by including specific Michigan resources, regulations, guidelines, and other information.

Planning for the development and management of the website will include holding discussions between UMTRI, MDOT, and MDOS to reach formal agreement on issues related to hosting and managing the website, as well as developing and maintaining content. UMTRI will be directly involved in helping establish an organizational structure and layout for the website. Once the arrangements have been formalized and the structure and layout decided upon, contributions of materials and expertise will be sought from various stakeholders to develop the actual content. Many stakeholders have already expressed interest in supporting development and/or updating of content for the website, through contributions of personnel time (not dollars).

Once the website is far enough along for testing, we will identify key stakeholders groups whose input we desire (e.g., older adults, families of older adults), and recruit individuals from those groups to provide feedback on the site in various ways (e.g., focus groups and structured interviews; with details to be outlined in Deliverable 2.3). Feedback will be sought on a variety of issues including ease of navigation, readability, subjective sense of non-judgmental "feel", availability of the kind of information one is looking for, helpful and appropriate links, etc.

In designing the website, it will be important to cover to the extent possible, all aspects of the final Strategy recommended in Phase 1 (see Figure 1). That is, information provided on the website should cover the full continuum of person-centered transportation from driving to transitioning to non-driving. Information and resources should be available not only for older adults and their families, but also for the various stakeholder organizations (e.g., law enforcement, health, aging, and transportation professionals), that work with and serve older adults and are therefore in a position to direct them to appropriate resources. In addition, some of the resources are directed toward these stakeholder organizations to help them in their interactions with older adults. There should be information about and links to the various educational resources identified in Phase 1 (e.g., print and electronic materials [e.g., see Appendix B], courses, curricula), as well as specific evidence-based programs to help older drivers maintain safe mobility regardless of transportation mode (e.g., driver training and rehabilitation, physical fitness training, referral of at-risk drivers, mobility transition counseling, mobility management, and travel training [e.g., see Appendix C]). Finally, the website should be tailored to Michigan so that residents of the state can get specific information about where to go and what to do in Michigan to ensure that they can stay safely mobile as they age. Careful thought will be given to designing the website to ensure that not only older adults and their families can easily navigate around the site, but also that it is welcoming and user-friendly for the various professionals who serve as intermediaries between older adults and mobility services, programs, and products.

### **Management Structure**

The third part of the Phase 2 model involves establishing a vision for the management structure of the Strategy including the agencies to be represented, and specific roles and responsibilities for members. Results of Phase 1 make it clear that addressing the issues surrounding older adult safety and mobility will require a multi-faceted, multidisciplinary approach. Coordination and collaboration among stakeholder organizations providing services to older adults must be central to this approach and in fact has become the accepted approach to addressing complex health and social problems that require multifaceted solutions. The expected benefits from a collaborative management approach include: facilitation of local flexibility and responsiveness (i.e., interventions can be tailored to specific local circumstances); sharing of knowledge, expertise, and resources brought about by bringing together a broad range of stakeholders with different areas of expertise; improved efficiency; achievement of a coherent, integrated, long-term approach brought about by aligning initiatives early on; building of community capacity and shared ownership; greater buy-in from community stakeholder groups and enhanced credibility of policies and programs. Several factors were identified in Phase 1 that contribute to effective collaboration including: having shared goals, objectives, or vision; shared problems or external pressures such as client needs/demands; commitment and trust, an appropriate mix of partners, meaningful leadership and positive attitudes toward the process; organizational champions and supportive front line workers; leadership and engagement at high levels of organization; shared needs, common values, and an open and credible process; and good communication processes. These factors do not arise by accident – a well thought out management structure needs to be in place to bring them to the fore.

It was clear from Phase 1 that the success and longevity for this initiative requires a carefully developed leadership and managerial component. Leadership and management entail at least three major responsibilities: 1) policy making and program development (annual goals/objectives/tasks); 2) funding and budgeting to adequately carry out policy making and program development activities; and 3) executive leadership to oversee the implementation of policy, program objectives, and supporting tasks (scheduling, printing, etc..) set by the leadership body.

Putting together this part of the Phase 2 model will be informed by the recommendations outlined in Phase 1 for establishing, strengthening, and/or sustaining partnerships and collaborations, all of which have implications for how the management structure might evolve. These recommendations include:

- Establish a leadership body composed of representatives from key advisory and stakeholder organizations to manage and facilitate the Driver ESMP Strategy.
- Have each member of the leadership body serve as a liaison to other members of his or her agency network with regard to disseminating materials and providing information.
- Develop an action plan for the Driver ESMP Strategy overall and for each of the working groups that is updated on an annual or bi-annual basis and includes steps for assessing and updating the strategy elements.
- Establish a regular meeting schedule for the group (in person or conference call).
- Encourage (support, foster, facilitate) the integration of Driver ESMP Strategy goals and objectives into each stakeholder agency/organization strategic or long-range plan (in either original or adapted form as necessary to fit the mission of the organization).
- Develop/maintain up to date listing of potential funding opportunities related to Strategy programs and initiatives as a resource for stakeholder organizations that includes synthesis of funding information in a format that consolidates information across multiple government agencies and allows easy comparison of funding requirements.

Much of the focus for this part will be on operationalizing the first recommendation – to establish a committee for managing and facilitating the Strategy. However, the other recommendations are important to consider because they help identify potential roles for committee members. Involving a broad spectrum of stakeholder organizations in the committee is desirable because despite differences in the extent of direct involvement in transportation, what is common to all groups is their commitment to the well-being of older adults and the frequent need to consider community mobility as an important component of helping older adults achieve such well-being. Most stakeholders expressed an interest in continued involvement in efforts associated with the Strategy. The challenge will be in finding roles that are appropriate and effective but do not overly tax the resources of each organization, particularly the time demands on staff. Details of the management structure will be worked out through discussions between UMTRI and MDOT with considerable input from key stakeholders.

## **Ambassador Team**

A key finding from Phase 1 was that high-level “buy in” from stakeholder organizations will be necessary for the Strategy to move forward in an effective manner and should be sought early in the process. Such buy in will also be instrumental in ensuring that the management structure can be sustained and achieve its goals. It was determined that an effective way to obtain this high level buy in would be to create a team of ambassadors to cultivate support from high level leadership. Each member of the ambassador team would be provided with a package of unified materials to be used in outreach efforts, as well as a plan and schedule for marketing and communication.

In putting together an ambassador team, we will likely first look to leadership body members and Advisory and Stakeholder groups. Strategies for outreach and communication will take into account processes and activity schedules already in place for stakeholder organizations such as annual meetings or conferences to reduce the burden on the ambassador team. For example, many professional associations use such meetings to provide information and resources to their members and therefore could serve as an important mechanism for building support for the Strategy and then disseminating information about the Strategy once it was in place.

Careful thought will also be given to identifying the appropriate people within each organization we need to reach out to. The process of building the team and creating the resources needed will come out of discussions between UMTRI and MDOT, with considerable input from the Advisory and Stakeholder groups. An important part of the message that ambassadors will be trying to convey is that the organizations are being asked to build on what they already do, rather than create new programming or direct services. For example, the central role of many of the stakeholder organizations is to provide information and referral services. Therefore, they are positioned to serve as a clearinghouse for information to their members and help market the strategy rather than directly providing any services themselves. They can also help disseminate information to other professionals and organizations through their various networks and partnerships, as well as in-house communication structures.

## **SPECIFIC TARGET AUDIENCES AND SETTINGS**

As identified in Phase 1, the ultimate audience that the full Strategy is trying to support is the population of older adults in Michigan. However, there are a number of stakeholder groups that are in a position to influence and assist older adults, including their families as well as a myriad of transportation, aging, and health professionals who interact with and serve older adults (e.g., law enforcement, licensing agency personnel, areas agencies on aging, transit operators). All of these stakeholder groups will be involved in implementing and maintaining the full Strategy. Therefore, they need to be involved in putting into place and testing the Phase 2 model.

## **GOALS AND OBJECTIVES**

As identified in Phase 1, the overarching goals of the full Strategy are to: 1) help older adults who are able to drive safely continue to do so; 2) facilitate the transitioning process from driving to non-driving for those who are unable or choose not to drive; 3) support the use of non-driving community mobility options for those who no longer drive; and 4) have in place strong partnerships among key stakeholders to actively support and market the Strategy. Much of the effort that will be expended during Phase 2 focuses on the fourth goal, based on the Phase 1

recommendation that establishing a strong foundation for inter-agency collaboration and coordination should come before implementing the full strategy. However, the Phase 2 model also calls for development and testing of the website, which constitutes a key part of the full Strategy's Education Component. Therefore the Phase 2 model does help address several of the objectives of the full Strategy:

Objective 1a: Increase awareness among older adults, their families, and professionals about age-related declines in abilities that can affect safe driving, what might be done to help overcome or compensate for these declines, and steps to take to evaluate one's ability to drive safely.

Objective 2a: Increase awareness among older adults, their families, and professionals about the need to plan for retirement from driving, as well as strategies for successfully managing the transitioning process.

Objective 3a: Increase awareness and general knowledge among older adults, their families, and professionals about non-driving community mobility options.

#### **POTENTIAL FACILITATORS AND BARRIERS TO SUCCESS**

Leveraging resources that are already in place and taking advantage of activities/events that are already planned will clearly facilitate Phase 2 of this project. In particular, considerable input from stakeholder organizations will be required to build the Strategy brand and the website, given that there are no dedicated resources in the project budget for these tasks. In addition, ongoing efforts to maintain and update the website and provide marketing and outreach efforts for the Strategy will rely on the commitment and involvement of stakeholder organizations. This may become a challenge, as competing priorities arise within participants' organizations.

#### **EXPECTED OUTCOMES**

The expected outcomes of Phase 2 include the following:

- There will be a unified brand for the Strategy, along with an appropriate logo and slogans that has been tested among various stakeholder groups and has been determined to best capture the vision and spirit of the Strategy.
- There will be a preliminary website developed and tested for the Strategy, with formal arrangements in place for hosting and managing it, as well as a plan for maintaining current content on the website.
- There will be a set of recommendations for a management structure for the Strategy that include who should comprise it and members' specific roles and responsibilities. There will be an ambassador team in place, along with a set of materials that members can use in their outreach activities.

Appendix A





**OLDER DRIVERS  
SMART CHOICES**  
Keys to Staying Mobile



## Appendix B

<b>Summary of Selected Education Resources for Older Driver Safe Mobility</b>				
<b>Name of Resource</b>	<b>Format</b>	<b>Target Audience</b>	<b>Organization And Website</b>	<b>Description</b>
<i>AAA Foundation for Traffic Safety</i>	Website for foundation	Professionals working in traffic safety, general population	AAAFTS <a href="https://www.aaafoundation.org/">https://www.aaafoundation.org/</a>	Conducts research to address highway safety issues. Mission is to identify traffic safety problems and foster research to seeks solutions and disseminate information and educational materials.
<i>American Association of Motor Vehicle Administrators</i>	Website for professional association	Motor vehicle and law enforcement community	AAMVA <a href="http://www.aamva.org">www.aamva.org</a>	Develops model programs in motor vehicle administration, law enforcement and highway safety.
<i>AAMVA GrandDriver Program</i>	Media and print	Older drivers, family members, general population	AAMVA <a href="http://www.aamva.org/granddriver/">http://www.aamva.org/granddriver/</a>	Comprehensive public information and education campaign that includes TV and radio public service announcements, billboards, print ads, brochures, and a speaker's bureau. Designed to promote awareness of older driver safety issues.
<i>AARP</i>	Website for membership organization	Individuals over 50	<a href="http://www.aarp.org/">http://www.aarp.org/</a>	AARP delivers information, advocacy and service to people age 50 and over.
<i>Alzheimer's Association</i>	Website for health and aging organization	Individuals with the disease and their caregivers, professionals and researchers that deal in Alzheimer's and dementia	<a href="http://www.alz.org">www.alz.org</a>	Alzheimer's Association works to enhance and care and support for those affected by Alzheimer's and related dementias, and is committed to accelerating progress of new treatments, preventions and a cure. Provides information about Alzheimer's disease, resources, research advances, publications, and events.
<i>American Medical Association</i>	Website for professional association	Physicians	<a href="http://www.ama-assn.org">http://www.ama-assn.org</a>	Resources for physicians and medical students in their efforts to help patients, and resources for patients regarding finding a doctor and the proper care.
<i>American Occupational Therapy Association</i>	Website for professional association	Occupational therapists	AOTA <a href="http://www.aota.org/olderdriver/">http://www.aota.org/olderdriver/</a>	AOTA provides information and resources to encourage and train occupational therapists to develop a specialty in driver rehabilitation.
<i>American Society on Aging (ASA)</i>	Website for association	Professionals that work with older adults,	ASA <a href="http://www.asaging.org/">http://www.asaging.org/</a>	Supports those working with older adults and their families with professional education, publications and online

		their families and caregivers		information and training resources.
<i>Association for Driver Rehabilitation Specialists</i>	Website for professional association	Professionals working in driver education/training and vehicle modifications	ADED <a href="http://driver-ed.org">http://driver-ed.org</a>	ADED provides information and support to its membership and offers a driver assessment and rehabilitation certification program. ADED's website provides links to publications and fact sheets. ADED's website provides a member directory, including certified driver rehabilitation practitioners.
<i>At the Crossroads: A Guide to Alzheimer's Disease, Dementia, and Driving</i>	Booklet	Older drivers with dementia and their families	Joint project of The Hartford, AARP, and MIT AgeLab <a href="http://agelab.mit.edu/dementia-and-driving">http://agelab.mit.edu/dementia-and-driving</a>	Designed to help persons with dementia and their families maximize independence while minimizing driving risk. Provides suggestions for monitoring, limiting, and stopping driving.
<i>Community Transportation Association of America</i>	Website for association	Community and public transportation operators	CTAA <a href="http://www.ctaa.org">www.ctaa.org</a>	Provides programs and services to help transportation providers improve mobility for all people, particularly older adults and individuals with disabilities.
<i>Cues for Law Enforcement</i>	Pamphlet (also web-based)	Law enforcement officers	NHTSA <a href="http://www.nhtsa.gov/people/injury/olddrive/lawcues.html">http://www.nhtsa.gov/people/injury/olddrive/lawcues.html</a>	Intended to provide law enforcement officers with cues for determining safe operational needs of older drivers. Pamphlet contains information on barriers to safe mobility (e.g., medical conditions that can compromise safe driving, vehicle design issues, and roadway design issues), safe operational detection cues (e.g., driver orientation in time and place, appearance), and intervention options.
<i>Driver Fitness Medical Guidelines</i>	Booklet	Departments of motor vehicles and clinicians	NHTSA and AAMVA <a href="http://www.google.com/url?sa=t&amp;rcct=j&amp;q=&amp;esrc=s&amp;frm=1&amp;source=web&amp;cd=1&amp;ved=0CCYQFjAA&amp;url=http%3A%2F%2Fwww.nhtsa.gov%2FDOT%2FNHTSA%2FTraffic%2520Injury%2520Control%2FArticles%2FAssociated%2520Files%2F811210.pdf&amp;ei=p1oTU57cB8L4yOHmhIAg&amp;usg=AFQjCNHNx5chSk2UbPyIaD0AyFUoZa1cWA&amp;bvm=bv.62286460,d.aWc">http://www.google.com/url?sa=t&amp;rcct=j&amp;q=&amp;esrc=s&amp;frm=1&amp;source=web&amp;cd=1&amp;ved=0CCYQFjAA&amp;url=http%3A%2F%2Fwww.nhtsa.gov%2FDOT%2FNHTSA%2FTraffic%2520Injury%2520Control%2FArticles%2FAssociated%2520Files%2F811210.pdf&amp;ei=p1oTU57cB8L4yOHmhIAg&amp;usg=AFQjCNHNx5chSk2UbPyIaD0AyFUoZa1cWA&amp;bvm=bv.62286460,d.aWc</a>	Provides guidance to assist licensing agencies in making decisions about an individual's fitness for driving. This is the first attempt to produce a consolidated document covering medical conditions included in the task agreement between NHTSA and the American Association of Motor Vehicle Administrators .
<i>"DriveWell" Community</i>	3-ring binder with print	Ageing service providers	ASA, in partnership with NHTSA.	Each kit includes a video, PowerPoint presentation, talking

<i>Toolkit</i>	materials, video, etc.		<a href="http://www.nhtsa.org">www.nhtsa.org</a> <a href="http://www.nhtsa.gov/Driving+Safety/Older+Drivers/Drive+Well+Toolkit:+Promoting+Older+Driver+Safety+and+Mobility+in+Your+Community">http://www.nhtsa.gov/Driving+Safety/Older+Drivers/Drive+Well+Toolkit:+Promoting+Older+Driver+Safety+and+Mobility+in+Your+Community</a>	points, and brochures and other materials for increasing community awareness.
<i>Driving and Dementia Fact Sheet and Information</i>	Web-based materials	Older drivers with dementia and their families	Alzheimer's Association <a href="http://www.alz.org/care/alzheimers-dementia-and-driving.asp">http://www.alz.org/care/alzheimers-dementia-and-driving.asp</a>	Website maintains a fact sheet on driving and other information on driving and dementia, including a position statement on care and patients' rights.
<i>Driving Safely While Aging Gracefully (Safe Driving for Older Adults)</i>	Booklet (brochure)	General older driver population	NHTSA and USAA Educational Foundation <a href="http://www.nhtsa.dot.gov/people/injury/olddrive/">http://www.nhtsa.dot.gov/people/injury/olddrive/</a>	Describes how changes in vision, physical fitness, and reflexes can affect driving safety, and offers tips for counteracting these changes.
<i>Driving Transitions Education: Tools, Scripts, and Practice Exercises</i>	Booklet	Professionals who work directly with older drivers, their families, and concerned community members	NHTSA and the American Society on Aging Search <a href="http://www.nhtsa.gov">www.nhtsa.gov</a> or <a href="http://www.asaging.org">www.asaging.org</a>	Provides professionals with tools, scripts, and practice exercises to help them develop skills needed for effective conversations with older drivers, their families, and concerned community members about driving safety and community mobility. Professionals using the module are required to tailor it to their own community by adding in local information about available services, driving regulations, physician reporting, and local resources. NHTSA notes that the booklet can be used in conjunction with the <i>DriveWell Toolkit</i> .
<i>Driving When You Have. . . Cataracts Glaucoma Macular Degen. Stroke Arthritis Parkinson's Dis. Sleep Apnea Diabetes Seizures</i>	Individual brochures	General older driver population and specific at-risk subgroups	NHTSA <a href="http://www.nhtsa.dot.gov/people/injury/olddrive/">http://www.nhtsa.dot.gov/people/injury/olddrive/</a>	Each brochure presents information on a specific medical condition common among older persons that can increase crash risk, including information about symptoms of the condition, how the symptoms can affect driving, suggested steps for increasing driving safety if faced with the condition, and available resources.
<i>Family Conversations with Older Drivers: Safe Driving for a Lifetime</i>	Booklet	Family members of older drivers	The Hartford <a href="http://www.thehartford.com/talkwithollderdrivers">www.thehartford.com/talkwithollderdrivers</a>	Intended to help families of older drivers initiate the conversation about an older driver's capabilities. Includes instructions on planning for mobility options.

<i>Governors Highway Safety Association</i>	Website for professional association	State and territorial highway safety offices	GHSA <a href="http://www.ghsa.org">www.ghsa.org</a>	Provides member support services, develops and strengthens partnerships, and provides resources to support association services and priorities, all in an effort to improve traffic safety.
<i>How to Help an Older Driver</i>	Booklet	Family members and friends of older drivers	AAA Foundation for Traffic Safety <a href="https://www.aaafoundation.org/electronic-only-brochures">https://www.aaafoundation.org/electronic-only-brochures</a>	A guide for families to help them help the older driver in their family make responsible decisions about driving and plan for their safe transportation.
<i>How to Understand &amp; Influence Older Drivers</i>	Booklet	Family members and friends of older drivers	NHTSA <a href="http://www.nhtsa.gov/people/injury/olddrive/UnderstandOlderDrivers/">http://www.nhtsa.gov/people/injury/olddrive/UnderstandOlderDrivers/</a>	Provides information to help families and friends of older drivers understand when and how changes in driving may be needed and how to keep older adults better connected to people and activities important to them. It is also intended to broaden the discussion about older driver safety and mobility.
<i>National Association of Area Agencies on Aging</i>	Website of professional association	Older adults, their families and the professionals that serve them	National Association of Area Agencies on Aging <a href="http://www.n4a.org">www.n4a.org</a>	N4A supports the national network of Area Agencies on Aging, advocating for services and resources for older adults and individuals with disabilities.
<i>National Safety Council</i>	Website of public service organization	Professionals interested in increasing safety, businesses, government agencies, general population	NSC <a href="http://www.nsc.org">www.nsc.org</a>	Provides knowledge and resources to its members and the general population to increase safety on the road, in homes, the workplace and the community.
<i>NHTSA</i>	Website of government agency	State and local governments and communities, automobile makers, researchers, general population	NHTSA <a href="http://www.nhtsa.gov">http://www.nhtsa.gov</a>	Sets and enforces safety standards for motor vehicles and motor vehicle equipment, supplies state and local governments with grants for highway safety programs, supports state and local communities increase safety related to motor vehicles, conducts research related to traffic safety.
<i>Older Driver Safety and Transition – for the Mature Driver</i>	Fact sheet and web-based materials	Older drivers	National Center on Senior Transportation (NCST) <a href="http://www.n4a.org/pdf/MatureDriver.pdf">http://www.n4a.org/pdf/MatureDriver.pdf</a> Or <a href="http://www.seniortransportation.net">www.seniortransportation.net</a>	Provides information about resources to aid in driving skill improvement and decision making and offers advice on transitioning from driving to non-driving.

<i>Physician's Guide to Assessing and Counseling Older Drivers 2nd Edition</i>	Guidebook	Physicians and other health professionals	NHTSA (Carr et al. (2010) <a href="http://www.google.com/url?sa=t&amp;rct=j&amp;q=&amp;esrc=s&amp;frm=1&amp;source=web&amp;cd=2&amp;ved=0CDIQFjAB&amp;url=http%3A%2F%2Fwww.nhtsa.gov%2Fstaticfiles%2Fnti%2Folder_drivers%2Fpdf%2F811298.pdf&amp;ei=Xs8ZU8HrNpKiqwHY2oHwBA&amp;usg=AFQjCNE3yVjCltPaKnNuXx044USCd1fyZw&amp;bvm=bv.62578216.d.aWM">http://www.google.com/url?sa=t&amp;rct=j&amp;q=&amp;esrc=s&amp;frm=1&amp;source=web&amp;cd=2&amp;ved=0CDIQFjAB&amp;url=http%3A%2F%2Fwww.nhtsa.gov%2Fstaticfiles%2Fnti%2Folder_drivers%2Fpdf%2F811298.pdf&amp;ei=Xs8ZU8HrNpKiqwHY2oHwBA&amp;usg=AFQjCNE3yVjCltPaKnNuXx044USCd1fyZw&amp;bvm=bv.62578216.d.aWM</a>	Designed to educate physicians about older driver safety and assist them in assessing their patients for medical fitness to drive. Provides reference information and resources.
<i>Straight Talk for Mature Drivers</i>	Brochures	Older drivers and specific at-risk subgroups	Available at AAA offices for can be ordered from their website <a href="http://www.aaapublicaffairs.com">www.aaapublicaffairs.com</a> <a href="http://exchange.aaa.com/wp-content/uploads/2012/08/Straight-Talk-For-Mature-Drivers-Rx-for-Safe-Driving.pdf">http://exchange.aaa.com/wp-content/uploads/2012/08/Straight-Talk-For-Mature-Drivers-Rx-for-Safe-Driving.pdf</a>	Individual brochures address meeting the challenge of aging and driving, vision, medications, common driving mistakes, stopping driving, and buying and maintaining a vehicle.
<i>Supplemental Transportation Programs for Seniors (STPs)</i>	Report	Community officials and aging service providers, as well as the general public	Beverly Foundation <a href="http://www.aaafoundation.org/pdf/STP2.pdf">http://www.aaafoundation.org/pdf/STP2.pdf</a>  Also available from <a href="http://seniordriving.aaa.com/">http://seniordriving.aaa.com/</a>	Report provides detailed information on more than 400 STPs across the country, and can serve as a resource for those wanting to implement their own programs.
<i>Talking with Older Drivers about Safe Driving</i>	Video	Family members and friends of older drivers	NHTSA <a href="http://www.nhtsa.gov/Driving+Safety/Older+Drivers/Talking+with+Older+Drivers+about+Safe+Driving">http://www.nhtsa.gov/Driving+Safety/Older+Drivers/Talking+with+Older+Drivers+about+Safe+Driving</a>	Web-based materials and short video to help families and friends of older drivers learn more about how to recognized and discuss changes in the older driver's driving.
<i>Video Toolkit on Medical Conditions in Older Drivers</i>	DVD containing series of videos	Older drivers and family members and friends	NHTSA <a href="http://www.nhtsa.gov/Driving+Safety/Older+Drivers/Video+Toolkit+On+Medical+Conditions">http://www.nhtsa.gov/Driving+Safety/Older+Drivers/Video+Toolkit+On+Medical+Conditions</a>	Series of short videos showing how different medical conditions common among older drivers can impact driving abilities.
<i>We Need to Talk ... Family Conversations with Older Drivers</i>	Booklet and Web-based materials	Older drivers with dementia and their families	Joint project of The Hartford, AARP, and MIT AgeLab <a href="http://www.aarp.org/home-garden/transportation/we_need_to_talk/">http://www.aarp.org/home-garden/transportation/we_need_to_talk/</a>  <a href="http://www.thehartford.com/mature-market-excellence/family-conversations-with-older-drivers">http://www.thehartford.com/mature-market-excellence/family-conversations-with-older-drivers</a>	Designed to help persons with dementia and their families maximize independence while minimizing driving risk.
<i>When You are Concerned...</i>	Booklet	Family members and friends of older drivers	New York State Office on Aging <a href="http://www.aging.ny.gov/Transportation/OlderDriver/Handbook2011.pdf">http://www.aging.ny.gov/Transportation/OlderDriver/Handbook2011.pdf</a>	Detailed guide for family members of friends of an at-risk driver, incorporating specific suggestions

Adapted from Stutts (2005) with additional resources added based on review of published literature.

## Appendix C

<b>CarFit</b>	
Overview	Developed by the American Society on Aging, the American Automobile Association, AARP, and the American Occupational Therapy Association to assess how older drivers “fit” their vehicles. <i>CarFit</i> is an educational program designed to promote optimal alignment of older drivers with their vehicle. To this end, the program offers older adults the opportunity to assess how well their personal vehicle “fits” them. The program also offers information and materials on community specific resources that have the potential to enhance their driving safety and/or increase their community mobility.
Strategy component/ Objective	Intervention/Promote training and/or retraining of older adults to help them overcome or compensate for age-related declines in abilities that can compromise safe mobility
Target audience(s)	
Delivery format	In-person
Facilitating entity	AAA
Stage of readiness	
Costs to implement/operate	<b>\$\$</b> Free for older drivers. Costs are to the company sponsoring the program.
<b>EnhanceFitness</b>	
Overview	EnhanceFitness, a low-cost, evidence-based group exercise program, helps older adults at all levels of fitness become more active, energized, and empowered to sustain independent lives. ( <a href="http://projectenhance.org">projectenhance.org</a> )
Strategy component/ Objective	Intervention/Promote training and/or retraining of older adults to help them overcome or compensate for age-related declines in abilities that can compromise safe mobility
Target audience(s)	
Delivery format	In-person
Facilitating entity	Michigan Department of Community Health
Stage of readiness	
Costs to implement/operate	<b>\$\$-\$\$\$</b> Depending on the package, costs include a \$5,000/\$6,000 start-up fee including licensing and training, plus other operational costs. Initial license for an agency is \$3,000 then \$50/yearly. However, if an organization already has the license, the program can be expanded to other geographical areas or venues within an area without an additional license. Wrist and ankle weights are required to be purchases by the agency. Payment for instructors is flexible – depending on whether instructors are professionals or volunteers.
Other keys to success and potential challenges	There is an opportunity to work with agencies that already hold licenses within the state of Michigan such as the Kidney Foundation and the YMCA which has a national licensing agreement.
Contact information	Michigan Department of Community Health  Annamarie Hodges Phone: <a href="tel:5173358402">(517) 335-8402</a> Email: <a href="mailto:hodgesa5@michigan.gov">hodgesa5@michigan.gov</a>  Meghan Faulkner

	<b>Phone: 517-241-5652</b> Email: faulknerm@michigan.gov
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<b>Referral of at-risk drivers</b>	
Overview	<p>Training videos that address questions on how and when to refer at-risk drivers. Referrals can not only be made to licensing agencies for driving assessment but also to occupational therapy professionals (and in particular certified driving rehabilitation specialists) who can conduct comprehensive driving evaluations and also provide rehabilitation services to help older adults compensate for or overcome impairments in some driving-related abilities and allow them to continue to drive safely or begin the transition to non-driving as appropriate.</p> <p>Comprehensive driving evaluation include administering evidenced base assessments in clinic and in-vehicle and provide training by an occupational therapy practitioner/CDRS. Assessments include a clinical visual assessment, cognitive and physical assessment as well as actual behind the wheel assessment, including problem solving scenario's designed to determine an in-depth analysis of an individual's driving capability. Training sessions provided by an occupational therapist/CDRS/DRS are tailored to meet each individuals needs to promote motor safety.</p>
Strategy component/ Objective	Intervention/Promote training and/or retraining of older adults to help them overcome or compensate for age-related declines in abilities that can compromise safe mobility.
Target audience(s)	
Delivery format	Video/other
Facilitating entity	
Stage of readiness	Ⓛ
Costs to implement/operate	\$\$
Other keys to success and potential challenges	There is an opportunity to produce short narrowly focused videos that can be used by various organizations to integrate into their established processes activities for training.

<b>Mobility Transition Counseling (MTC)</b>	
Overview	<p>Mobility Transition Counseling (MTC), spearheaded by researchers at the University of Missouri, is described as a collaborative, professional intervention to bring about a planned transition for optimal personal mobility. The assumption underlying MTC is that strategies such as mobility management and transportation plans are most effective when tailored to fit the attitudes, beliefs, and needs of individual older drivers. Its developers recommend that MTC be integrated into a comprehensive assessment and intervention process to help older adults maintain their mobility. At the heart of the MTC approach is a person-specific assessment tool called the Assessment of Readiness for Mobility Transition, an evidence-based tool intended to increase awareness about mobility loss and assess attitudes that might support or hinder productive planning.</p> <p>ARMT was validated as a screening tool with a sample of 297 older adults (mean age of 71 years). Results indicated sound internal validity and reliability. According to the authors, results confirm the usefulness of ARMT as a new clinical practice tool that social service, health, and transportation professionals can use to assess older adults on measures of emotional and attitudinal readiness and intervene to promote individualized planning for the transition to non-driving.</p>

Strategy component/ Objective	Intervention/Promote programs to help older adults manage their non-driving mobility needs
Target audience(s)	
Delivery format	In-person
Facilitating entity	
Stage of readiness	
Costs to implement/operate	\$\$
Contact information	University of Missouri – St. Louis  Thomas Meuser Phone: 314-516-5421 Email: meurer@umsl.edu  Marla Berg-Weger Phone: 314-977-2151 Email: bergwm@slu.edu

<b>Replication/Expansion of Existing Mobility Management Programs in Michigan (e.g. Myride2)</b>	
Overview	<p>Older adults who are no longer able or choose not to drive can benefit from a unified approach to helping them maintain community mobility. Mobility management represents such an approach.</p> <p>Mobility management has been described as a systems approach to managing transportation resources directed at: identifying needed services and the transportation options to access those services; assessing community transportation resources and individuals’ ability to use transportation services; filling service gaps; and providing both agencies and individuals with access to training on how to use local transportation. The benefits of mobility management are that it offers more mobility to community residents while helping transit systems reduce their operating expenses.</p> <p>NCST has also just recognized Michigan’s Myride2 mobility management program as a “best practice” (see <a href="http://www.myride2.com">www.myride2.com</a>). The program is operated under the auspices of the Area on Aging 1-B in Southfield Michigan. Myride2 is described as a one-call/one-click mobility management service that helps older adults and those with disabilities locate transportation options in Oakland and Macomb Counties. Mobility specialists termed “mobility concierges” work with clients to address mobility and transportation issues. The program was launched in 2012 and partners with the local Center for Independent Living.</p>
Strategy component/ Objective	Intervention/Promote programs to help older adults manage their non-driving mobility needs
Target audience(s)	
Delivery format	Phone, web
Facilitating entity	
Stage of readiness	

Costs to implement/operate	\$\$\$
Other keys to success and potential challenges	NCST points out that mobility management can and should be applied to a variety of transportation modes including volunteer driver programs, dial-a-ride, and assisted transportation models, as well as to situations in which there are limited mobility options such as in rural areas, and some suburban and even small metropolitan areas.
Contact information	Area Agency on Aging 1-B  Roberta Habowski Phone: 248-262-9211 Email: rhabowski@aaa1b.com Myride2@aaa1b.com

<b>Replicate and Expand Existing Travel Training Programs in Michigan (e.g. Rapid Travel Training Program in Grand Rapids)</b>	
Overview	A comprehensive strategy for maintaining older adult mobility must address how older adults can safely get around once they no longer drive. One of the most affordable and commonly available non-driving transportation options, at least in urban and suburban areas, is fixed route public transit services (i.e., buses, trains, subways). Many older adults are not familiar with the benefits of traveling by public transportation or with the procedures and requirements for using fixed route public transit services.  Regardless of the type of program, the instructional components of travel training generally include information on entering and exiting the transit facility, paying fares, special passes, purchasing tickets, reading schedules, locating seating, planning trips, personal safety, and transferring. If mobility devices are used, then instruction is usually also included about how to use lifts or other assistance when utilizing transit facilities.
Strategy component/Objective	Intervention/Promote programs to help older adults manage their non-driving mobility needs
Target audience(s)	
Delivery format	In-person
Facilitating entity	In its simplest form, travel training can be provided by a transit operator as instructional pamphlets or videos provided on a website. Travel training programs can also include transit travel orientation, group travel training, travel ambassador training, and one-one-one training.
Stage of readiness	Ⓛ
Costs to implement/operate	\$\$\$

## Appendix F: Deliverables 2.3, part 1



### PHASE 2 Deliverable 2.3, Part 1

For Project

**RESEARCH, PROGRAM DESIGN, AND TEST IMPLEMENTATION OF A  
COMPREHENSIVE STATEWIDE OLDER DRIVER EDUCATION AND SAFE  
MOBILITY PLANNING STRATEGY (“DRIVER ESMP STRATEGY”)**

**Deliverable 2.3: Develop and provide a written plan for assessing different features of the model. To the extent possible, the assessment process will involve obtaining feedback from individuals and organizational representatives from a wide geographical area.**

This plan outlines how each part of the Phase 2 model will be tested with various stakeholder audiences during March 2015. As identified in Deliverable 2.1/2.2, there are four major parts to the Phase 2 model: 1) a well-defined brand for the overall strategy; 2) a centralized and comprehensive website; 3) a well-articulated vision for the Strategy's management structure; and 4) an effective mechanism to obtain high level buy in from key stakeholder organizations. The testing plan for each of these parts is described below.

## **Strategy Brand**

As noted in Deliverable 2.1/2.2, a set of preliminary themes was identified by members of the communications departments at the Michigan Department of Transportation (MDOT), Michigan Department of State (MDOS), and Michigan Office of Highway Safety Planning (OHSP) that center on safe driving, smart choices, staying mobile, and aging with independence. Building on these themes, and utilizing the experience and expertise of MDOT's graphic art department, a set of logos and slogans around these themes were developed. The logos and slogans were shared with the Advisory and Stakeholder groups during an in-person meeting to obtain their feedback. A final set of slogans and logos was developed for testing.

During the testing phase, a combination of focus groups and structured interviews will be conducted to explore whether and how potential brand concepts and ideas (including the logos and slogans developed) resonate with various stakeholder audiences or target markets. The two approaches of focus groups and structured interviews for gathering feedback from stakeholders will complement one another. Each approach has strengths and characteristics that makes it particularly appropriate for certain stakeholder groups.

### ***Focus groups***

The focus group approach will be used primarily for two audiences – older adults and the families of older adults. These groups were not directly involved in Phase 1 of the study; however, given that they are the ultimate target market for it, we want to make sure that we have ample input from them about the brand concepts and other parts of the model that have now been identified. Most of the other stakeholder groups are represented on the project's Advisory and Stakeholder groups and have had previous opportunities to offer feedback in a group setting; those who have not will be asked to participate in the structured interviews discussed in the next section.

We will plan to conduct two focus groups with just older adults and two separate groups with just family members of older adults who serve as informal caregivers by providing transportation and/or other assistance to them. One of the two older adult groups will be conducted in the Lansing area (urban) and one in a rural area of Washtenaw or Lenawee County. A similar division will occur for the family member focus groups. Names of potential focus group participants will be sought from members of the Advisory and Stakeholder groups who have previously offered to assist in recruitment efforts (e.g., Karen Kafantaris from AARP, Laura Rowen from Michigan Department of Community Health, Barbara Saul from Michigan Academy of Family Physicians), as well as through other means if need be (e.g., postings, advertisements, word-of-mouth).

Each focus groups will consist of 8-10 individuals, guided by a moderator using a prepared set of open-ended questions. The groups will be carefully planned to learn about participants' opinions and perceptions about the brand concepts. The difference between focus groups and other kinds of interviews is that group discussions are used to generate the data. Because focus groups allow for group interaction and in-depth discussion of issues, they are especially effective in collecting information about why people think and feel the way they do. The data that come from focus groups are the actual conversations that take place. The conversations will be analyzed (using detailed notes taken during the discussions and debriefing sessions among the investigators) in order to identify the major themes that occur across the full set of groups. Analyses will take into account not only the frequency of comments, but also the intensity of comments and the context within which they are made. Although focus groups provide in-depth information about the range of experiences and perceptions in the group rather than about the individual, findings should not be generalized to larger populations because the sample of participants is too small to generate meaningful numbers and the discussions within each group can differ somewhat. Therefore, inferential statistics will not be generated for the focus group analyses.

***Structured interviews***

To complement the focus groups, a series of structured interviews will also be conducted with stakeholders involved in the project who have not yet had an opportunity to provide feedback (e.g., those unable to participate in the group meeting in January to discuss brand concepts), as well as selected individuals who are not members of the Advisory or Stakeholder groups but represent target audiences we are interested in and with whom UMTRI has a personal connection, thereby facilitating their participation. Most of the structured interviews will be conducted via telephone with a single individual, but in-person structured group interviews will also be considered as a way to optimize involvement, particularly for the UMTRI contacts. Specifically the following individuals will be contacted and asked to participate in a structured interview:

<b>Stakeholder Group or Target Audience</b>	<b>Representative</b>
Federal Highway Administration Michigan	Rachael Tupica
Alzheimer's Association	Lisa Gardner or Lindsay Bacon
Geriatric Social Workers of Southeast Michigan	Micheline Sommers
Michigan Department of Human Services	Rafael Turner
Michigan Pharmacists Association	Larry Wagenknecht
Michigan Public Transit Association	Vanessa Hansle
Michigan Association of Planning	Andrea Brown
National Association of Social Workers - MI	Julie Weckel
Southeast Michigan Council of Governments	Kajal Patel or Tom Bruff
Blueprint for Aging Michigan	Virginia Boyce
Physician/Geriatrician	Raymond Yung, Linda Nyquist, Neil Alexander (University of Michigan)

Each structured interview will take about 1 hour. Similar to the focus groups, the interviews will be led by an experienced facilitator using a prepared set of open-ended questions. Results of the interviews will be summarized and compiled to identify the major themes that occur across the full set of interviews and compared to results from the focus groups.

***Focus group and structured interview topics***

We will begin the focus group and structured interview discussions by presenting an overview of the Strategy, what it is trying to achieve (i.e., its goals and objectives), who it is directed at, and the specific components and elements it contains. We will then ask a series of questions to get at participants' attitudes and perceptions about potential brand concepts in general, before moving on to ask specifically about the slogans and logos that could be used to build awareness of the brand concepts and support the image the brands are trying to convey. It is important to note that the concept testing is largely qualitative – we are interested in participants' thoughts and feelings evoked by various brand ideas.

While the specific questions to be included in the discussion guides for the focus groups and structured interviews will be developed in conjunction with MDOT, potential areas of interest are highlighted below.

- How do stakeholders characterize the message or unifying idea behind the Strategy as described to them?
- What are the attributes of this unifying or big idea?
- What does this idea communicate to stakeholders?
- What do other potential brand ideas communicate to stakeholders?
- What do stakeholders like and dislike about potential brand ideas?
- How interesting are potential brand ideas?
- How acceptable are potential brand ideas?
- How new or different are the potential brand ideas when compared to similar efforts?
- Which brand concepts best align with stakeholder needs, preferences, and values?
- How do stakeholders perceive themselves? Which brand concepts fit stakeholders' values?
- How would stakeholders characterize the different brand concepts in terms of content, uniqueness, strength, and favorability?
- Which brand concepts capture their attention?
- Which brand concepts do stakeholders trust?
- What are the criteria that stakeholders use to judge brand concepts and what is the relative importance of these criteria in forming opinions?
- How well do the logos/slogans serve to differentiate the brand concept they are associated with – that is, how well do they communicate descriptive or persuasive information about the brand?

- To what extent do the logos/slogans increase brand awareness in terms of depth and breadth – that is, the likelihood that the brand will come to mind in a given situation and the range of situations in which it comes to mind?
- How well do the logos/slogans match the brand image?
- What associations are evoked by the logos/slogans? How visually appealing are they?
- How memorable are the logos/slogans?

### **Website, Management Structure, Ambassador Team**

Building the website, management structure, and ambassador team will commence once the brand concept has been finalized. As noted in Deliverable 2.1/2.2, existing resources at MDOS will be leveraged to develop content, programming, and management and hosting arrangements for a comprehensive website. Discussions are ongoing. Once arrangements are formalized, next steps identified, and the timeline finalized, an amendment will be added to this deliverable outlining the plan for testing the website with various target audiences. Amendments for assessing the management structure and ambassador team will also be added, once we are far enough along in their development so that we have a better idea of which stakeholder groups we need input from, what form that input should take, and what the appropriate time frame should be.

**Appendix G: Summary of Findings from Structured Interviews and Focus Groups on Older Driver Education and Safe Mobility Planning Project Strategy Brand Ideas**



**Summary of Findings from Structured Interviews and Focus Groups on Older Driver Education and Safe Mobility Planning Project Strategy Brand Ideas**

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**University of Michigan Transportation Research Institute**

**July 7, 2015**

## **Summary of Findings from Structured Interviews and Focus Groups On Older Driver Education and Safe Mobility Planning Project Strategy Brand Ideas**

### **Introduction**

In April of 2015, structured interviews and focus groups were conducted with a range of stakeholders to explore their perceptions about how best to communicate and promote a strategy to support the safe mobility of older adults in Michigan. The strategy is the outcome of a project being undertaken by the University of Michigan Transportation Research Institute (UMTRI) for the Michigan Department of Transportation (MDOT) sponsored project: Older Driver Education and Safe Mobility Planning Project Strategy (Driver ESMP Strategy). UMTRI conducted two focus groups in a rural area of Southeast Michigan (Dundee) – one with older drivers and one with family members/informal caregivers of older drivers. We also conducted one focus group in an urban area (Pontiac) that included both older drivers and family members/informal caregivers. The structured interviews with other stakeholders consisted largely of individual interviews, with one small group interview with three people. Collectively, stakeholder groups included: older adults; families of older adults; health professionals; transportation and planning professionals; human service and aging professionals; and law enforcement. All participants were told that their responses would only be reported in the aggregate in project reports and that no personal identifying information would be included: therefore none is contained here.

### **Methods**

Structured interviews were conducted with nine professionals in either health, transportation, planning, human service, or aging fields. The criteria used for selecting the majority of these professionals was that they worked with older adults in some capacity, served on either the Advisory or Stakeholder Groups, and had not been able to formally provide feedback on the brand ideas at the in-person meeting of the Advisory or Stakeholder Groups held to solicit such feedback. In addition to this group, three health professionals from the University of Michigan Health System were interviewed to ensure sufficient input from the medical profession. Given the busy schedules of these professionals (two MDs and one PhD working with older adults in research), it made sense to hold one group interview rather than try to set up individual interviews with these people. Each of the structured interviews (both individual and group) lasted about one hour in length.

As noted earlier, two sets of focus groups were conducted – one set in Dundee, a rural community in Monroe County and one in Pontiac, an urban community in Oakland County. The original plan was to conduct two focus groups in each community – one with older adults (age 60 and older) and one with adult family members/informal caregivers – relying on the assistance of several members of the Advisory and Stakeholder Groups to help recruit these individuals, thereby leveraging the connections that these organizations have with older adults and their families. However, this strategy proved less effective than expected and yielded only enough participants for a combined focus group of older adults and informal caregivers in Pontiac.

For recruitment of participants for Pontiac, a member of the UMTRI research team emailed members from the Advisory and Stakeholder groups who had indicated that they might be able to assist in recruiting participants. The Area Agency on Aging 1-B (AAA1B) provided help in

recruiting participants for Pontiac. Staff members at AAA1B were sent a brief description of the project and the objective of the focus groups by a member of UMTRI, and used that information to spread the word to potential participants through word-of-mouth and email. Interested individuals contacted AAA1B who then contacted UMTRI with each person's name and contact information. UMTRI followed up with each potential participant by phone and/or email to provide a brief explanation of purpose of the project and focus group, and to schedule as appropriate. Due to a low initial turnout of family members, and time restrictions and other conflicts for some participants, the two focus groups were combined into one group and held on April 16 at 10 AM. AAA1B coordinated with the Bowen Center in Pontiac to reserve a meeting location on that date. AAA1B also offered a Visa gift card to those that participated in the focus group. At the conclusion of the discussion, each participant was given the option of providing their name and address to receive the gift card through US mail. A total of five participants (two men and three women) participated in the focus group in Pontiac, a mix of older adults and family members. A few additional participants were expected but ultimately did not show for the discussion.

For the focus groups in Dundee, a member of the UMTRI research team identified several organizations through an internet search that we thought might be of some assistance in recruiting older adults and family members/informal caregivers. We then contacted by telephone or email, the following organizations: the Monroe County Commission on Aging, the Dundee Area Senior Citizens Center, Dundee's Senior Housing Complex, and the Village of Dundee. Each organization was given a description of the project, the objective of the focus groups, and the criteria for participation. The Village Manager of Dundee responded to an email stating that he would recruit all of the older adults and family members/informal caregivers needed, and offered us a meeting space at the Village of Dundee office. The two rural focus groups were conducted on April 13 at the Village Office in Dundee, older adults at 10 AM and family members/informal caregivers at 1 PM. There were a total of 10 participants (four female, six male) in the older adult group and seven (four female, three male) in the family member group.

At least two members of UMTRI conducted each interview, one as a moderator and the other to assist in note taking. Before being asked specific questions from the moderator's guide, interviewees were provided with the following background information about the project (see Appendix A for focus group guide; slight modifications were made for the individual interviews as appropriate).

“The benefit of this effort is that it will bring together in a coordinated statewide package or strategy, information and resources that research has shown to be helpful in keeping older adults safely mobile in their community. In addition, the package or strategy will have the endorsement of many of the professional groups who routinely work with older adults to help them meet their mobility and other needs. This is important because people have so many sources of information these days that it is difficult to know which information is trustworthy or dependable. To understand what the strategy is intended to achieve, it might be useful to think about the role that *Consumer Reports* plays in giving people product information that has been “vetted” in some way, so that consumers do not have to search blindly for information they can trust.”

Several key concepts were also clarified to give interviewees a better sense of the particular set of contexts of interest for examining issues related to branding. For example, we wanted stakeholders to know that when we talked about “keeping safely mobile” we were talking about the full range of community mobility options for older adults, not just driving. Similarly, when we talked about a package of information and resources, we meant not only printed materials such as brochures and booklets, but also a central website where people could go to find out about specific programs in their community. Finally, we identified the target audience for the strategy as not just older adults and their families, but also the broad spectrum of professionals who work with and are in a position to influence older adults.

There were two main parts to the discussions. First, we shared with interviewees the three brand ideas developed by the MDOT communication department in conjunction with the Michigan Department of State and Office of Highway Safety Planning and asked a series of questions about them. These were: 1) safe drivers/smart choices; 2) older drivers/smart choices; and 3) aging with independence and mobility. Then we shared the examples of logos and slogans that were developed for each of the brand ideas (see Appendix B) and asked a series of questions about them. Throughout the remainder of this report, the brand ideas are referred to either by number or by wording.

### **Themes from the Discussions**

The major themes that emerged from the structured interviews and focus groups are summarized below. It is important to note that while there was not complete uniformity in views across all interviewees, there were distinct themes that emerged on many of the topics. To the extent possible, we have tried to use people’s own words or as close as possible to their verbatim words (as indicated by quotation marks) to illustrate their reactions and perceptions.

#### ***Characterization of brand ideas***

Several themes emerged with respect to how interviewees characterized each of the three brand ideas (i.e., what the brand ideas communicated to them or what thoughts and feelings they called to mind). The term ‘older drivers’ was problematic for most of the interviewees. Many reported that the term either lacked meaning (i.e., there is no reference point for older as everyone knows or thinks about someone older than they are) or would likely be offensive to older adults, given the negative connotation or stigma that the word ‘older’ often carries. One stakeholder pointed out that people really don’t want to identify themselves as older. Rather, they look at their peers and compare themselves favorably to others. One of the older adult stakeholders noted that most older people don’t like to be referred to as older by others. Several noted that older is “anyone older than me” and therefore is not a meaningful term. One interviewee likened the term older to elderly and noted that this is at odds with the intention to capture the whole range of seniors including the “young boomers” not just the oldest of the senior population. Many interviewees liked the idea of including a word or phrase to identify the target audience for the strategy. A few interviewees offered alternative words to ‘older’ such as ‘senior,’ ‘mature,’ or ‘aging’ but there was not uniformity in terms of which word might be most acceptable to older adults.

Several interviewees also expressed concerns about the term ‘smart choices,’ reporting that it could be offensive to older adults – particularly smart people who are losing their independence due to aging related declines. Typical of the comments made in this regard was the observation “[This] implies that as I get older I may not be as smart, may not be making smart choices.” Another example comment was “When you’re telling someone to make a smart choice, you’re implying that they’re not.” Another noted that ‘smart choices’ implies that “someone else has decided for you” and that it would be better to convey that there are lots of choices. This stakeholder also mentioned that ‘smart’ seems related to smart driving rather than smart alternatives. Another concern about the use of the term smart choices came from the focus groups of older adults – it was noted that most people think they are already making smart choices even if their behavior is not in line, so they may not see smart choices as relating to them. This thought was echoed by family members of older adults, some of whom noted that older drivers do not realize how affected they are by declining abilities. However, one person like the word ‘safe,’ noting that safety is what the older population and their families are concerned with.

One interviewee noted that the words ‘smart choices’ did evoke the idea of “how could I become a better driver” but she observed that the set of choices it brought to her mind was likely narrower than what we intended (e.g., avoidance of risky behaviors such as not drinking and driving). For her, combining the words ‘smart choices’ with ‘older drivers’ opened up the possibilities a bit more (e.g., “what are some things to make me a better driver”). Another interviewee suggested combining the words ‘aging drivers’ with ‘smart choices’ to ensure recognition of the target audience but in words that older adults might like better.

Several interviewees noted that the words ‘safe drivers/smart choices,’ while getting at the idea of how someone could become a better driver, did not necessarily have anything to do with older drivers. An example comment in this regard was, given that our whole focus is to provide mobility options for older drivers, this brand idea is too broad. For many interviewees, this brand idea called to mind teen drivers or young drivers rather than the actual target audience for the strategy. Illustrative of this point of view were the comments “it makes me think of the younger population” and “seems like its educational and geared more toward the younger crowd.” However, some of the interviewees liked the idea that the brand idea did not specifically call out age or “oldness” as one put it, noting that it was not demeaning or offensive. To this end, it was pointed out that older drivers with health conditions often self-define based on medical conditions rather than chronological age. In addition, it was pointed out that even some younger people could find the strategy useful. Other views were mixed – one interviewee considered the word ‘safe’ in safe drivers to have a positive connotation. Another had trouble seeing the link between safe drivers and smart choices and preferred changing the order to “smart choices for safer drivers” or “smart choices = safer drivers.” She also noted that ‘smart choices’ seems related to safe driving but not safe alternatives for people who are not driving.

Another theme with regard to both the safe drivers and older drivers brand ideas (as alluded to above) was that they “are only about driving.” Thus, for many interviewees, the smart choices associated with each idea only linked back to driving. Illustrative of this point of view was the comment “[people] may not be able to drive but can still use other options.” One interviewee

commented that the safe drivers and older drivers brand ideas “limit the scope and don’t address a lot of what we want to include in the strategy.” Another noted that neither really “get at the full spectrum of mobility but focus just on the driver.” Someone else mentioned that these made her think “what happens after I’m done driving.” Similarly, another noted that “the piece about transitioning is not captured. It seems just about driving.” The same interviewee said this brand concept does not “capture the education or training aspects” of the strategy, and suggested the idea “safe driving with smart choices and better training.” Another interviewee reported that this concept caught her attention, but also stated that it “sounds like a refresher course to make sure I’m okay on the road.” Another interviewee mentioned that a person who has given up driving would think “Oh, that’s not for me. I gave up driving.”

Most of the interviewees preferred the third brand idea ‘aging with independence and mobility.’ For them, it related to everything that involves mobility – that is, every option including driving, walking, cycling, buses, rail, taxis, and so forth. As one interviewee put it, the phrase aging with independence and mobility “addresses some of the health and wellness components of the strategy” and “certainly speaks to that part of the whole picture” because it’s such a broad statement. One stakeholder noted that this brand idea was the one that “immediately jumped out to me as a consumer.” Another noted that she likes “plain speaking” and this brand idea really captured the fullness of the project. Others also commented on the positive and respectful nature of this brand idea. As one interviewee noted, “it makes me feel the best and gives me hope that there are still options.” She also noted that especially if we are trying to get to broader issues than just driving, it works really well for that objective. Another reported that it’s the “only one that really captures the project – it’s all there, short and succinct, know what you’re getting.” One of the family members thought her mother would be most apt to respond to this brand idea; for the other two brand ideas, she would likely say “I don’t need that.” A few suggested changes to this brand idea to better capture the intent – one example was ‘aging with independence – safe mobility choices.’

However, not every interviewee chose this brand idea as their favorite. One noted that aging is an issue that people don’t want to face up to and in addition, he was not sure if the words ‘independent mobility’ would resonate with someone like his grandmother. For the physicians interviewed, the words independence and mobility did not evoke the idea of broader community mobility but rather a more ‘micro’ notion of mobility – specifically, people’s ability to engage in activities of daily living such as moving around within the home. This association came directly from their work as physicians in the medical profession. Among this group, there was a preference for the simpler language of the safe drivers/smart choices, although one physician suggested changing ‘mobility’ to ‘community mobility’ to make it clearer. Someone else mentioned that although she preferred the ‘aging with independence and mobility’ brand idea, if someone were looking specifically for driving resources, the first two brand ideas would resonate more. Finally, one interviewee noted that none of the ideas really “grabbed” her.

Apart from the caveats noted above, the word ‘independence’ did resonate with most interviewees. Many pointed out that “we all want to be independent.” Others noted that “we all want to hold onto our independence” and that independence means “still a part of the ongoing society we’re living in.” Someone else noted that “I love my independence and hate thoughts of

being confined or dependent.” One older adult, in reminiscing about his mother, said that “when you take away independence, you have nothing left.” Independence and mobility were seen as two of the most important issues faced by the older adult population – as one person noted “mobility and independence go hand in hand.” The general message was that “it helps to have both of those words.” For many of the interviewees, the word independence brought to mind the freedom or ability to get out and around in the community, without having to impose on others. However, as noted earlier, the two physicians had a different connotation for the word ‘independence’ in their profession – they considered it in a narrower context as relating more being able to perform activities of daily living. One other person noted that ‘independence’ could mean a lot of different things and more context was needed for using the word.

The word ‘aging’ resonated with many of the interviewees because aging was generally considered to be part of life. As one interviewee stated, “we are all aging.” Another noted that “aging is OK – we all accept that we are aging.” The term aging was generally preferred to other options such as older or elderly. It was considered to be a softer word by one person. However, as noted earlier, one interviewee thought that older adults might be put off by the word ‘aging’ as it is an issue people do not want to deal with. Another stated he did not like the word but did not consider any of the brand ideas to be offensive.

#### ***Linkage between brand ideas and purpose of project***

In general, the brand idea ‘aging with independence and mobility’ was seen as most fully linking or relating back to the project. As noted earlier, this was largely because of the broader scope of the brand idea beyond just driving. Illustrative examples of this included the following comments: “gets at more of what the strategy scope is” and “better captures the objectives of the project.” However, several interviewees also felt that the first brand idea ‘safe drivers/smart choices’ also related well to the project. In the words of one of interviewee, it “clearly identifies what the goal of the project is.” A few reported that they could live with all three brand ideas. In the words of one of these interviewees, “all three accomplish that part, all are doable, all fit, all do a good job describing the project.”

#### ***Resonance of brand ideas within interviewees’ profession***

In the interviews with stakeholders from professional groups, interviewees were asked how well the brand ideas resonated with them as someone in their particular profession and how well they thought it would resonate with other professionals like themselves. For many, the brand idea ‘aging with independence and mobility’ resonated with them because the word ‘mobility’ was closely aligned with how it is used in their profession (e.g., mobility manager, certified driving rehabilitation specialist, occupational therapist (OT), physical therapist, or planner). For example, those interviewees with a planning background considered it to be most in line with what they are trying to achieve, both in terms of creating transportation options and desirable communities. One observed that community planners are focused on meeting the needs of the aging population (with all that the strategy implies) and that the third brand idea resonates with more of the words they use. Similarly, a transportation professional noted that in her profession, there was a big focus on accessibility and mobility so the terms would be common to them. She and others saw mobility as community mobility. However, some professionals noted that the other two ideas would probably also resonate with professionals like themselves, and a few

chose the first and third as really fitting their particular profession (noting that they are always looking for resources). For example, one mentioned that ‘safe drivers/smart choices’ would resonate because of the link to driving programs and might make OTs at a hospital “see it as a hub where people could get information but more for active drivers.” One non-transportation professional noted that the first two brand ideas lined up best with his profession; they did safe driving publicity so they had “already been down that path” and those words might resonate better.

### ***Perceived interest and uniqueness of brand ideas***

Perceptions were mixed with regard to how interesting and unique each of the brand ideas were considered to be, and individual answers were not always straightforward. Some did have clear preferences. For example, one interviewee noted that mostly the first caught her attention and that she would look into the first one but ignore the second one. She also liked the third but thought some people might ignore it because of the words. Another liked the third best but liked the ‘smart choices’ part of the first two, although she considered the first two to be more unique – she noted that the way they are structured was something she had not seen before. One reported that all would capture someone’s attention but that collectively, the third was probably the best because it had lots of key words in it (i.e., independence and mobility). Similarly, another preferred the third because she considered ‘mobility and independence’ to be positive words and something she could relate to herself. One interviewee noted that the third caught her attention right away but that all three did, probably because of her link to driving. She pointed out that she would probably like safe driving/smart choices if her real intent was just to help people continue to drive and improve driving. She considered the first to be more of a catchy title than the second because of the word ‘safe’ which everyone aspires to. In contrast, another did not like the first two – she noted that if she saw a billboard with the third, she “would be interested in finding out more, checking it out.” Among older drivers and family members, many liked the third because it spoke to their situation. For example, one family member noted that the third grabbed her attention because of her own situation with her mother who no longer drove but still wanted the freedom to get around without imposing. She thought her mother would be most apt to read the third one. Some interviewees noted that perceived interest and uniqueness of each brand idea would depend on who the audience was. Others pointed out that the brand ideas did not need to be unique or flashy; rather it was the message itself that was important and needed to personally resonate with people.

### ***Perceptions about logo/slogan combinations***

Interviewees were asked to look at the examples of logos and slogans developed for the brand ideas and comment on them in terms of which they especially liked or disliked, what thoughts and feelings they brought to mind, how visually appealing and memorable they were, and how well they matched or captured the brand ideas. Responses often cut across the various categories and are therefore presented in one overall section rather than being broken out by specific question. In addition, preferences were often quite individualistic and did not necessarily correspond with regard to whether people liked the ideas behind the logos/slogans (i.e., the brand idea) and whether they liked the way the ideas were visually represented in the design.

### ***Logo/slogan combinations for safe drivers and older drivers brand ideas***

In looking at the logo/slogan combinations for the first two brand ideas, some themes emerged but by no means was there complete uniformity of responses across interviewees. One of the strongest themes was that people were drawn to the logos with multiple colors rather than just the yellow and black. An example of this preference was the comment that a design that is “more colorful is more pleasing.” A few called particular attention to the appeal of using different colors to capture different aspects of the horizon or landscape depicted (which for some clearly represented a Michigan-specific horizon). However, there was not agreement on the links between color and form. For example, for one person, the yellow represented the sun, the blue the sky, and the green the earth. For another, the yellow represented the sky and the blue the water. One person likened the logos with colors to the earth or the environment and saw them as less limiting than the first two logos in just yellow and black. Some found the colors appealing because they seemed to show a “place to go” or “somewhere beautiful where one wants to go.” One person saw the blue as a bird. One person who did not like the lightbulb idea preferred the colors because it made the shape look less like a lightbulb.

Perceptions were mixed with regard to the shape of the logo. Some immediately saw a key, some saw a light bulb, and some saw both together. One person who saw the shape as a key and a lightbulb remarked that he liked the combination and that the lightbulb meant ideas or options. Another, after being told that the shape represented a key combined with a lightbulb, said that “it kind of makes sense.” Someone else noted that “all of the logos kind of look like a light bulb going off which goes with smart choices.” Another liked the combination because “it opens your mind and sounds like they will give you driving or getting around ideas – information to go with a key.” However, others who saw a lightbulb on top of a key reported trying to figure out how that fit with the slogan. For example, one interviewee reported liking the key part, but noted that she “totally missed” the link between the lightbulb and smart choices. She also mentioned that if she was someone who had already stopped driving, she was not sure the key would get her attention. Someone else correctly identified the key/lightbulb combination but did not find it visually pleasing. Another interviewee thought there was too much going on (“too many ideas”) and suggested using the key filled in with multiple colors and dropping the lightbulb.

Similar to the key/lightbulb combination, not everyone saw the ‘road’ that was variously depicted in all of the logos. The road in the top line was especially problematic with several people mistaking it for a bridge (in particular, the Mackinac Bridge). Another thought it looked like microphones with dotted lines inside. Others saw the road in the top line of logos but did not especially like it, with one describing it as pretty basic and another stating that when he sees the road in the lightbulb, “it doesn’t do anything for me.” Some clearly saw the key or key/lightbulb combination and the road in the logos but expressed concerns about the limitations that these conveyed. In the words of one interviewee, “what we have is just a road, no other options.” This said to her “I’m going to drive a car and then what?” Similarly, another person remarked that the road is important but mobility can be other things including rail, transit, even a bicycle trail.

In terms of the two tag lines presented, some clearly liked the first tag line ‘keys to staying mobile over ‘aging with mobility.’ For one interviewee, it made her focus more on the “crux of

what we want people to do.” She noted, however, that if the aging piece was really critical, then the other tag line would also be appropriate even though she found the first more appealing. Similarly, another person preferred the tag line ‘keys to saying mobile’ in general, but suggested using ‘aging with mobility’ with the safe drivers brand idea to make it clear who the target audience was. She noted that if there is a graphic that can be used to speak to who the audience is, there would be no need for words, but in the absence of such of a graphic, there need to be words to convey this information. However, not everyone preferred the first tag line. Several thought that ‘keys to staying mobile’ did not communicate to them that the focus was on more than just driving. Many found the second (‘aging with mobility’) more inviting – one person noted it sounded less restrictive.

As a group, older adults in the focus groups (regardless of location) tended to gravitate toward the logo/slogan combinations for the ‘aging with independence and mobility’ brand idea. As one older adult put it “not being mobile is the end of the road.” Participants in one of the groups were even reluctant to discuss the logos/slogans for the first two brand ideas, with one participant commenting “I don’t know why we’re even dwelling on this because everyone in the room likes the third page.” For many, the appeal had more to do with the ideas being conveyed rather than the designs per se. Some older adults noted that all of the logos/slogans for the other brand ideas were missing the word ‘independence.’ Part of their preference for the third set of logos/slogans was that they captured three key words – independence, mobility, and aging. As one interviewee put it, “the three main words in this whole thing are independence, aging, and mobility and you need to have that in the logo.” Several other interviewees, including some family members and professionals, also commented on how much they liked the words used in this third set of logos/slogans. Most agreed that they liked the use of multiple colors, similar to the logo/slogan combinations for the other brand ideas.

However, many did not care for the way the words associated with this brand idea were carried out in the designs and opinions varied considerably with regard to specific features of the designs. For example, some liked the black font because it was bolder and it stood out; others thought that the blue font was more visually appealing. Most liked the words in upper and lower case, but some preferred the words all in upper case. Some liked the fact that Michigan as a state was represented in two of the combinations; they pointed to the importance of knowing that this brand or strategy was designed specifically for people in Michigan. At the same time, several concerns were expressed about the way that Michigan was depicted in the design. That is, a few people reported looking at the MI AIM and seeing ‘maim’ and one person reported seeing ‘Miami.’ Others had no trouble seeing the MI and the AIM as separate. One person thought that adding the ‘MI’ made the design look too cluttered and preferred the cleaner look of the designs that did not include it. However, one person reported liking MI AIM because “it addressed me.”

Some people found it difficult to see the letter ‘A’ in the AIM – instead they saw various shapes including a tent, tepee, sailboat, or pyramid. Suggested changes to make sure that people could clearly see that it was an ‘A’ included changing to a font with raised legs on the ‘A’ and/or putting a black outline all around the outside and inside of the ‘A,’ (making it similar to the other letters in AIM). Some people recognized the ‘A’ but did not see the road inside. One person thought that the font used for AIM made the ‘M’ appear as the roman numerals I and V.

Someone else suggested spelling out the word ‘Michigan’ rather than abbreviating it and possibly placing it above the AIM acronym. Another option suggested was to depict ‘Michigan’ visually, using graphics instead of words. For example, a few people liked the idea of working the mitten shape into the design, either as a distinct shape somewhere in the foreground or even in the logo, or as part of the background. One person suggested using the key/lightbulb shape from the logo for the other brand ideas as the ‘I’ in AIM.

More generally, some people liked the use of an acronym (i.e., AIM), pointing out that having something short would be more memorable, that it got the message across with a minimum of words, and that it actually spelled something out. Others were less positive. One person noted that “we’ve gone acronym crazy.” Another noted that the graphics for AIM did not link back to the broader slogan and brand in the way that the logos/slogans on the first two pages did. She reported that she like this brand idea the best but would like to see if there was a way to more graphically represent ‘independence and mobility.’ Similarly, another person suggested that the he liked the words ‘aging with independence and mobility’ but would like to see them set up in the same form as the logo/slogan combinations used for the other brand ideas. Specifically, he reported that he liked the idea of a package with the logo next to the slogan even though he did not like the particular ones associated with the safe drivers and older drivers brand ideas.

### **Summary and Conclusions**

As noted earlier, distinct themes emerged on several of the issues discussed, even though there was not complete uniformity in views across all interviewees. These themes included the following:

- There were no significant differences in opinions and perceptions between the older adults in Dundee (rural) and the older adults in Pontiac (urban).
- Most interviewees thought that the brand should not just be about driving, but about all forms of community mobility including driving, riding as a passenger, using transit, walking, bicycling, and so forth.
- The majority of interviewees thought that the target audience for the strategy needed to be identified in some way; that is, it needed to be clear that the strategy is intended largely for older drivers and not for other age segments of the population.
- That being said, the term ‘older drivers’ was not viewed favorably by interviewees; most found it offensive and/or not meaningful in terms of which age group it was referring.
- Most preferred the brand idea aging with independence and mobility. It was considered to be more positive and respectful, and to best capture the purpose and scope of the strategy. In particular, the words ‘aging, independence, and mobility’ resonated not only with older drivers and family members, but also with many of the professionals.
- In general, however, interviewees were not enthusiastic about how the ‘aging with independence and mobility’ brand idea was conceptualized as a logo/slogan design. Reactions to many of the design elements were mixed, with little consensus about how best to depict the brand.
- However, one area of agreement was that any logo/slogan used should reference the state of Michigan as this is intended as a statewide strategy specifically for Michigan.

## **Appendix A**

### **Focus Group Moderator's Guide**

#### **Introduction**

Good [morning/afternoon] and welcome. Thank you for taking the time to join our discussion. My name is Lisa Molnar, and I'm from the University of Michigan Transportation Research Institute. Assisting me is [NAME]. We are working with the Michigan Department of Transportation on a project to help support the safe mobility of older adults in Michigan – that is, to help older adults continue to get around safely in the community as they age. We're interested in your thoughts about the best way to communicate and promote this initiative to people like yourselves.

The benefit of this effort is that it will bring together in a coordinated statewide package or strategy, information and resources that research has shown to be helpful in keeping older adults safely mobile in their community. In addition, the package or strategy will have the endorsement of many of the professional groups who routinely work with older adults to help them meet their mobility and other needs. This is important because people have so many sources of information these days that it is difficult to know which information is trustworthy or dependable. To understand what the strategy is intended to achieve, it might be useful to think about the role that ConsumerReports plays in giving people product information that has been “vetted” in some way, so that consumers do not have to search blindly for information they can trust.

When I talk about keeping safely mobile, I mean not only helping older adults continue to drive as long as they can safely do so, but also helping them transition from driving to other forms of community mobility when they are no longer safely able or choose not to drive themselves. So we are really interested in supporting the full range of options for older adults – from driving themselves to the use of other ways of getting around such as riding as a passenger with friends or family, taking a public bus or private taxi, or making use of specialized service such as dial-a-ride or a volunteer driver program.

When I talk about a package of information and resources, I mean not only printed materials such as brochures and booklets, but also a central website where people can find out about specific programs in their community that could benefit them such as physical fitness training, driver retraining courses, or even one-stop calling for individualized information about transportation options.

Today, we'll be discussing your thoughts about how we might label or brand this package of information and resources so that people can readily identify the purpose and easily find and make use of it.

My role here is to ask questions, listen, and encourage discussion. Before we begin our discussion, let me suggest some things that will make our discussion more productive.

- Please talk in a voice at least as loud as mine.

- Only one person should talk at a time because we're tape-recording the session so we don't miss any of your comments.
- You will not be identified in any of our reports. We'll be on just a first name basis.
- We've placed name cards on the table in front of you to help us remember each other's names.
- There are no right or wrong answers – just differing points of view. So, please share your thoughts even if you don't think anyone will agree with you.
- Feel free to make positive or negative comments about any of the things we will be discussing.
- It's important to hear from each of you because you have each had different experiences. We'd like to hear from everyone.
- Finally, please be respectful of others' thoughts and opinions.

## Questions

To start the discussion, I'd like to share with you three brand ideas we've come up with so far and get your thoughts about them. Then I'd like to get your thoughts on other brand ideas we should consider. Two of the brand ideas relate specifically to driving and the third is more generally about mobility.

The first brand idea can be described as safe drivers/smart choices. The second can be described as older drivers/smart choices. And the third can be described as aging with independence and mobility. I'd like to go through each of these general ideas and get your impressions.

1. How would you characterize each of the three brand ideas? In other words, what do the words communicate to you? What thoughts do they call to mind?
  - a. Let's start with the first – safe drivers/smart choices.
  - b. What about older drivers/smart choices?
  - c. And finally, what about aging with independence and mobility?

[PROBE FOR REACTIONS TO ALL THREE BRAND IDEAS FOR QUESTIONS 2-8]

2. When you hear each of these brand ideas, how do the words make you feel? [what feelings do the words bring out in you personally]
3. How do the words link or relate to what I've told you about the purpose of the project?
4. How interesting do you find each of these brand ideas? In other words, to what extent do they capture your attention?
5. How unique are they?
6. How acceptable are they to you?

7. In general, what do you like and dislike about each of these brand ideas?
8. Which of the three brand ideas best lines up with your needs as an older adult and your personal preferences or values? [PROBE FOR WHY]
9. Are there other brand ideas we should be considering to help communicate and promote the package of information and resources?

Now I'd like you to look at some examples of logos and slogans that we've developed to represent the brand ideas. For the following questions, it would be helpful if you could identify specific logo/slogan combinations by their number so it is clear which ones you are referring to. [HAND OUT SHEET WITH EXAMPLES]

10. Which logo/slogan combinations do you especially like? [PROBE FOR WHY]
11. Are there any you especially dislike? [PROBE FOR WHY]
12. What thoughts and feelings do they bring to mind?
13. How visually appealing are they?
14. How memorable are they?
15. How well do they match or capture the brand ideas they are associated with?
16. Do you have any other thoughts about the logo/slogan combinations?
17. Are there other logo/slogan combinations we should be considering to capture the brand ideas presented?

The purpose of our discussion today has been to get your thoughts on how we can best label or brand our efforts so that people like yourselves can benefit from them.

18. Have we missed anything? Is there anything else we should have talked about but didn't?

Thank you so much for taking the time to talk with us. Your input is very important to us.

Appendix B  
Logo/Slogan Combinations

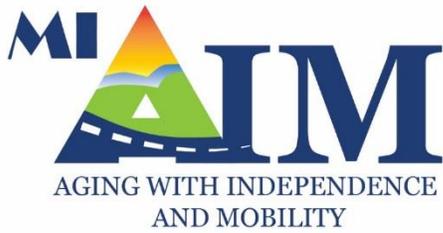
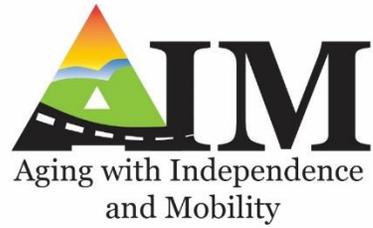
Logo/Slogan Combinations for Safe Drivers/Smart Choices Brand Idea



## Logo/Slogan Combinations for Older Drivers/Smart Choices Brand Idea



# Logo/Slogan Combinations for Aging with Independence and Mobility Brand Idea



## Appendix H: Deliverables 2.3, part 2



### PHASE 2 Deliverable 2.3 Part 2

For Project

**RESEARCH, PROGRAM DESIGN, AND TEST IMPLEMENTATION OF A  
COMPREHENSIVE STATEWIDE OLDER DRIVER EDUCATION AND SAFE  
MOBILITY PLANNING STRATEGY (“DRIVER ESMP STRATEGY”)**

**Deliverable 2.3: Develop and provide a written plan for assessing different features of the model. To the extent possible, the assessment process will involve obtaining feedback from individuals and organizational representatives from a wide geographical area.**

This document represents Part 2 of Phase 2 Deliverable 2.3. The original Phase 2 Deliverable 2.3 – referred to as Part 1 here - outlined how the “Brand” component of the Strategy was to be tested with various stakeholder audiences. Part 2 addresses the other components of the Strategy including: a centralized website, a management or leadership structure, and an ambassador team that will be employed to obtain high level buy in from key stakeholder organizations. This Part 2 document completes the requirements for Deliverable 2.3.

### **Centralized Website**

A team was created to provide input on development of the centralized website under construction for the Strategy. The team is led by Stuart Lindsay and comprised of: Scott Sarka from MDOT who has direct responsibility for putting together the website, as well as Ramona Putnam (MDOS), Julie Pierce (MDOS), Dawn Garner (MDOT), Kim Lariviere (MDOT), Carolyne Woodhams (DHS), Lisa Molnar (UMTRI), and David Eby (UMTRI).

The website is now planned to be hosted by MDOS and is attached to its new aging driver webpage, which currently has only Michigan’s Guide for Aging Drivers and their Families: Great Lakes Great Years Safety from Shore to Shore (2014) on it. As the website evolves, it will continue to use the “agingdriver” URL, but may be linked to domain names associated with the Strategy brand “safe drivers smart options.” The website is structured to reach three general audiences: older drivers; family and caregivers of older drivers; and professionals. To that end, resources will be provided for each audience within three general thematic areas including keeping driving safely, planning for driving retirement, and getting around after driving retirement. The website is scheduled for a “soft” release in early October, under the supervision of the Michigan Department of Transportation with assistance from the Michigan Department of State and Michigan Office of Highway Safety Planning.

To make the features of the website as appealing as possible for older adults (the main target audience) as well as others, design of the website is incorporating contrasting colors, large font, quick and concise information that is kept in logical blocks and requires as few clicks as possible, and other appropriate features. The plan for assessing how “friendly” the final website is for various audiences in terms of organizational structure, layout, and navigation is described below. In particular we are interested in users’ perceptions about ease of navigation, readability, and subjective sense of feel, as well as how useful the information and links are, and whether additional information is needed.

During the testing phase, a combination of focus groups and structured interviews will be conducted to explore whether and how potential brand concepts and ideas (including the logos and slogans developed) resonate with various stakeholder audiences or target markets. The two approaches of focus groups and structured interviews for gathering feedback from stakeholders will complement one another. Each approach has strengths and characteristics that makes it particularly appropriate for certain stakeholder groups.

### ***Feedback from older drivers and families/caregivers***

Feedback from older drivers and their families/caregivers will be sought through focus groups, an approach that proved useful in gathering input on the Strategy brand. We plan to conduct two

focus groups with just older adults and two separate groups with just family members of older adults who serve as informal caregivers by providing transportation and/or other assistance to them. All of the focus groups will be held in Ann Arbor at the University of Michigan where we have wireless access to the internet so that we can project the website onto a large screen for participants in the focus groups. Although the earlier focus groups on the Strategy brand were held in both an urban and rural area, we found no differences in opinions and perceptions by area and we would not expect to find such differences with regard to website usability and preferences. We will work with the Area Agency on Aging 1B to recruit participants and explore with AAA1B the potential for offering a small incentive to participants. The focus groups will be conducted once the website is available – our tentative dates are the first two weeks in October.

Each focus group will consist of 8-10 individuals, guided by a moderator using a prepared set of open-ended questions. Discussion will begin by showing participants the actual website in real time on a large screen and walking them through the appropriate parts of the website. The groups will be carefully planned to learn about participants' opinions and perceptions about the website, particularly with regard to how easy it is to navigate around and find information of interest, whether the content is useful and complete, and other features of the website.

The difference between focus groups and other kinds of interviews is that group discussions are used to generate the data. Because focus groups allow for group interaction and in-depth discussion of issues, they are especially effective in collecting information about why people think and feel the way they do. The data that come from focus groups are the actual conversations that take place. The conversations will be analyzed (using detailed notes taken during the discussions and debriefing sessions among the investigators) in order to identify the major themes that occur across the full set of groups. Analyses will take into account not only the frequency of comments, but also the intensity of comments and the context within which they are made. Although focus groups provide in-depth information about the range of experiences and perceptions in the group rather than about the individual, findings should not be generalized to larger populations because the sample of participants is too small to generate meaningful numbers and the discussions within each group can differ somewhat. Therefore, inferential statistics will not be generated for the focus group analyses.

### ***Feedback from professionals***

Feedback from professionals will be different from that of older drivers and families/caregivers to maximize the participation of key stakeholders while minimizing demands on their time. To this end, we will send a link to the website to every member of the Advisory and Stakeholder Groups for the project and ask them to go to the website and view and interact with it. Following this process, stakeholders will be asked to complete a short survey available to them on-line that asks about their experience with the website. Similar to the focus group discussion, the issues of particular interest will be the ease of use and navigation around the website, the appropriateness and completeness of content, and reactions to other features of the website. In addition, given the ongoing involvement of these stakeholders in the project, we will be interested in their thoughts about how responsive the website is to the Strategy as it has unfolded over the course of

the project. This process is also tentatively scheduled for the first part of October, but is dependent on the website being available for testing.

### **Management Structure and Ambassador Team**

Both the management structure and ambassador team for the Strategy represent internal mechanisms to help implement and sustain the Strategy. To that end, they are not focused on the primary audience for the overall Strategy – older drivers – or even the secondary audience of family members and caregivers, but rather, they are exclusively made up of and focused on the stakeholder organizations who serve older drivers and their families. Therefore, the assessment of the management structure and ambassador are an appropriate part of the process or administrative evaluation that will be conducted in Phase 3 of the project to assess the extent to which the Strategy was implemented according to plan. Further detail on the process evaluation will be developed as part of the Phase 3 tasks. Given that, the tasks for this deliverable, Deliverable 2.3, are complete.

## Appendix I: Deliverables 2.4 and 2.5



### PHASE 2 Deliverable 2.4-2.5

For Project

**RESEARCH, PROGRAM DESIGN, AND TEST IMPLEMENTATION OF A  
COMPREHENSIVE STATEWIDE OLDER DRIVER EDUCATION AND SAFE  
MOBILITY PLANNING STRATEGY (“DRIVER ESMP STRATEGY”)**

**Deliverable 2.4: Implement the plans developed in Tasks 2.2 and 2.3.**

**Deliverable 2.5: Conduct analysis of assessment data and provide a written report of the conclusions of assessment of different features of the model.**

## Introduction

In deliverable 2.3, we developed a plan to provide evaluation data for the Safe Drivers Smart Options (SDSO) website. The website is structured to reach three general audiences: aging drivers; family and caregivers of aging drivers; and professionals who work with aging drivers. To that end, resources are provided for each audience within three general thematic areas: continuing to drive safely, planning for driving retirement, and getting around after driving retirement. The website was officially launched on December 7th, 2015.

To provide the website developers with early information to improve the website, Deliverables 2.4 and 2.5 were designed for UMTRI to test the website component of the model, analyze the resulting data, and write a report. Our plans called for gathering data from each of the three target audiences: aging drivers, family members (caregivers), and professionals. Information about the look, feel, attractiveness, navigability, and usefulness of the website was collected through focus groups. Information from the professional group was gathered through the development of a brief on-line survey about the same characteristics of the website.

## Methods

### Focus groups with aging drivers and caregivers:

Separate focus groups were conducted with aging drivers and with people who provided care for aging family members. The focus group with older adults took place on December 22, 2015 at the University of Michigan Turner Senior Resource Center in Ann Arbor, Michigan, which conducts community outreach programs for seniors and is part of the University of Michigan Health System. The focus group with caregivers took place on February 5, 2016 at the Dundee Town Hall, in Dundee, Michigan. UMTRI contacted the Dundee village manager who organized a group of people who by self-report were providing care to an adult age 60 or older. Many of these participants had previously participated in a focus group to help develop the SDSO logo and slogan.

For both groups, the research team used a computer connected to the Internet and projected the SDSO website onto a large screen that could be easily seen by everyone. Participants were given a brief background on the SDSO strategy and a detailed and interactive explanation of the website. Demonstrations of the website included interactively searching for resources identified to be of interest to participants. The research team encouraged participants to comment on the website's resources, look and feel, ease of navigation, and anything else they thought was important. At the end, participants were asked to complete a short survey.

Survey of Professionals: This survey was developed and pilot tested by UMTRI using existing questionnaires on website evaluation and modifying them to fit our purposes and website. The survey was developed electronically in *Qualtrics*, a leading on-line survey company for which the University of Michigan has a site-license that allows us to use this software platform at no cost.

The SDSO website had a soft launch on November 30, 2015, which allowed public access to the site. On December 1, 2015, the UMTRI project team sent an email invitation to all members of the SDSO statewide strategy advisory and stakeholder groups. This email included a link to the website, a link to the on-line survey, and instructions. The exact text is reproduced

below; it should be noted that the links included were live and could be clicked to go directly to the website and the on-line survey:

“The website for Safe Drivers Smart Options will be available starting today for your review. We are considering this next week before the press conference to be a “soft” launch during which time we hope to get your feedback on the website. We are asking that you use the link <http://www.michigan.gov/agingdriver> or <http://www.michigan.gov/agingdrivers> to go to the website and spend some time using it as you would in the work you do with older adults and their families. As you go through the website, please think about how easy it is to use and how useful the information is for you. After using it, we ask that you take a short survey about your experience to provide us with feedback to improve the site. To get to the survey, please use the link [https://umich.qualtrics.com/SE/?SID=SV\\_aah6zm9CffsecRL](https://umich.qualtrics.com/SE/?SID=SV_aah6zm9CffsecRL).

Please note that photos are still being added to the website, particularly in the “family and friends” section. Because this next week is a soft launch for review purposes only, we ask that you not promote the website or encourage others to use it until it is formally launched next week.

We know that the time frame is very short, but we would appreciate it if you could complete the survey by December 6. Please feel free to contact David Eby ([eby@umich.edu](mailto:eby@umich.edu)) or Lisa Molnar ([ljmolnar@umich.edu](mailto:ljmolnar@umich.edu)) if you have any questions.”

In the initial invitation, we asked for the survey to be completed by the end of the day on December 6th. Because only seven respondents had completed the survey by this date, we sent out a reminder and extended the deadline until December 14th. This yielded another two respondents bringing the total number to nine.

## **Results**

### **Focus Groups with Aging Adults**

Seven people participated in the focus group with older adults (mean age 75.4 years; range 72-85; 43% male). After hearing about and getting an interactive introduction to the website, discussions were far-ranging. Several themes emerged.

Participants were mixed on their opinions of the website's value. Some participants reported that they did not use computers or the Internet and saw little personal value in the site. Others were not concerned about their driving abilities and did not consider themselves to be an audience for the site's content. Several, however, liked the site and its resources and thought that it would be valuable for themselves and for others that they knew who were beginning to have problems with driving. Questions were raised about whether the website included local information, for example at the city or town level.

Most participants had few comments to make about the website look and feel, indicating at least neutral feelings about these topics. A few participants had suggestions for improvements. These included making the text larger, increasing the contrast between the text

and background, and adding symbols to menus to help the user understand that menus could be expanded and contracted.

Participants were generally favorable about the website's content. One participant believed that there should be more information on roundabouts. A few people indicated that they would have liked to have access to this information in a format other than a website.

Data from the older adult survey were entered into an Excel spreadsheet. Frequencies and percentages for responses were calculated. Note that many participants did not complete the entire survey, so many questions have less than seven respondents. Reported here are the percentages and frequencies for each question, based on the number of respondents who answered the question.

**What is the highest grade or year of school you completed? (N=7)**

Never attended school or only attended kindergarten: 0% (0)  
Grades 1 through 8 (Elementary): 0% (0)  
Grades 9 through 11 (Some high school): 0% (0)  
Grade 12 or GED (High school graduate): 14% (1)  
College 1 year to 3 years (Some college or technical school): 14% (1)  
College 4 years or more (College graduate): 71% (5)  
Refuse: 0% (0)

**How often do you access websites for any purpose on the Internet? (N=7)**

Daily: 57% (4)  
Weekly: 14% (1)  
Monthly: 0% (0)  
Every few months: 0% (0)  
A few times per year: 0% (0)  
Never: 29% (2)  
Refuse: 0% (0)

**When looking up information on the Internet, what is the primary technology you use to access websites? (N=7)**

Desktop computer: 43% (3)  
Laptop computer: 14% (1)  
Tablet (e.g., iPad): 14% (1)  
Smart Phone (e.g., iPhone): 0% (0)  
Other: \_\_\_\_\_: 0% (0)  
Do not use the Internet: 29% (2)  
Refuse: 0% (0)

**On average, how often do you seek information about driving-related issues, including driving safety, retiring from driving, or getting around when not driving? (N=7)**

Daily: 0% (0)  
Weekly: 14% (1)  
Monthly: 0% (0)  
Every few months: 0% (0)

A few times per year: 29% (2)  
Never: 57% (4)  
Refuse: 0% (0)

**What types of information do you seek in order to serve your transportation needs? (Select all that apply) (N=6)**

How to stay driving safely: 33% (2)  
How to improve driving skills: 0% (0)  
Availability of non-driving transportation options: 33% (2)  
Resources to help aging adults retire from driving: 0% (0)  
Laws and policies regarding aging drivers and/or mobility for aging adults: 0% (0)  
Contact information for agencies: 50% (5)  
General information about aging and transportation: 33% (2)  
Information for families of aging adults: 0% (0)  
Forms: 0% (0)  
Other: 0% (0)

**Where do you get this information currently? (Select all that apply) (N=5)**

Website from a professional organization: 60% (3)  
From a family member or friend: 0% (0)  
From a colleague or co-worker: 0% (0)  
Government website: 20% (1)  
TV or radio: 40% (2)  
Newspaper: 60% (3)  
Training sessions: 0% (0)  
Library: 0% (0)  
Other: 0% (0)

**Would you say that the website is: (N=6)**

Very attractive: 50% (3)  
Somewhat attractive: 50% (3)  
Average: 0% (0)  
Not very attractive: 0% (0)  
Not at all attractive: 0% (0)

**From what you have seen and your experience with other sites, please rate the following features of the website (Visual appearance/layout): (N=4)**

Poor: 0% (0)  
Fair: 0% (0)  
Good: 25% (1)  
Very Good: 50% (2)  
Excellent: 25% (1)  
Not Sure: 0% (0)

**From what you have seen and your experience with other sites, please rate the following features of the website (Content): (N=4)**

Poor: 0% (0)  
Fair: 25% (1)  
Good: 0% (0)  
Very Good: 25% (1)  
Excellent: 50% (2)  
Not Sure: 0% (0)

**From what you have seen and your experience with other sites, please rate the following features of the website (Writing style): (N=4)**

Poor: 0% (0)  
Fair: 25% (1)  
Good: 0% (0)  
Very Good: 25% (1)  
Excellent: 50% (2)  
Not Sure: 0% (0)

**Please tell us what can be done to improve the look and attractiveness of the website.**

- “Remember not to use white print on color background.”
- [drawn picture that shows arrows next to menus indicating that the menus can be expanded/contracted]

**Did the menu items on the home page make sense to you? (N=6)**

Yes: 100% (6)  
No: 0% (0)  
Refuse: 0% (0)

**Were you able to find suitable information for your needs while browsing the website? (N=5)**

Yes: 80% (4)  
No: 20% (1)  
Refuse: 0% (0)

**What other information would you like to see on the website?**

- [no comments]

**Based on your experience, how would you rate the quality of information on the website? (N=5)**

Very high quality: 40% (2)  
High quality: 40% (2)  
Average: 20% (1)  
Below average: 0% (0)  
Unacceptable: 0% (0)  
Refuse: 0% (0)

**From your experience, what did you find to be the biggest challenge with using the Safe Drivers Smart Options site? (Select all that apply) (N=5)**

- No challenges: 80% (4)
- I am new to or rarely use the Internet: 0% (0)
- Information I am looking for is not available: 0% (0)
- Information is not well organized: 20% (1)
- There is too much information: 0% (0)
- Hard to navigate through the information: 0% (0)
- Takes too long to load a page: 0% (0)
- Downloadable files and/or forms are not in a format I can use: 0% (0)
- Other [specify]: 0% (0)

**How likely are you to use this website in the future? (N=5)**

- Very likely: 0% (0)
- Somewhat likely: 60% (3)
- Neutral: 0% (0)
- Somewhat unlikely: 0% (0)
- Very unlikely: 40% (2)

**How likely would you be to use this website with a family member who is helping you with transportation assistance? (N=4)**

- Very likely: 0% (0)
- Somewhat likely: 75% (3)
- Neutral: 0% (0)
- Somewhat unlikely: 0% (0)
- Very unlikely: 25% (1)

**Please tell us what can be done to improve the content and the navigation of the website?**

- [no comments]

**Do you have any other thoughts about the website or the Safe Drivers Smart Options strategy that you would like share?**

- [no comments]

**Focus Groups with Caregivers**

Six people participated in the focus group with people who provided care to an aging family member (mean age 61.7 years; range 49-77; 50% male). Overall, caregivers were positive about the SDSO website and strategy. Participants related several stories about the difficulties they have faced with aging family members and transportation. Most participants remarked that the website contained useful information but some noted that it lacked resources that were local to their particular area. For example, when asked about the Carfit program, the research team navigated through the website to this resource and found that there were no Carfit events near

Dundee, Michigan where the focus group took place. A similar result was found when searching for alternative transportation resources and for Area Agency on Aging (AAA) offices (even though there is an AAA Office in Dundee, the resource lists only the headquarters in Southfield).

There was some discussion that Secretary of State counter personnel should receive training on older driver issues and should be considered an audience for the website. One respondent remarked that there should be more concrete information on the website on driver evaluations at the Secretary of State Office. There was agreement among participants that under the "family and friends" section the heading "Assisting Aging Drivers During and After Their Decision to Retire from Driving" should be reworded to "Assisting Aging Drivers During and After The Decision to Retire from Driving," emphasizing that in most cases someone else makes the decision for the older adult to stop driving or at least contributes significantly to it.

Some participants mentioned that they had just faced or were about to face the issue of taking away the keys/car of a parent. These participants asked if the website had resources for attending support groups for caregivers facing the same issue. The website does not currently have such resources, and there was general agreement among participants that this would be a valuable addition.

Data from the survey were entered into an Excel spreadsheet. Frequencies and percentages for responses were calculated. Reported here are the percentages and frequencies for each question. All questions had six respondents answering.

**What is the highest grade or year of school you completed?**

Never attended school or only attended kindergarten: 0% (0)  
Grades 1 through 8 (Elementary): 0% (0)  
Grades 9 through 11 (Some high school): 0% (0)  
Grade 12 or GED (High school graduate): 17% (1)  
College 1 year to 3 years (Some college or technical school): 50% (3)  
College 4 years or more (College graduate): 33% (2)  
Refuse: 0% (0)

**How often do you access websites for any purpose on the Internet?**

Daily: 67% (4)  
Weekly: 33% (2)  
Monthly: 0% (0)  
Every few months: 0% (0)  
A few times per year: 0% (0)  
Never: 0% (0)  
Refuse: 0% (0)

**When looking up information on the Internet, what is the primary technology you use to access websites?**

Desktop computer: 50% (3)  
Laptop computer: 50% (3)  
Tablet (e.g., iPad): 14% (0)  
Smart Phone (e.g., iPhone): 0% (0)  
Other: \_\_\_\_\_: 0% (0)

Do not use the Internet: 0% (0)  
Refuse: 0% (0)

**On average, how often do you seek information about driving-related issues, including driving safety, retiring from driving, or getting around when not driving?**

Daily: 33% (2)  
Weekly: 33% (2)  
Monthly: 33% (2)  
Every few months: 0% (0)  
A few times per year: 0% (0)  
Never: 0% (0)  
Refuse: 0% (0)

**What types of information do you seek in order to serve your transportation needs? (Select all that apply)**

How to stay driving safely: 50% (3)  
How to improve driving skills: 50% (3)  
Availability of non-driving transportation options: 17% (1)  
Resources to help aging adults retire from driving: 17% (1)  
Laws and policies regarding aging drivers and/or mobility for aging adults: 33% (2)  
Contact information for agencies: 50% (6)  
General information about aging and transportation: 17% (1)  
Information for families of aging adults: 0% (0)  
Forms: 0% (0)  
Other: 0% (0)

**Where do you get this information currently? (Select all that apply)**

Website from a professional organization: 67% (4)  
From a family member or friend: 50% (3)  
From a colleague or co-worker: 33% (2)  
Government website: 0% (0)  
TV or radio: 17% (1)  
Newspaper: 0% (0)  
Training sessions: 0% (0)  
Library: 0% (0)  
Other: 0% (1). University of Michigan Nurse.

**Would you say that the website is:**

Very attractive: 100% (6)  
Somewhat attractive: 0% (0)  
Average: 0% (0)  
Not very attractive: 0% (0)  
Not at all attractive: 0% (0)

**From what you have seen and your experience with other sites, please rate the following features of the website (Visual appearance/layout):**

Poor: 0% (0)  
Fair: 0% (0)  
Good: 0% (0)  
Very Good: 33% (2)  
Excellent: 67% (4)  
Not Sure: 0% (0)

**From what you have seen and your experience with other sites, please rate the following features of the website (Content):**

Poor: 0% (0)  
Fair: 0% (0)  
Good: 0% (0)  
Very Good: 33% (2)  
Excellent: 67% (4)  
Not Sure: 0% (0)

**From what you have seen and your experience with other sites, please rate the following features of the website (Writing style):**

Poor: 0% (0)  
Fair: 0% (0)  
Good: 0% (0)  
Very Good: 33% (2)  
Excellent: 67% (4)  
Not Sure: 0% (0)

**Please tell us what can be done to improve the look and attractiveness of the website.**

- “More resources”

**Did the menu items on the home page make sense to you? (N=6)**

Yes: 100% (6)  
No: 0% (0)  
Refuse: 0% (0)

**Were you able to find suitable information for your needs while browsing the website?**

Yes: 83% (5)  
No: 17% (1)  
Refuse: 0% (0)

**What other information would you like to see on the website?**

- “Support groups”
- “Information on support groups for caregivers who provide transportation and/or have to confront a parent with the topic of turning keys in.”

- “More resources”
- “Support groups”

**Based on your experience, how would you rate the quality of information on the website?**

Very high quality: 50% (3)

High quality: 50% (3)

Average: 0% (0)

Below average: 0% (0)

Unacceptable: 0% (0)

Refuse: 0% (0)

**From your experience, what did you find to be the biggest challenge with using the Safe Drivers Smart Options site? (Select all that apply)**

No challenges: 83% (4)

I am new to or rarely use the Internet: 0% (0)

Information I am looking for is not available: 17% (1)

Information is not well organized 0% (0)

There is too much information: 0% (0)

Hard to navigate through the information: 0% (0)

Takes too long to load a page: 0% (0)

Downloadable files and/or forms are not in a format I can use: 0% (0)

Other [specify]: 17% (1). Finding website.

**How likely are you to use this website in the future?**

Very likely: 83% (5)

Somewhat likely: 17% (1)

Neutral: 0% (0)

Somewhat unlikely: 0% (0)

Very unlikely: 0% (0)

**How likely are you to recommend our website to a friend or family member in the future?**

Very likely: 83% (5)

Somewhat likely: 17% (1)

Neutral: 0% (0)

Somewhat unlikely; 0% (0)

Very unlikely: 0% (0)

**How likely would you be to use this website with a family member who is helping you with transportation assistance?**

Very likely: 0% (0)

Somewhat likely: 75% (3)

Neutral: 0% (0)

Somewhat unlikely: 0% (0)

Very unlikely: 25% (1)

**Do you think that the older adult for which you are providing assistance could benefit directly from this website if they were to use it?**

Yes: 17% (1)

No: 17% (1)

Maybe: 67% (4)

Refuse: 0% (0)

**Please tell us what can be done to improve the content and the navigation of the website?**

- “Just need more resources locally”

**Do you have any other thoughts about the website or the Safe Drivers Smart Options strategy that you would like share?**

- [no comments]

**Survey of Professionals**

Data from the nine respondents from the Qualtrics survey were exported into an Excel spreadsheet. Frequencies and percentages for responses were calculated and no further analysis was conducted because of the small number of respondents. Reported here are the percentages of people who selected responses within each question of the survey. These results are followed by the exact text that was typed into the survey for the open-ended questions and for the response category for "other [specify]", where the respondent could type in an answer. This is followed by verbatim feedback about the website that was emailed to us in lieu of completing the survey.

**Which type of organization are you from?**

Health Care: 0% (0)

Law Enforcement: 11% (1)

State Government: 67% (6)

Services to the Aging: 0% (0)

Public/Private Transportation Provider: 0% (0)

Occupational Therapy: 11% (1)

Educational Institution: 11% (1)

Planning: 0% (0)

Other [specify]: 0% (0)

**How often do you access websites for any purpose on the Internet?**

Daily: 100% (9)

Weekly: 0% (0)

Monthly: 0% (0)

Every few months: 0% (0)

A few times per year: 0% (0)

Never: 0% (0)

Refuse: 0% (0)

**While conducting your work related to aging adults, what is the primary technology you use to access websites?**

Desktop: 44% (4)

Laptop: 56% (5)

Tablet (e.g., iPad): 0% (0)

Smart Phone (e.g., iPhone): 0% (0)

Other [specify]: 0% (0)

Do not use the Internet for my work: 0% (0)

Refuse: 0% (0)

**On average, how often do you interact professionally (either in-person or in some other way) with people age 60 or older?**

Daily: 67% (6)

Weekly: 0% (0)

Monthly: 11% (1)

Every few months: 0% (0)

A few times per year: 22% (2)

Never: 0% (0)

Refuse: 0% (0)

**What types of information do you need in order to serve the needs of the aging adults you work with? (Select all that apply)**

Availability of non-driving transportation options: 33% (3)

Resources to help aging adults retire from driving: 56% (5)

Instructions/details on how to refer to the Secretary of State an aging adult who is having problems driving: 33% (3)

Laws and policies regarding aging drivers and/or mobility for aging adults: 67% (6)

Contact information for agencies: 67% (6)

General information about aging and transportation: 44% (5)

Information for families of aging adults: 44% (4)

Forms: 11% (1)

Other: 11% (1) --- AOTA and ADED website.

**Where do you get this information currently? (Select all that apply)**

Website from a professional organization: 67% (6)

Supervisor/employer: 0% (0)

Other colleagues/co-workers: 33% (3)

Government website: 89% (8)

TV or radio: 0% (0)

Training sessions: 22% (2)

Library: 22% (2)

Resource office: 0% (0)

Other [specify]: 11% (1) --- Conference

**Would you say that the website is:**

Very attractive: 56% (5)

Somewhat attractive 44% (4)

Average: 0% (0)

Not very attractive: 0% (0)

Not at all attractive: 0% (0)

**Please tell us what can be done to improve the look and attractiveness of the website.**

- “Use more photos featuring people of color.”
- “It's a terrific start. Great theme, nice look and colors. Framework of site reflects a good overall design. / The font sizes are too small on some pages. It's not easy to read text in the About section. Appears to be different line spacing and font sizes in various pages - need more uniformity. / Photos are too general - need some Michigan/local context as well to show this is a Michigan-based effort. / Add respective logos to the partners on the About page. Show some organization color and emphasize this strong collaboration. / Add some safe basic driving tips as well - i.e. how to navigate roundabouts, how to yield to bicyclists and peds at intersections, or state law yield to peds crossing in designated crosswalks, etc. pass along any new laws enacted.”
- “More photographs”
- “Typo above: pleas”
- “Looks great overall...very informative. In general, in some areas the font is very light, with very little contrast. This can be challenging for visually impaired seniors.”
- “For now it is very good.”

**From what you have seen and your experience with other sites, please rate the following features of the website: (Visual appearance/layout)**

Poor: 0% (0)

Fair: 0% (0)

Good: 33% (3)

Very Good: 33% (3)

Excellent: 33% (3)

Not Sure: 0% (0)

**From what you have seen and your experience with other sites, please rate the following features of the website: (Content)**

Poor: 0% (0)

Fair: 0% (0)

Good: 22% (2)

Very Good: 44% (4)

Excellent: 33% (3)

Not Sure: 0% (0)

**From what you have seen and your experience with other sites, please rate the following features of the website: (Writing style)**

Poor: 0% (0)  
Fair: 0% (0)  
Good: 33% (3)  
Very Good: 33% (3)  
Excellent: 33% (3)  
Not Sure: 0% (0)

**Did the menu items on the home page make sense to you?**

Yes: 100% (9)  
No: 0% (0)

**Were you able to find suitable information for your needs while browsing the website?**

Yes: 100% (9)  
No: 0% (0)

**Based on your experience, how would you rate the quality of information on the website?**

Very high quality: 67% (6)  
High quality: 33% (3)  
Average: 0% (0)  
Below average: 0% (0)  
Unacceptable: 0% (0)  
Refuse: 0% (0)

**From your experience, what did you find to be the biggest challenge with using the *Safe Drivers Smart Options* site?**

I am new to or rarely use the Internet: 0% (0)  
Information I am looking for is not available: 0% (0)  
Information is not well organized: 0% (0)  
There is too much information: 0% (0)  
Hard to navigate through the information: 0% (0)  
Takes too long to load a page: 0% (0)  
Downloadable files and/or forms are not in a format I can use: 0% (0)  
Other: 44% (4)

- “Accordion pages that don't close when clicking on the folder again”
- “Just needs some minor clean ups with text size and formatting”
- “No problems”
- “2. Driver Evaluation and Driver Rehabilitation; 4. Eldercare locator”

**How likely are you to use this website in the future?**

Very likely: 100% (9)  
Somewhat likely: 0% (0)  
Neutral: 0% (0)  
Somewhat unlikely: 0% (0)  
Very unlikely: 0% (0)

**How likely are you to recommend our website to a friend or colleague in the future?**

Very likely: 100% (9)

Somewhat likely: 0% (0)

Neutral: 0% (0)

Somewhat unlikely: 0% (0)

Very unlikely: 0% (0)

**What other information would you like to see on the website?**

- “See previous comments.”
- “I would to see information about vehicle technologies that might be good for older drivers. What should we recommend?”
- “Possibly direct link to ADED Fact Sheets.”
- “2. Driver Evaluation and Driver Rehabilitation; 4. Eldercare locator”
- “information are good”

**Please tell us what can be done to improve the content and the navigation of the website?**

- “It is good.”
- “Will there be a "suggestion box" for improvements, or a way for people to get help if they can't find something going forward?”
- “I liked the factual information on seven identified diagnosis identified by NHSTA; I thought ADED’s website provided Fact Sheets that would be very relevant to specific diagnosis as well.”

**Do you have any other thoughts about the website or the Safe Drivers, Smart Options strategy that you would like to share?**

- “This is comprehensive and easy to use.”
- “Under Professional Corner / Organizations related to Aging Drivers. Could each organizations logo be listed next to name of the organization?”

**Email Feedback on the website**

- “I noticed the state has a few miss prints.....not sure if you are able to fix them or have the correct contacts in the state; Chelsea Hospital's area of service is incorrect as is their address; Driver Rehabilitations Center of Michigan (A & A)'s address is listed correctly on page 1, but not on page 4 and 5. I called the number listed on the handout, but they said they do not know how to make changes, nor who could make changes.

I was not sure if you can adjust this/or have it adjusted prior to Monday.

1) Page 1

Chelsea Hospital, Outpatient Occupational Therapy (NOT Physical Therapy Department)

Correct address is 775 South Main Street (the rest of the address is correct) Chelsea, MI 48118

2) Page 4 and Page 5

Driver Rehabilitation Center of Michigan (A & A Driving School)

Correct address is 19582 Middlebelt, Livonia, MI 48152 (NOT 28911 Seven Mile Road, Livonia 48153)

So far the rest looks nice...but I have not had a chance to really look at it, will try to do so after work Saturday. Looking forward to seeing you Monday.”

- “Nice job on the website! BTW, did you know Myride2 is a resource for Wayne County? I think you should consider adding it...it will be useful.”

## Conclusions

Overall, the website was positively received by all groups, with the professionals or family member/caregivers reporting the greatest value. The feedback on the look of the website was overall quite positive, but some suggestions for improvement were given. All three groups liked the organization of the content and reported that the site was easy to navigate. The website’s content was considered to be very good by an overwhelming majority of people. Several suggestions, however, were made about including additional content. Finally, some participants wondered how the site content was going to be added to and kept current.

Based on this research, we recommend the following regarding the SDSO website and/or strategy.

- The text size, color, and background contrast should be changed to improve legibility. Many websites have an option that allows users to change font size. Such a feature should be considered here.
- The website should contain a brief discussion about the level of resources available. Several people commented that many of the resources are not really local. In these cases, it was not apparent that in order to reach local resources, such as in the find-a-ride section, the user may need to search within an organization’s website to locate local information.
- The strategy needs to establish a way to evaluate and include new resources into the website. For example, the “clinician’s guide to assessing and counseling older drivers” on the website is outdated, as a newer edition was just published.
- Under the "family and friends" section, the heading "Assisting Aging Drivers During and After Their Decision to Retire from Driving" should be reworded to "Assisting Aging Drivers During and After The Decision to Retire from Driving."
- Several suggestions were made about additional content. These included: adding links to the ADED Fact Sheets; information on roundabouts; logos next to organizations on the “about” page; a suggestion box for users to provide comments; information about vehicle technologies for older drivers; add basic driving tips; information about new laws; and information about support groups.
- Consider some new photographs, including more Michigan-specific photos and persons of color.
- Some informational resources were pointed out to be incorrect, particularly regarding contact information. While it is time consuming to check these, it is important that contact and other information be accurate or the entire value of the site can be compromised. We suggest developing a process to check information, or at the very least, including a disclaimer that the site links to some information sources that are

outside of the SDSO strategy jurisdiction and these sources may contain incomplete or inaccurate information.

## Appendix J: Deliverables 2.6 and 2.7



### PHASE 2 Deliverables 2.6 and 2.7

For Project

**RESEARCH, PROGRAM DESIGN, AND TEST IMPLEMENTATION OF A  
COMPREHENSIVE STATEWIDE OLDER DRIVER EDUCATION AND SAFE  
MOBILITY PLANNING STRATEGY (“DRIVER ESMP STRATEGY”)**

**Deliverable 2.6: Provide a written analysis of the resources needed to expand implementation and testing of the model statewide.**

**Deliverable 2.7: Identify specific target organizations and audiences for expanded model implementation and testing, along with rationale for recommending these organizations/audiences.**

## Introduction

The Michigan Department of Transportation (MDOT) has contracted with the University of Michigan Transportation Research Institute (UMTRI) to plan, test, and implement an effective, sustainable statewide strategy to support the safe mobility needs of Michigan's aging population. The end product is envisioned to take the form of a relatively flexible service delivery package, containing some combination of three components: a public education component (e.g., information, awareness, references), a direct intervention component (e.g., skill assessment, skill building, planning and finding workable transportation alternatives), and an administrative/collaborative component (finance and budget as well as medical/social/public safety and transportation agency collaboration and coordination). The strategy/brand has been named "Safe Drivers Smart Options" (SDSO).

The project is being carried out in three phases over a 3-year period, with each phase taking 1 year. The objective of Phase 1 (completed in 2014) was to identify and evaluate potential models for SDSO, including design alternatives for various components, processes, and recommended key strategic partnerships with governmental, professional, and industry groups, to optimize program sustainability and flexibility (see Phase 1 Final Report for full detail). The overall objectives of Phase 2 is to: develop, pilot, and evaluate components of SDSO; and to develop plans/recommendations for the implementation and evaluation of SDSO in a small set of targeted service delivery locations and in a limited statewide rollout.

The purpose of this document is to provide a written analysis of the resources needed to expand implementation and testing of the model statewide. This testing would take place during Phase 3 of the project. This document also identifies specific target organizations and audiences for expanded model implementation and testing, along with rationale for recommending these organizations/audiences.

## Implementation of the SDSO Strategy

In Phase 3 of the Older Driver ESMP Strategy project, it is anticipated that the SDSO strategy will be fully implemented at a small set of service delivery locations and that there will be a limited effort to implement the strategy statewide through an awareness campaign. The targeted implementation will focus on a rural and urban area at no more than four service delivery locations in each area. By targeting these locations, the research team will be able to provide direct support on strategy implementation as well as conduct a detailed process evaluation at the locations in order to gain valuable information on how to improve the SDSO strategy. As required in Deliverable 2.7, the research team will recommend specific target organizations and audiences for expanded model implementation and testing, along with rationale for recommending these organizations/audiences. The research team proposes the following service delivery locations for a targeted implementation the SDSO strategy. The locations are grouped into two county-based settings: urban/suburban (Washtenaw and Livingston Counties); and rural (Monroe County). We propose these specific counties because they are relatively near the

UMTRI and will minimize the travel required for the research team to provide consultative services to, and to gather process evaluation data from, the targeted delivery locations. In addition, several types of service delivery location that should be optimal for implementing the strategy have an established presence in these counties. Within each of these county-based settings, we propose to include a range of professional organizations that both interact with older adults and are represented on the SDSO advisory and stakeholder committees so that we can solicit assistance from our committee members in implementing and evaluating the SDSO strategy at these locations. The table shows the proposed locations that we intend to approach for a targeted implementation of the SDSO strategy:

<b>Organization Type</b>	<b>Washtenaw/Livingston Counties</b>	<b>Monroe County</b>
<b>Department of State (Secretary of State Offices)</b>	295 N Maple Rd Ann Arbor, MI 48103	1107 S Telegraph Rd Monroe, MI 48161
	1448 Lawson Rd Howell, MI 48843	7200 Lewis Ave Temperance, MI 48182
<b>Area Agency on Aging</b>	Livingston/Washtenaw County Access Location 3941 Research Park Drive, Suite B Ann Arbor, MI 48108 (734) 213-6704 (800) 852-7795 Fax: (248) 262-9971	14930 LaPlaisance Suite 130 Monroe, MI 48161 (734) 241-2012 (800) 852-7795 Fax: (248) 262-9971
<b>Law Enforcement (Michigan State Police Posts)</b>	Brighton Post No. 12 4337 Buno Road Brighton, MI 48114	Monroe Post No. 14 300 Jones Ave. Monroe, MI 48161
<b>Health Clinic</b>	U-M Turner Geriatrics Center 4260 Plymouth Rd. Level 1 Ann Arbor, MI 48109 734-764-6831	Mercy Medical Hospital 110 Main St Dundee, MI 48131

Limited statewide implementation will focus on increasing the awareness of the website and SDSO brand among professionals, older adults, and informal caregivers in Michigan. This awareness effort will be largely the responsibility of MDOT, MDOS, and other members of SDSO advisory and stakeholder committees and will likely consist of advertisement at DOS offices (e.g., posters, brochures), presentation to stakeholder groups, earned media (e.g., press releases), and advertisement to specific stakeholder groups (e.g., websites, newsletters, etc.). The research team will provide feedback and assistance as necessary.

## Testing of the SDSO Strategy

Deliverable 2.8 will discuss in detail the plans for evaluating the SDSO strategy. In brief, the evaluation will involve before and after awareness surveys of Michigan older adults, informal caregivers, and professional organizations. The plan also will include the gathering of process data such as detailed information on all of the SDSO activities, such as the number of referrals to the strategy and the number of people reached. The research team will also conduct interviews with personnel at the local service delivery locations to determine what did and did not work during the SDSO implementation.

## Resources Needed to Implement and Evaluate the Strategy

In order to implement and evaluate the model in Phase 3 of the Older Driver ESMP project, resources will be needed for both the UMTRI research team and for the SDSO strategy implementation activity in general. As previously budgeted for Phase 3 in the research team's original proposal, UMTRI will need approximately \$277,000 to assist with implementation and to evaluate the strategy. We believe that this estimate is still accurate and we are in the process of detailing these budget numbers for the Phase 3 contract with MDOT.

Non-UMTRI resources will also be needed to implement the strategy in Phase 3. By far the largest cost will be the in-kind labor that organizations are willing to devote to the strategy implementation. For example, MDOS and MDOT have already committed personnel time to develop and maintain the SDSO website. Each organization will have to make decisions regarding the level of personnel effort and collectively these in-kind personnel costs could be considerable. For example, organizations from which the members of the Ambassador team are affiliated will need to decide how much time each person can devote to strategy promotion. The non-labor resources needed by others to implement the SDSO strategy in Phase 3 will depend on several decisions that need to be made by MDOT, MDOS, and other organizations that will be involved in the strategy. We provide here estimates of some non-labor costs that should be considered in making these decisions:

2000 2-color, tri-fold brochures:	\$700
2000 4-color, refrigerator magnets:	\$1,400
100 full-color, plastic coated posters:	\$200
Annual Stipend for 6 Ambassadors (\$500/ambassador):	\$3,000
General Supplies and Services (e.g., copying, phone):	\$1,500

## Appendix K: Deliverable 2.8



### PHASE 2 Deliverables 2.8, Part 1

For Project

**RESEARCH, PROGRAM DESIGN, AND TEST IMPLEMENTATION OF A  
COMPREHENSIVE STATEWIDE OLDER DRIVER EDUCATION AND SAFE  
MOBILITY PLANNING STRATEGY (“DRIVER ESMP STRATEGY”)**

**Deliverable 2.8: Present a draft written implementation plan for commencing wider testing of the model among target organizations and audiences, including a plan for budget and administrative support, and a plan for evaluation of the model.**

## Introduction

The Michigan Department of Transportation (MDOT) has contracted with the University of Michigan Transportation Research Institute (UMTRI) to plan, test, and implement an effective, sustainable statewide strategy to support the safe mobility needs of Michigan's aging population. The end product is envisioned to take the form of a relatively flexible service delivery package, containing some combination of three components: a public education component (e.g., information, awareness, references), a direct intervention component (e.g., skill assessment, skill building, planning and finding workable transportation alternatives), and an administrative/collaborative component (finance and budget as well as medical/social/public safety and transportation agency collaboration and coordination). The strategy/brand has been named "Safe Drivers, Smart Options" (SDSO).

The project is being carried out in three phases over a 3-year period, with each phase taking 1 year. The objective of Phase 1 (completed in 2014) was to identify and evaluate potential models for SDSO, including design alternatives for various components, processes, and recommended key strategic partnerships with governmental, professional, and industry groups, to optimize program sustainability and flexibility (see Phase 1 Final Report for full detail). The overall objectives of Phase 2 is to: develop, pilot, and evaluate components of SDSO; and to develop plans/recommendations for the implementation and evaluation of SDSO in a small set of targeted service delivery locations and in a limited statewide rollout.

The purpose of this document is to complete deliverable 2.8, to present a draft written implementation plan for commencing wider testing of the model among target organizations and audiences, including a plan for budget and administrative support, and a plan for evaluation of the model. This implementation and testing will take place during Phase 3 of the project.

## Implementation and Evaluation Work Plan

Because of delays in creating the strategy brand/logo and the website, the research team could only complete a portion of Phase 2 deliverables 2.4 and 2.5. As written in the Phase 2 statement of work, the deliverables are as follows:

Deliverable 2.4: Implement the plans developed in Tasks 2.2 and 2.3. This may include assessment and consultation at various locations such as local/regional health, social service, public safety, agencies on aging, and/or licensing locations.

Deliverable 2.5: Conduct analysis of assessment data and provide a written report of the conclusions of assessment of different features of the model.

These deliverables relate to conducting an assessment (collecting data [Task 2.4] and analyzing/report results [Task 2.5]) of the four components of the SDSO strategy: brand/logo, website, management structure, and Ambassador Team. The brand/logo assessment has been completed and approved by MDOT. Data collection, analysis, and reporting on the other three components will occur once these components have been developed. We plan to complete and invoice for these deliverables under a 6-month, no-cost time extension for the Phase 2 contract

One measure of the effectiveness of the implementation of the SDSO strategy is the level of awareness of the strategy among the primary target audiences: older adults and informal caregivers of older adults. This task will be conducted prior to the implementation of the strategy so that we can assess baseline awareness as well as determine among these groups the types of information they are seeking regarding older adults transportation and mobility and where they currently going to acquire the information. This survey will involve several steps.

Survey Development: Based on the research team's knowledge and discussions with MDOT the team will develop an short outline of topics for the survey. Once agreement on the topics is reached, the research team will develop the questions for each topic. UMTRI has developed many similar questionnaires for older adults in the past and will consult these for appropriate questions. To the extent possible, items and scales that have been previously shown to be reliable and valid will be incorporated into the survey. A draft of the survey will be forwarded to MDOT for review and revision.

Pilot Testing: Once the final questionnaire has been developed, UMTRI will pilot test it with a small group of older adults. Pilot testing will take place at UMTRI and will involve one-on-one administration of the questionnaires using a “cognitive interview” technique. This technique requires that the survey respondent “think out loud” as he or she goes though the questions. The technique allows us to gain insight into how people are interpreting questions and the response categories. The administrator will take notes and the questionnaires will be revised based on this feedback. We anticipate that the questionnaire will take no longer than 8 minutes to administer.

Sample Design: The goal of the sample design will be to collect survey data from Michigan older adults and from family members/caregivers of older adults who are representative of these populations in Michigan while keeping the cost of the surveys reasonable. In order to reach the appropriate populations in Michigan, we plan to seek approval from MDOS to use the driver history file to select two random samples. The first sample will be of Michigan residents age 60 and older who are in the database. Because the driver history file database contains records of people who are currently licensed, as well as those who have a license that is sanctioned (revoked, restricted, etc.), a license that has expired within the past 7 years, or a MDOS-issued identification card, this sample will include both older adult drivers and non-drivers in approximately the same proportion as they are found in Michigan.

The second sample will be comprised of Michigan residents who are likely to be the family member/caregiver of an older adult in Michigan. Based on past research (e.g., Mack & Thompson, 2005) and our discussions with experts on older adult caregiving, the age of the family member/caregiver at which they are likely to begin to provide assistance is about 45 years. In addition, about 41 percent are a spouse and another 44 percent are an adult child (Mack & Thompson, 2005). Therefore, we plan to draw a random sample of people from the driver history file who are between the ages of 45 and 80. Extending the sample age range out to 80 years will allow us to contact the spouses of older adults who provide assistance to them. In order to ensure that we only talk to caregivers, the family member/caregiver questionnaire will contain screening questions that will filter out those people who are not providing assistance to an older adult.

Because the driver history file does not have telephone numbers, we will obtain telephone numbers by using commercially available databases that match home addresses to phone numbers. In order to derive samples that will be representative of the state of Michigan, we will

develop a survey design that will be stratified by MDOT region. While the exact number of respondents will be based on the survey design, the length of the survey, and cost considerations we anticipate that each group will have about 300 respondents.

Data Collection: The survey will be administered via the telephone. UMTRI will hire a Michigan-based company that specializes in administering telephone surveys to do the actual data collection. We have worked with several of these companies in the past. Whomever is hired to conduct the surveys will use a computer-assisted telephone interviewing (CATI) system that will enhance electronic data collection. Training sessions that take into consideration the special requirements for each survey are standard practice at professional survey firms. Thus, interviewers for this survey will receive training to ensure that each interview is conducted with efficiency but also with understanding and empathy if needed. These companies also utilize call-back protocols that help to increase the questionnaire response rate while maintaining the sample design. UMTRI will work with the selected company on data collection protocols and will periodically monitor the surveys to make sure that they are being administered properly. Once data collection is complete, the company will provide UMTRI with the questionnaire data and data on the respondents and non-respondents.

Data Analysis: Questionnaire data will be analyzed using either the Statistical Analysis Software (SAS) package or the Statistical Package for the Social Sciences (SPSS). Data analysis will focus on awareness of the SDSC strategy and the other topics selected for the survey. All analyses will be weighted based on the survey design so that results will be representative of Michigan.

### **Task 3.3: Conduct a pre-survey of awareness of the SDSO strategy among appropriate members of stakeholder organizations.**

It is also important to measure awareness of the SDSO strategy among the groups who will be interacting with older adults and family members/caregivers. Because members of these groups would be difficult to reach through a random process, we plan to work with the members of the Older Driver ESMP advisory and stakeholder committees to access appropriate people from a wide range of agencies/organizations who may be involved in the strategy. This survey will involve several steps:

Survey Development: Based on the research team's knowledge and discussions with MDOT, the team will develop an short outline of topics for the survey. Once agreement on the topics is reached, the research team will develop the questions for each topic. We anticipate that this survey will be very short and will focus mainly on awareness and perceived needs. A draft of the survey will be forwarded to MDOT for review and revision.

Data Collection: The survey will be administered via the Internet. A survey will be completed using an online program that will allow UMTRI researchers to easily create and distribute a survey to select respondents via a link in an email. The online survey will be customized to accommodate various types of questions and responses such as multiple choice, rating scales, and open ended questions. The survey can be completed at the convenience of the respondent and can also be accessed from any web browser, including mobile smartphone and tablet browsers. Responses will be automatically collected and stored in a secure online Excel spreadsheet with only the UMTRI research team having access to this database. The research team will ask members of the advisory and stakeholder groups for the project to distribute the

email link for the survey along with instruction developed by UMTRI to the appropriate employee of their organizations.

Data Analysis: Questionnaire data will be analyzed using the same statistical software used for the older driver/family member survey. Data analysis will focus on awareness of the SDSC strategy and any other topics selected for the survey. Data will be analyzed by the type of organization/agency.

***Deliverable 3.1: Draft a report on the baseline awareness of the SDSO strategy among Michigan older adults, informal caregivers of older adults, and employees of stakeholder organizations. This report will include an introduction, methods, and results.***

**Task 3.4: Conduct needed work to facilitate the strategy implementation both statewide (as appropriate) and among up to four appropriate local service delivery locations.**

The research team will conduct several activities to help facilitate the SDSO strategy statewide as well as at up to four targeted service delivery locations, as defined in deliverable 2.9. The research team proposes to facilitate the SDSO strategy in four service delivery organizations (with one or more locations) in an urban/suburban setting (Washtenaw and Livingston counties) and in a rural setting (Monroe county). We proposed to include for each of these areas a range of professional organizations that both interact with older adults and are represented on the SDSO advisory committee. The table shows the proposed locations that we intend to approach for a targeted implementation of the SDSO strategy:

<b>Organization Type</b>	<b>Washtenaw/Livingston Counties</b>	<b>Monroe County</b>
<b>Department of State (Secretary of State Offices)</b>	4675 Washtenaw Ave Ann Arbor, MI 48108	1107 S Telegraph Rd Monroe, MI 48161
	1448 Lawson Rd Howell, MI 48843	7200 Lewis Ave Temperance, MI 48182
<b>Area Agency on Aging</b>	Livingston/Washtenaw County Access Location 3941 Research Park Drive, Suite B Ann Arbor, MI 48108 (734) 213-6704 (800) 852-7795 Fax: (248) 262-9971	14930 LaPlaisance Suite 130 Monroe, MI 48161 (734) 241-2012 (800) 852-7795 Fax: (248) 262-9971
<b>Law Enforcement (Michigan State Police Post)</b>	Brighton Post No. 12 4337 Buno Road Brighton, MI 48114	Monroe Post No. 14 300 Jones Ave. Monroe, MI 48161
<b>Health Clinic</b>	U-M Turner Geriatrics Center 4260 Plymouth Rd. Level 1 Ann Arbor, MI 48109 734-764-6831	Mercy Medical Hospital 110 Main St Dundee, MI 48131

**Task 3.5: Conduct a process evaluation both statewide and at the up to four local service delivery locations.** Process evaluations are a standard component of traffic safety program evaluation. In order to understand the effects of a program, it is necessary to know how the program was implemented. This task will involve the collection, analysis, and summary of data regarding the number and quality of activities that were engaged in relative to the SDSO strategy, such as the number of clients/patients that were introduced to the strategy, the number of people participating in certain elements of the strategy (e.g., the recommended exercise course or law enforcement training program), the number of "hits" to various parts of the SDSO website, the number of Ambassador Program presentations, and so on. The process evaluation will also include "debriefing" information from specific individuals, particularly within the up to four targeted service delivery locations, about how well the SDSO strategy was implemented and areas for improvements.

*Deliverable 3.2: Draft a report of the process evaluation activities, analyses, and results. This report will include a description of consultative support provided by the research team as well as a discussion of all process evaluation outcomes results.*

**Task 3.6: Conduct a post-survey of statewide awareness of the SDSO strategy among older adults and informal caregivers of older adults.**

This task will use the same survey and design as developed in Task 3.2. The same survey company will administer the post-survey and will provide the research team with the data. Data will be analyzed in conjunction with the pre-survey data to determine any differences in awareness and the other topics between the pre and post surveys.

**Task 3.7: Conduct a post-survey of awareness of the SDSO strategy among appropriate members of stakeholder organizations.**

This task will use the same survey, design, and administration as developed in Task 3.3. Data will be analyzed in conjunction with the pre-survey data to determine any differences in awareness and the other topics between the pre and post surveys.

*Deliverable 3.3: Draft a letter-report on the differences in awareness of the SDSO strategy among older adults, informal caregivers or older adults, and employees of stakeholder organizations. This report will include the survey methods and results.*

**Task 3.8: Draft a final project report that includes recommendations for the statewide SDSC strategy based on all of the information collected in Phases 1, 2, and 3 of the project.**

The research team will develop a final project report that includes all of the activities for the entire project that will include recommendations for improving the strategy as well as recommendations for sustaining that strategy in future years. This report will be forwarded to MDOT for comments and will be revised based on these comments.

*Deliverable 3.4: Provide a draft and final report and recommendations based on Phases 1, 2, and 3 of the project.*

Timeline:

	Phase III Timeline for Tasks											
	2015			2016								
Task Number	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
<b>Task 3.1: Complete Phase II deliverables</b>												
<b>Task 3.2: Pre-survey with older adults/caregivers</b>												
<b>Task 3.3: Pre-survey with stakeholders</b>												
<b>Task 3.4: Facilitation strategy implementation</b>												
<b>Task 3.5: Process evaluation</b>												
<b>Task 3.6: Post-survey with older adults/caregivers</b>												
<b>Task 3.7: Post-survey with stakeholders</b>												
<b>Task 3.8: Final report</b>												

## Appendix L: Deliverable 2.9



### PHASE 2 Deliverables 2.9

For Project

**RESEARCH, PROGRAM DESIGN, AND TEST IMPLEMENTATION OF A  
COMPREHENSIVE STATEWIDE OLDER DRIVER EDUCATION AND SAFE  
MOBILITY PLANNING STRATEGY (“DRIVER ESMP STRATEGY”)**

**Deliverable 2.9: Present a draft written plan for consultative support to various agencies and organizations involved in wider model implementation and testing. This deliverable will include delivery of a draft local program user guide, to assist local service providers in using the Strategy locally.**

## Introduction

The Michigan Department of Transportation (MDOT) has contracted with the University of Michigan Transportation Research Institute (UMTRI) to plan, test, and implement an effective, sustainable statewide strategy to support the safe mobility needs of Michigan’s aging population. The end product is envisioned to take the form of a relatively flexible service delivery package, containing some combination of three components: a public education component (e.g., information, awareness, references), a direct intervention component (e.g., skill assessment, skill building, planning and finding workable transportation alternatives), and an administrative/collaborative component (finance and budget as well as medical/social/public safety and transportation agency collaboration and coordination). The strategy/brand has been named “Safe Drivers, Smart Options” (SDSO).

The project is being carried out in three phases over a 3-year period, with each phase taking 1 year. The objective of Phase 1 (completed in 2014) was to identify and evaluate potential models for SDSO, including design alternatives for various components, processes, and recommended key strategic partnerships with governmental, professional, and industry groups, to optimize program sustainability and flexibility (see Phase 1 Final Report for full detail). The overall objectives of Phase 2 is to: develop, pilot, and evaluate components of SDSO; and to develop plans/recommendations for the implementation and evaluation of SDSO in a small set of targeted service delivery locations and in a limited statewide rollout.

The purpose of this document is to complete deliverable 2.9: to present a draft written plan for consultative support to various agencies and organizations involved in wider model implementation and testing. This deliverable will include delivery of a draft local program user guide, to assist local service providers in using the Strategy locally.

### Service Delivery Organizations

As noted in the work plan for Phase 3 (as well as highlighted in Deliverable 2.8), the research team will conduct several activities to help facilitate implementation of the SDSO strategy in up to four targeted service delivery organizations in Michigan. These facilitation activities will take place from December 2015 through July 2016. The locations of these four service delivery organizations will include both an urban/suburban setting (Washtenaw and Livingston counties) and a rural setting (Monroe county). The proposed organizations and their locations are provided in Table 1.

<b>Organization Type</b>	<b>Washtenaw/Livingston Counties</b>	<b>Monroe County</b>
<b>Department of State (Secretary of State Offices)</b>	4675 Washtenaw Ave Ann Arbor, MI 48108	1107 S Telegraph Rd Monroe, MI 48161

	1448 Lawson Rd Howell, MI 48843	7200 Lewis Ave Temperance, MI 48182
<b>Area Agency on Aging</b>	Livingston/Washtenaw County Access Location 3941 Research Park Drive, Suite B Ann Arbor, MI 48108 (734) 213-6704 (800) 852-7795 Fax: (248) 262-9971	14930 LaPlaisance Suite 130 Monroe, MI 48161 (734) 241-2012 (800) 852-7795 Fax: (248) 262-9971
<b>Law Enforcement (Michigan State Police Post)</b>	Brighton Post No. 12 4337 Buno Road Brighton, MI 48114	Monroe Post No. 14 300 Jones Ave. Monroe, MI 48161
<b>Health Clinic</b>	U-M Turner Geriatrics Center 4260 Plymouth Rd. Level 1 Ann Arbor, MI 48109 734-764-6831	Mercy Medical Hospital 110 Main St Dundee, MI 48131

These specific locations were selected because they are relatively near the UMTRI and will minimize the travel required for the research team to provide consultative services to the targeted delivery organizations. In addition, the organizations selected both interact with older adults and are represented on the SDSO advisory and stakeholder committees so that we can solicit assistance from committee members in implementing the SDSO strategy at these locations.

Supplementing implementation at these specific service delivery organizations will be limited to statewide implementation focusing on increasing the awareness of the website and SDSO brand among professionals, older adults, and informal caregivers in Michigan. This awareness effort will be largely the responsibility of MDOT, MDOS, and other members of SDSO advisory and stakeholder committees and will likely consist of advertisement at DOS offices (e.g., posters, brochures), presentation to stakeholder groups, earned media (e.g., press releases), and advertisement to specific stakeholder groups (e.g., websites, newsletters, etc.). These efforts are mentioned here because they have the potential to reach the four service delivery organizations and reinforce the strategy facilitation efforts of the research team.

### **Overview of Facilitation Support**

The first step in providing facilitation support for the service delivery organizations will be to give each organization background information about the SDSO strategy and the rationale for implementing it. This information will be tailored to each organization but will generally address the following questions:

- What is the purpose of the SDSO strategy and what are the needs in the community that it is intended to address (including the target audiences for the strategy)?

- How does the SDSO strategy fit with the overall mission of the service delivery organization and its ongoing relationship with aging drivers/adults?
- What are the specific goals and objectives of the SDSO strategy?
- What are the components of the SDSO strategy and which specific elements may be best suited to each service delivery organization?

The next step in providing facilitation support will be to provide guidance on how to implement relevant components of the strategy and what organizational resources may be required. This guidance will include posing questions that each organization needs to answer before embarking on implementation activity, making recommendations for how each service delivery organization can build on and extend what is currently being done in the community, and providing actual resources that can be used by each organization for raising awareness about the SDSO strategy in the community. Knowing about other efforts in the community is important in ensuring that organizations are able to leverage resources by taking advantage of what is already working in the community. Among the questions that each organization should consider are:

- What is your overall vision for what you want to implement and what specific components of the SDSO strategy will be included?
- Does support for implementing the strategy already exist or are efforts needed to garner such support and how best can they be achieved?
- Who in the organization will be involved in actual implementation and who will lead or oversee this effort?
- What are the barriers to implementation and how can they be overcome?

Recommendations for implementation will build on approaches that have been successfully used by other service delivery organizations to support the needs of an aging population, and will focus on not only how to best implement the strategy but also on how to plan for implementation, including training of program staff and monitoring to ensure that implementation is occurring successfully. Collectively, these recommendations, along with the background information and rationale will be provided to service delivery organizations in the form of PowerPoint presentations that are customized for each organization. These PowerPoints constitute the local program user guides for the service delivery organizations and are attached (See Appendices A-D).

# Safe Drivers Smart Options

Local User Guide: Area Agency on Aging



## **Appendix A**

### **Local User Guide for Area Agency on Aging**

## The Challenge for Michigan

- Mobility (the ability to get from place to place) is essential to conducting activities of daily life, staying socially connected, participating in activities that make life enjoyable, and increasing quality of life
- Personal mobility is frequently equated with being able to drive
- Older adults more likely to experience declines in driving-related abilities due to age-related medical conditions and medications
- Michigan's population is aging - by 2030, older adults will represent about 20% of the state population

## Safe Drivers Smart Options Overview

- **Safe Drivers Smart Options** provides information and recommends training, programs, activities considered best practices for Michigan
- Designed for use by aging adults, family and friends, and professionals who work with aging adults
- Recognizes important role these groups play in keeping Michigan's aging adults safely mobile
- As new promising programs and information are developed for aging drivers, they will be included in the strategy to ensure that the needs of Michigan's aging population continue to be met



## Safe Drivers Smart Options Background

- **Safe Drivers Smart Options** is a statewide strategy to support the safe transportation of Michigan's aging adults
- Goals of the strategy are to:
  - Help aging adults who are able to drive safely continue to do so
  - Help aging adults who are starting to have difficulties with driving transition from driving to non-driving
  - Support use of community mobility options for those who are not able or choose not to drive themselves



## Safe Drivers Smart Options Partners

- Area Agency on Aging Association (AAA)
- Association for Driver Rehabilitation Specialists (ADED)
- Blueprint for Aging Michigan
- Center for Advancing Transportation Leadership and Safety (ATLAS Center)
- Federal Highway Administration (FHWA)-Michigan
- Geriatric Social Workers of Southeast Michigan (GSWSM)
- Michigan Department of Community Health (MDCH)
- Michigan Department of Transportation (MDOT)
- Michigan Department of State (MDOS)
- Michigan Academy of Family Physicians (MAFP)
- Michigan Association of Chiefs of Police (MACP)



## Safe Drivers Smart Options Partners

- ***Safe Drivers, Smart Options*** was developed for Michigan by several key stakeholders in our state, with leadership from Michigan Department of Transportation (MDOT) and Department of State (MDOS), and with assistance from the University of Michigan Transportation Research Institute (UMTRI)
- The following organizations helped develop the strategy and/or serve as partners:
  - AAA Michigan
  - AARP
  - Alzheimer’s Association – Greater Michigan Chapter



## Safe Drivers Smart Options Partners

- Michigan Association of Planning/ American Association of Planning (APA MI)
- Michigan Department of Human Services (MDHS) - Adult Protective Services
- Michigan Office of Highway Safety Planning (OHSP)
- Michigan Office of Services to the Aging
- Michigan Pharmacists Association (MPA)
- Michigan Public Transit Association (MPTA)
- Michigan Sheriffs' Association (MSA)
- Michigan State Police (MSP)
- National Association of Social Workers (NASW) – MI Chapter
- Southeast Michigan Council of Governments (SEMCOG)
- University of Michigan Transportation Research Institute, Behavioral Sciences Group (UMTRI BSG)



## Fit with Area Agency on Aging

- **Safe Drivers Smart Options** fits nicely with Area Agency on Aging 1-B's mission, vision, core values, and person centered philosophy
  - Mission: to enhance lives of older adults and adults with disabilities in the communities served
  - Vision: to lead regional efforts to ensure that older adults, adults with disabilities, and caregivers achieve their highest quality of life
  - Core values: teamwork, integrity, quality, innovation, respect
  - Person centered philosophy: that emphasizes interests, needs, wishes, and lifestyle choices of the individual; supports the individual's own decisions to direct their care, choose their own care provider, and remain in control of their life; sees people they serve as participants in the process of managing their own care and service needs



## Components of Safe Drivers Smart Options

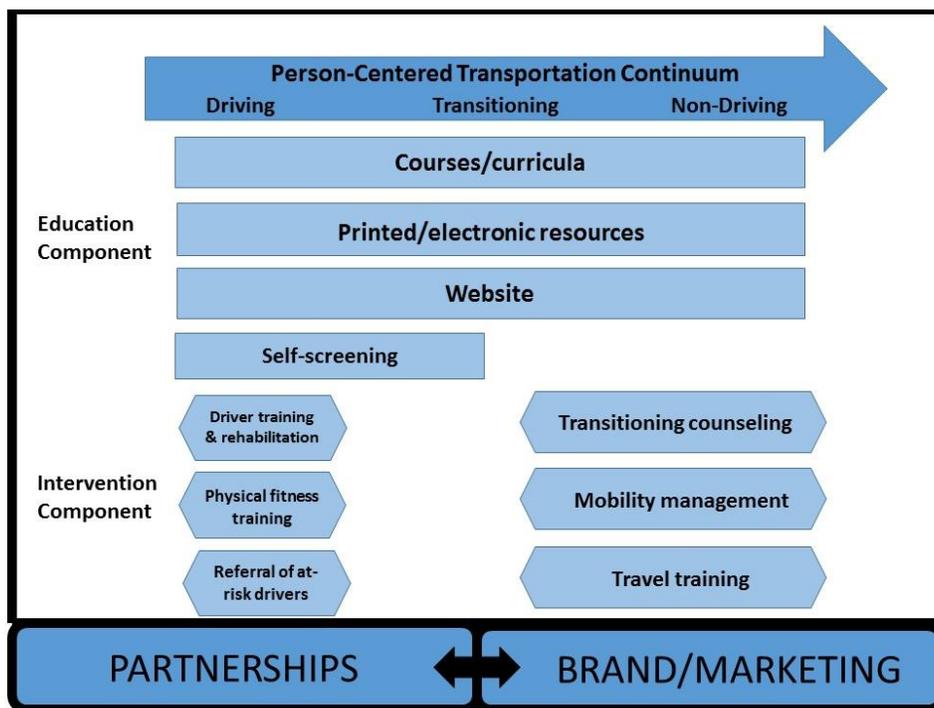
- Education component:
  - Courses, curricula, printed and electronic resources, website targeted at all three points on continuum
  - Self-screening tools targeted at driving mobility and transitioning process
- Intervention component:
  - Driver training and rehabilitation, physical fitness training, and referral of at-risk drivers targeted at driving mobility
  - Transitioning counseling, mobility management, and travel training targeted at the transitioning process and non-driving mobility
- **Safe Drivers Smart Options** designed to have direct and indirect benefits for professional organizations that work with older adults



## Components of Safe Drivers Smart Options

- Strategy represents “Person-Centered Transportation Continuum” with driving mobility at one end, non-driving mobility at the other end, and the transitioning process in-between
- Provides information/resources for not only older adults and their families, but also for professional organizations that work with and serve them
- Some resources targeted directly toward professional organizations to help them in their interactions with older adults
- Partnerships among stakeholder groups and branding/marketing efforts provide the foundation for education and intervention components





## Programs of Interest for Area Agency on Aging

- Full list of resources on website
- Carfit – assesses how older drivers “fit” their vehicles and offers information/resources to enhance driving safety and increase mobility
- EnhanceFitness – is a low-cost, evidence-based group exercise program that helps older adults at all levels of fitness become more active, energized, and empowered to sustain independent lives
- Mobility Transition Counseling - is a collaborative, professional intervention to bring about a planned transition for optimal personal mobility that uses a person-specific evidence based assessment tool (the Assessment of Readiness for Mobility Transition) to increase awareness about mobility loss and assess attitudes that might support or hinder productive planning



## Programs of Interest for Area Agency on Aging

- Referral of “at-risk” drivers - to licensing agencies for driving assessment or occupational therapists who conduct comprehensive driving evaluations and provide rehabilitation services to help drivers compensate for or overcome impairments in some driving-related abilities and allow them to continue to drive safely or begin the transition to non-driving (video being developed)
- Mobility management - systems approach to managing transportation resources directed at: identifying needed services and the transportation options to access those services; assessing community transportation resources and individuals’ ability to use transportation services; filling service gaps; and providing both agencies and individuals with access to training on how to use local transportation
- Travel training – program providing “hands on” experience for older adults on the benefits of traveling by public transportation and the procedures and requirements for using fixed route public transit services



## Questions to Consider

- What is your overall vision for what you want to implement and what specific components of the SDSO strategy will be included?
- Does support for implementing the strategy already exist or are efforts needed to garner such support and how best can they be achieved?
- Who in the organization will be involved in actual implementation and who will lead or oversee this effort?
- What are the barriers to implementation and how can they be overcome?



## Facilitating Implementation

- Provide brochures to older adults who might benefit from strategy (brochures with general information about strategy being developed by MDOT/MDOS)
- Make older adults aware of website
- Provide links to website (one or more products with link information are being developed by MDOT/MDOS)
- Integrate strategy into organizational planning efforts
- Contact investigators at UMTRI with questions or concerns about implementation of the strategy



**Appendix B**  
**Local User Guide for Michigan State Police**

# Safe Drivers Smart Options

Local User Guide: Michigan State Police



## The Challenge for Michigan

- Mobility (the ability to get from place to place) is essential to conducting activities of daily life, staying socially connected, participating in activities that make life enjoyable, and increasing quality of life
- Personal mobility is frequently equated with being able to drive
- Older adults more likely to experience declines in driving-related abilities due to age-related medical conditions and medications
- Michigan's population is aging - by 2030, older adults will represent about 20% of the state population



## The Challenge for Michigan

- Michigan is facing a coming wave of older adults who, based on available evidence, will:
  - Be driving more than the current cohort of older adults
  - Be dependent on the motor vehicle for mobility
  - Likely be experiencing declines in driving related skills
  - Will want and expect to have their mobility needs met if driving is limited or no longer possible or desired



## Safe Drivers Smart Options Background

- **Safe Drivers Smart Options** is a statewide strategy to support the safe transportation of Michigan's aging adults
- Goals of the strategy are to:
  - Help aging adults who are able to drive safely continue to do so
  - Help aging adults who are starting to have difficulties with driving transition from driving to non-driving
  - Support use of community mobility options for those who are not able or choose not to drive themselves



## Safe Drivers Smart Options Overview

- **Safe Drivers Smart Options** provides information and recommends training, programs, activities considered best practices for Michigan
- Designed for use by aging adults, family and friends, and professionals who work with aging adults
- Recognizes important role these groups play in keeping Michigan's aging adults safely mobile
- As new promising programs and information are developed for aging drivers, they will be included in the strategy to ensure that the needs of Michigan's aging population continue to be met



## Safe Drivers Smart Options Partners

- **Safe Drivers, Smart Options** was developed for Michigan by several key stakeholders in our state, with leadership from Michigan Department of Transportation (MDOT) and Department of State (MDOS), and with assistance from the University of Michigan Transportation Research Institute (UMTRI)
- The following organizations helped develop the strategy and/or serve as partners:
  - AAA Michigan
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## Safe Drivers Smart Options Partners

- Area Agency on Aging Association (AAA)
- Association for Driver Rehabilitation Specialists (ADED)
- Blueprint for Aging Michigan
- Center for Advancing Transportation Leadership and Safety (ATLAS Center)
- Federal Highway Administration (FHWA)-Michigan
- Geriatric Social Workers of Southeast Michigan (GSWSM)
- Michigan Department of Community Health (MDCH)
- Michigan Department of Transportation (MDOT)
- Michigan Department of State (MDOS)
- Michigan Academy of Family Physicians (MAFP)
- Michigan Association of Chiefs of Police (MACP)



## Safe Drivers Smart Options Partners

- Michigan Association of Planning/ American Association of Planning (APA MI)
- Michigan Department of Human Services (MDHS) - Adult Protective Services
- Michigan Office of Highway Safety Planning (OHSP)
- Michigan Office of Services to the Aging
- Michigan Pharmacists Association (MPA)
- Michigan Public Transit Association (MPTA)
- Michigan Sheriffs' Association (MSA)
- Michigan State Police (MSP)
- National Association of Social Workers (NASW) – MI Chapter
- Southeast Michigan Council of Governments (SEMCOG)
- University of Michigan Transportation Research Institute, Behavioral Sciences Group (UMTRI BSG)



## Fit with Michigan State Police

- **Safe Drivers Smart Options** fits nicely with Michigan State Police's mission, vision, values, and strategic goals
  - Mission: to provide leadership to improve traffic safety by fostering communication, coordination, and collaboration among government and other public and private entities in Michigan
  - Vision: to be a leader and partner in law enforcement and public safety, with a highly trained, full-service state police force that is mobile, flexible, and responsive to emerging public safety needs across Michigan
  - Values: a proud tradition of service through excellence, integrity, and courtesy
  - 2013 strategic goal: to provide statewide policing to enhance public safety - MSP seeks to be a world-class police agency that leads the way in adopting new and innovative policing methods and tools, providing an exceptional value for investment



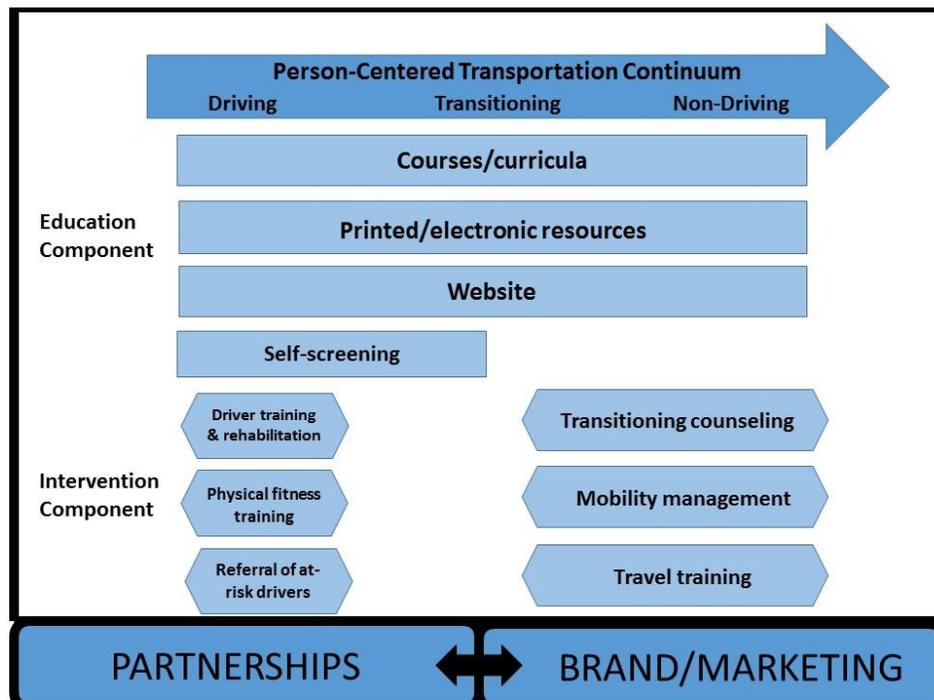
## Components of Safe Drivers Smart Options

- Strategy represents “Person-Centered Transportation Continuum” with driving mobility at one end, non-driving mobility at the other end, and the transitioning process in-between
- Provides information/resources for not only older adults and their families, but also for professional organizations that work with and serve them
- Some resources targeted directly toward professional organizations to help them in their interactions with older adults
- Partnerships among stakeholder groups and branding/marketing efforts provide the foundation for education and intervention components



# Components of Safe Drivers Smart Options

- Education component:
  - Courses, curricula, printed and electronic resources, website targeted at all three points on continuum
  - Self-screening tools targeted at driving mobility and transitioning process
- Intervention component:
  - Driver training and rehabilitation, physical fitness training, and referral of at-risk drivers targeted at driving mobility
  - Transitioning counseling, mobility management, and travel training targeted at the transitioning process and non-driving mobility
- **Safe Drivers Smart Options** designed to have direct and indirect benefits for professional organizations that work with older adults



## Programs of Interest for Michigan State Police

- Full list of resources on website
- Cues for Law enforcement: intended to provide law enforcement officers with cues for determining safe operational needs of older drivers. Contains information on barriers to safe mobility (e.g., medical conditions that can compromise safe driving, vehicle design issues, and roadway design issues), safe operational detection cues (e.g., driver orientation in time and place, appearance), and intervention options. Available as pamphlet and on-line (<http://www.nhtsa.gov/people/injury/olddrive/lawcues.html>)
- Referral of “at-risk” drivers - to licensing agencies for driving assessment or occupational therapists who conduct comprehensive driving evaluations and provide rehabilitation services to help drivers compensate for or overcome impairments in some driving-related abilities and allow them to continue to drive safely or begin transition to non-driving (roll call video being developed)



## Questions to Consider

- What is your overall vision for what you want to implement and what specific components of the SDSO strategy will be included?
- Does support for implementing the strategy already exist or are efforts needed to garner such support and how best can they be achieved?
- Who in the organization will be involved in actual implementation and who will lead or oversee this effort?
- What are the barriers to implementation and how can they be overcome?



## Facilitating Implementation

- Provide brochures to older adults who might benefit from strategy (brochures with general information about strategy being developed by MDOT/MDOS)
- Make older adults aware of website
- Provide links to website (one or more products with link information are being developed by MDOT/MDOS)
- Integrate strategy into organizational planning efforts
- Contact investigators at UMTRI with questions or concerns about implementation of the strategy



**Appendix C**  
**Local User Guide for Michigan Department of State**

# Safe Drivers Smart Options

Local User Guide: Michigan Department of State



## The Challenge for Michigan

- Mobility (the ability to get from place to place) is essential to conducting activities of daily life, staying socially connected, participating in activities that make life enjoyable, and increasing quality of life
- Personal mobility is frequently equated with being able to drive
- Older adults more likely to experience declines in driving-related abilities due to age-related medical conditions and medications
- Michigan's population is aging - by 2030, older adults will represent about 20% of the state population



## The Challenge for Michigan

- Michigan is facing a coming wave of older adults who, based on available evidence, will:
  - Be driving more than the current cohort of older adults
  - Be dependent on the motor vehicle for mobility
  - Likely be experiencing declines in driving related skills
  - Will want and expect to have their mobility needs met if driving is limited or no longer possible or desired



## Safe Drivers Smart Options Background

- **Safe Drivers Smart Options** is a statewide strategy to support the safe transportation of Michigan's aging adults
- Goals of the strategy are to:
  - Help aging adults who are able to drive safely continue to do so
  - Help aging adults who are starting to have difficulties with driving transition from driving to non-driving
  - Support use of community mobility options for those who are not able or choose not to drive themselves



## Safe Drivers Smart Options Overview

- **Safe Drivers Smart Options** provides information and recommends training, programs, activities considered best practices for Michigan
- Designed for use by aging adults, family and friends, and professionals who work with aging adults
- Recognizes important role these groups play in keeping Michigan's aging adults safely mobile
- As new promising programs and information are developed for aging drivers, they will be included in the strategy to ensure that the needs of Michigan's aging population continue to be met



## Safe Drivers Smart Options Partners

- **Safe Drivers, Smart Options** was developed for Michigan by several key stakeholders in our state, with leadership from Michigan Department of Transportation (MDOT) and Department of State (MDOS), and with assistance from the University of Michigan Transportation Research Institute (UMTRI)
- The following organizations helped develop the strategy and/or serve as partners:
  - AAA Michigan
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## Fit with Michigan Department of State

- **Safe Drivers Smart Options** fits nicely with the Michigan Department of State's mission and interest in older drivers
  - Mission: to serve citizens of Michigan with programs designed to administer driver and vehicle systems, enhance traffic safety, protect consumers, ensure integrity of records maintained and oversee the statewide elections process. MDOS is committed to delivering modern, efficient, cost-effective and convenient service, achieved with innovation, technology, and the energy, vision and experience of its valuable team members
  - Current webpage devoted to Aging Drivers & Their Families – recognizing that “older Michigan residents want to maintain their independence, and for many that means continuing to drive. By using smart self-management techniques to review their driving skills, older drivers can keep driving longer while limiting risks to themselves and others”
  - Serves as host for new **Safe Drivers Smart Options** website



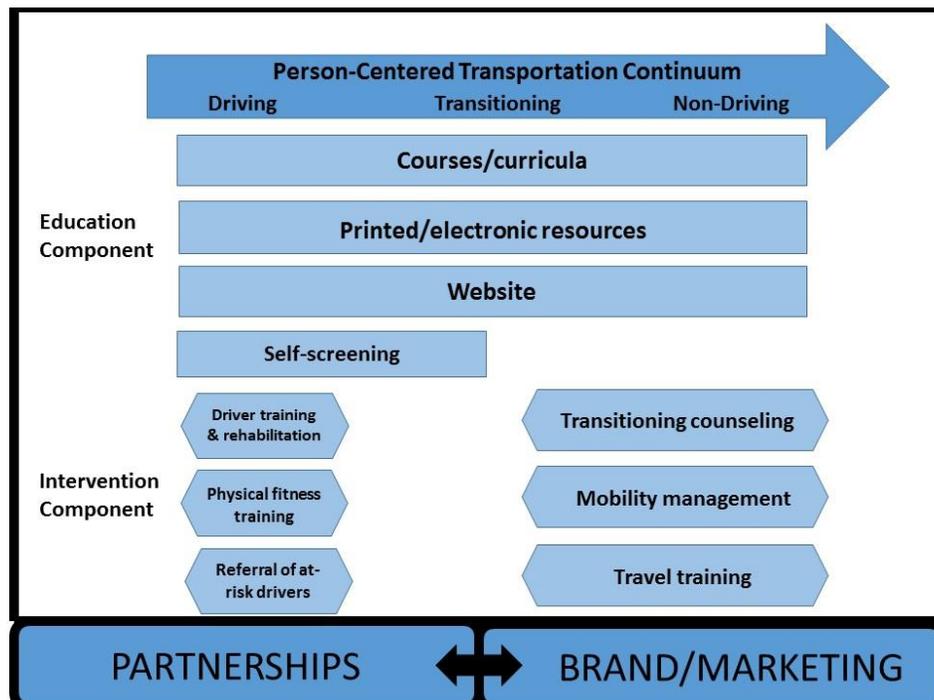
## Components of Safe Drivers Smart Options

- Strategy represents “Person-Centered Transportation Continuum” with driving mobility at one end, non-driving mobility at the other end, and the transitioning process in-between
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## Programs of Interest for Department of State

- Full list of resources available on website
- Driver Fitness Medical Guidelines: provides guidance to assist licensing agencies in making decisions about an individual's fitness for driving
- Michigan's Guide for Aging Drivers and their Families: developed through collaborative partnership with MDOT, OHSP, AAA Michigan, and Secretary of State's office to improve older driver safety by providing aging drivers and their families with information about the licensing process, resources to maintain safe driving, and alternative transportation options (available on SOS website).
- Referral of "at-risk" drivers - to licensing agencies for driving assessment or occupational therapists who conduct comprehensive driving evaluations and provide rehabilitation services to help drivers compensate for or overcome impairments in some driving-related abilities and allow them to continue to drive safely or begin transition to non-driving (video being developed)



## Questions to Consider

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## **Appendix D**

### **Local User Guide for University of Michigan Geriatric Center**

# Safe Drivers Smart Options

Local User Guide: Health Clinics



## The Challenge for Michigan

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## Fit with University of Michigan Geriatric Clinic

- **Safe Drivers Smart Options** fits nicely with the University of Michigan Geriatric Clinic's mission and expertise

- Mission: to provide comprehensive, multidisciplinary geriatric assessment as well as ongoing primary care, transitional care and specialty care for elderly patients. In addition, the clinics offer health and wellness promotion activities, learning programs and community resource information.
- Expertise: physicians are all specialists with expertise in the unique care requirements of the older population. Team includes social workers, nurse practitioners, registered nurses, pharmacists and medical assistants who have special training and interest in working with older adults. Clinic is staffed by board-certified geriatric physicians who are specialists in the evaluation and treatment of older adults. Geriatric Medicine physicians provide ongoing primary care for patients, or coordinate with other primary care physicians in the comprehensive assessment of geriatric conditions in their patients.



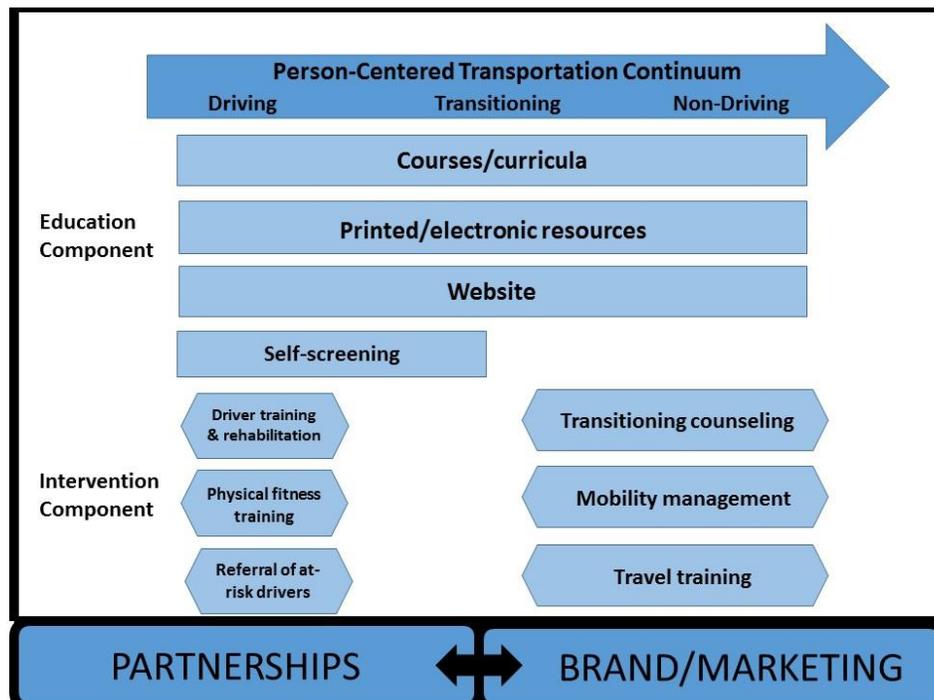
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## Appendix M: Deliverable 3.1



### PHASE 3 Deliverable 3.1

For Project

**RESEARCH, PROGRAM DESIGN, AND TEST IMPLEMENTATION OF A  
COMPREHENSIVE STATEWIDE OLDER DRIVER EDUCATION AND SAFE  
MOBILITY PLANNING STRATEGY (“DRIVER ESMP STRATEGY”)**

**Deliverable 3.1: Draft a report on the baseline awareness of the SDSO strategy among Michigan older adults, informal caregivers of older adults, and employees of stakeholder organizations.**

## Introduction

The Michigan Department of Transportation (MDOT) has contracted with the University of Michigan Transportation Research Institute (UMTRI) to plan, test, and implement an effective, sustainable statewide strategy to support the safe mobility needs of Michigan's aging population. The end product is envisioned to take the form of a relatively flexible service delivery package, containing three components: a public education component (e.g., information, awareness, references), a direct intervention component (e.g., skill assessment, skill building, planning and finding workable transportation alternatives), and an administrative/collaborative component (finance and budget as well as medical/social/public safety and transportation agency collaboration and coordination). The strategy/brand has been named *Safe Drivers Smart Options* (SDSO).

The project is being carried out in three phases over a 3-year period, with each phase taking 1 year. The objective of Phase 1 (completed in 2014) was to identify and evaluate potential models for SDSO, including design alternatives for various components, processes, and recommended key strategic partnerships with governmental, professional, and industry groups, to optimize program sustainability and flexibility (see Phase 1 Final Report for full detail). The overall objectives of Phase 2 was to: develop, pilot, and evaluate components of SDSO; and to develop plans/recommendations for the implementation and evaluation of SDSO in a small set of targeted service delivery locations and in a limited statewide rollout. The objectives of Phase 3 is to facilitate the implementation of SDSO at targeted service delivery locations and statewide and to evaluate the SDSO strategy.

As part of the evaluation component of Phase 3, UMTRI conducted statewide early-implementation surveys of older adults, informal caregivers of older adults, and employees of stakeholder organizations who work directly with older adults and/or their caregivers. These surveys were intended to provide baseline information on one important measure of the effectiveness of the implementation of the SDSO strategy—level of awareness of the strategy among the primary target audiences.

## Methods

Develop surveys: Separate but similar surveys were developed for each target group: older adults, caregivers, and stakeholders. Based on the research team's knowledge and discussions with MDOT, short outlines of topics for the survey were developed. The research team then developed the questions for each topic based on previous surveys. Draft surveys were forwarded to MDOT for feedback and revised based on this feedback. The surveys were pretested in 15 older adult and 9 caregiver interviews.

Sample Design: The surveys for older adults and caregivers were designed to be representative of Michigan's population, while the stakeholder surveys was designed as a convenience sample of stakeholders statewide who worked for various organizations represented on the SDSO

advisory committee. The goal of the sample design for the first two surveys was to collect data from Michigan older adults and from family, while keeping the cost of the surveys reasonable. To reach the appropriate populations in Michigan, we utilized the state's driver history file to select two random samples. The first sample was of Michigan residents age 60 and older who were in the database. Because the driver history file database contains records of people who are currently licensed, as well as those who have a license that is sanctioned (e.g., revoked or restricted) or has expired within the past 7 years, and those with a MDOS-issued identification card, this sample included both older adult drivers and non-drivers in approximately the same proportion as found in Michigan. The second sample was comprised of Michigan residents likely to be the family member/caregiver of an older adult in Michigan. Based on past research (e.g., Mack & Thompson, 2005) and our discussions with experts on older adult caregiving, the age at which a family member/caregiver is likely to begin to provide assistance is about 45. In addition, about 41 percent are a spouse and another 44 percent are an adult child. Therefore, we drew a random sample of people from the driver history file who were between the ages of 45 and 80. Extending the sample age range out to age 80 allowed us to contact the spouses of older adults who provide assistance to them. To ensure that we only talked to caregivers, the family member/caregiver survey contained screening questions that filtered out those people who were not providing assistance to an older adult.

Because of the expense and difficulty of developing a statewide list of stakeholder service delivery personnel who interacted with older adults and/or their caregivers regarding transportation issues, the decision was made to administer the third survey to employees of the organizations represented in the SDSO advisory and stakeholder committees. Although many of these organizations operate statewide, we cannot generalize these results across Michigan.

Data Collection: The older adult and family/caregiver surveys were conducted between March 18-April 4, 2016. Both were administered via the telephone by Morpace, International a professional survey company. For both surveys, UMTRI provided Morpace with sample files from the Michigan driver history file. Morpace obtained telephone matches using a commercial database (with a 50% match rate). Both cell phone and landline phone numbers were used.

For the older adult survey, 997 eligible respondents were reached. Of the eligible respondents, 250 completed the interview and 747 refused or did not complete the entire survey. For the caregiver survey, 769 eligible respondents were reached. Of these, 158 were completed the survey while the rest (N=611) did not.

The stakeholder survey was administered through the Internet. The research team programmed the survey into Qualtrics, a leading on-line survey platform. On May 3, 2016, a member of the UMTRI research team sent an email message to members of the advisory and stakeholder groups explaining the purpose of the SDSO survey and instructions on how to distribute the survey to the appropriate employees/members at their respective organizations. Advisory and stakeholder group members were asked to distribute the survey through email only, and to report back to UMTRI the number of emails on the list (e.g. ListServers, other types of email lists) they used; that is, the number or people to whom the link was sent. A total of 22 individuals representing the organizations listed in Table 1 were sent the instructions and the survey link. Follow up

email messages were sent to the advisory and stakeholder group members on May 9th and May 16th as a reminder to send the survey to their organization’s employees/members and to report to UMTRI to whom they sent the link.

<b>Table 1. List of Organizations Sent the SDSO Survey Instructions and Link</b>
Area Agency on Aging 1-B
AARP
Association for Driving Rehabilitation Specialists (ADED)
Beaumont Health System, Beaumont Royal Oak
Blueprint for Aging Michigan
Geriatric Social Workers of Southeastern (SE) Michigan
Michigan Academy of Family Physicians (MAFP)
Michigan Association of Chiefs of Police (MACP)
Michigan Association of Planning/ American Association of Planning (APA MI)
Michigan Department of Community Health (MDCH)
Michigan Department of Human Services (MDHS) - Adult Protective Services
Michigan Department of State (MDOS)
Michigan Department of Transportation (MDOT)
Michigan Office of Highway Safety Planning (OHSP)
Michigan Office of Services on Aging (MOSA)
Michigan Pharmacists Association (MPA)
Michigan Public Transit Association (MPTA)
Michigan Sheriffs’ Association (MSA)
National Association of Social Workers (NASW-MI)
Southeast Michigan Council of Governments (SEMCOG)
Traffic Improvement Association of Michigan (TIA)
University of Michigan Health System (UMHS)

Six of the 22 advisory and stakeholder group members that were asked to distribute the survey reported back to us to whom they sent the survey. Five of these advisory and stakeholder group members sent the survey link by email. One member included the survey link in their organization’s weekly e-newsletter. The details provided by these six advisory and stakeholder group members are described in Table 2.

<b>Table 2: Report of to Whom SDSO Survey Link Sent</b>		
<b>Organization</b>	<b>Employees/Members Sent Survey</b>	<b>Type of Recipients</b>
<b>AARP</b>	4 Centers were sent the survey.	Four neighborhood centers in Lansing that stated they would complete the survey.
<b>ADED</b>	5	Five other members at the representative’s facility.

<b>MAFP</b>	Approximately 3,700	Survey included in MAFP’s weekly e-newsletter, reaching Michigan Family Physicians, Family Medicine residents and medical students who are members of MAFP.
<b>MDOS</b>	278	Michigan Department of State staff.
<b>OHSP</b>	97	Troopers/staff members at a State Police post (17), Injury Prevention Coordinators (46), Community Service Troopers (34).
<b>UM Health System</b>	66	Physicians, nurse practitioners and social workers in the UMHS system.

In total, the survey link was reportedly sent to approximately 4,146 employees/members (plus those individuals at the four AARP centers) of organizations related to aging, health, and transportation safety and mobility. The survey link was possibly sent to additional employees/members at other aging, health, and transportation safety and mobility organizations, as well as organizations related to human services and planning; however, no further reports beyond those listed in Table 2 were sent to UMTRI.

**RESULTS**

**Older Adult Survey**

The older adult survey respondents consisted of Michigan residents age 60 and older. Because the sample distribution of age and sex matched the population of Michigan residents aged 60 and older, the results did not need to be weighted to be representative of Michigan. A total of 250 respondents completed surveys with a mean age of 71.5 (range 60-94) and 59% were women. About 43% had completed college or a technical school, 26% had some college or technical schooling, 26% had completed graduate school, and the rest had not completed high school or refused to answer. A large majority of respondents currently drove a car at least once in a while (93%). Of those who drove, 78 percent reported driving often, 14% sometimes, and the rest rarely. About 90% reported that they have never thought about stopping driving.

Twenty-one percent of respondents reported that someone helps them with transportation by either giving them rides or by obtaining information about safe driving or other mobility issues. Of those who reported getting help, the primary person providing the help was a spouse (39%), followed by a child (33%), friend (12%), other relative (6%), paid service (2%), or other (10%). About 54% of these helpers were female. Table 3 shows the types of transportation assistance provided by the helpers (note that percentages add up to more than 100% because a person may provide more than one type of assistance).

**Table 3: Type of Transportation Assistance Provided to Older Adults and the Percentages of Respondents (standard error, SE) Who Received Each Type of Assistance.**

Type of assistance	% who receive this assistance (SE)
<b>Drives me</b>	92.3 (3.7)
<b>Accompanies me on trips by public transportation</b>	9.6 (4.1)
<b>Arranges for rides</b>	9.6 (4.1)
<b>Finds information about continuing to drive safely</b>	9.6 (4.1)
<b>Helps me arrange for my own transportation</b>	7.7 (3.8)
<b>Finds information about retiring from driving</b>	3.8 (2.7)
<b>Finds information about getting around after retiring from driving</b>	3.8 (2.7)

Respondents were asked questions about seeking information on safe driving, retiring from driving, and/or transportation options after stopping driving. About one-third (33%) of older adults in Michigan reported that they had sought information about transportation. Of those who indicated that they had not sought information, 46% indicated that they might do so in the future. Among those who sought information, Table 4 shows the percentage of respondents seeking information by topic.

Topic	% seeking info
<b>Assisting aging drivers to get around after they retire from driving</b>	45.1 (5.5)
<b>How aging affects driving</b>	41.5 (5.5)
<b>General information about transportation and aging</b>	28.0 (5.0)
<b>Organizations that address transportation and aging</b>	24.4 (4.8)
<b>State laws and licensing of older drivers</b>	22.0 (4.6)
<b>Evaluating your driving ability</b>	19.5 (4.4)
<b>Driving improvement or refresher courses</b>	17.1 (4.2)
<b>Reducing or stopping driving</b>	17.1 (4.2)
<b>Other</b>	3.7 (2.1)

About 46% of transportation-related information-seeking respondents indicated that they used the Internet to find this information and they accessed the Internet primarily through desktop (61%) and laptop (61%) computers, with smaller percentages using tablets (44%) and smart phones (41%). Table 5 shows the percentages of respondents who used various forms of Internet information. Table 5 also shows perceived trust in the form of Internet information on a scale of 1 to 5, where 1 was no trust at all and 5 was complete trust.

Type of Internet Information	% Respondents	Trust Rating
<b>Internet search engine (such as Google)</b>	82.9 (6.5)	3.6 ± 0.7
<b>Government agency</b>	60.0 (8.4)	4.0 ± 0.4
<b>Professional organization</b>	34.3 (8.1)	3.9 ± 0.4
<b>Social media</b>	34.3 (8.1)	2.7 ± 0.5

<b>Wiki</b>	22.9 (7.2)	3.3 ± 1.0
<b>Chat room</b>	2.9 (8.1)	*
<b>Blog</b>	5.7 (4.0)	*

\* Number of respondents was too small to calculate a trust rating score.

Of those who sought transportation-related information, about 78% reported non-Internet sources of information. Table 6 shows the percentages of respondents who used various forms of non-Internet information. Table 6 also shows the perceived trust in these forms of non-Internet information on a scale of 1 to 5, where 1 was no trust at all and 5 was complete trust.

<b>Information Source</b>	<b>% Respondents</b>	<b>Trust Rating</b>
<b>Family</b>	75.8 (5.3)	4.2 ± 0.3
<b>Physician/health professional</b>	42.4 (6.1)	4.0 ± 0.3
<b>Colleague</b>	30.3 (5.7)	3.9 ± 0.1
<b>TV/radio</b>	27.3 (5.5)	2.8 ± 0.6
<b>Clergy</b>	22.7 (6.1)	4.3 ± 0.4
<b>Aging professional</b>	21.2 (5.1)	4.1 ± 0.5
<b>Community center</b>	21.2 (5.1)	3.6 ± 0.8
<b>Class/lecture</b>	16.7 (4.6)	4.2 ± 0.6
<b>Library</b>	16.7 (4.6)	4.5 ± 0.3
<b>Transportation professional</b>	10.7 (3.8)	4.9 ± 0.4
<b>Other</b>	10.6 (3.8)	*

\* Not applicable

Finally, respondents were asked some questions about their awareness of the SDSO strategy and use of the website. Respondents (N=250) were asked if they had heard of or come across the phrase "*Safe Drivers Smart Options: Keys to Lifelong Mobility.*" Only 6% (N=15) of all respondents were aware of the strategy slogan and tag line. Those that had heard the phrase were asked where they had come across it. About one-third reported having heard about it from the Internet, with a variety of other sources reported at very small percentages or respondents could not remember where they heard the phrase. When told about the *Safe Drivers Smart Options* website, no respondents reported having visited the site in the past 6 months.

### **Caregiver Survey**

The caregiver sample consisted of Michigan residents age 45-80 who provided unpaid transportation assistance to a Michigan resident age 60 or older. Samples of people age 45-80 were drawn randomly from Michigan driver license records. They were contacted by the survey company conducting the interviews and screening questions were used to determine if the person met the requirements of a caregiver for this study.

Telephone interviews with people who met the caregiver criteria were conducted in March, 2016. 158 interviews were completed. The data were weighted to reflect the age and sex distribution of unpaid caregivers reported in an AARP (2015) Research Report titled "*Caregiving in the US*". This study was the most recent national study of caregiving in the US that provided an age distribution of caregivers. The study also reported that 18% of the adult population of the US is engaged in some type of caregiving. This percentage was close to our finding from a previous survey of Michigan unpaid caregivers (Eby et al., 2011), which found that about 20% of adults over age 45 were engaged in informal caregiving providing transportation assistance. As such, the use of the age and sex distribution reported in the AARP report was justified as a basis for our weighting strategy. All results are weighted to be representative of Michigan informal caregivers.

A total of 158 eligible respondents completed the survey (61% women). The mean age of respondents was 60.6 years (range = 46-79 years). About 40% of respondents had completed college or a technical school, 32% had completed some college or technical school, and 23% had graduated from high school.

Respondents were asked a set of questions regarding the unpaid transportation assistance they provided. On average, respondents provided unpaid transportation assistance to  $1.6 \pm 0.3$  people, with 71% of respondents providing assistance to one person, 22% providing assistance to two people, and 7% providing assistance to three or more people. Respondents who provided assistance to more than one person were asked to think about the person for whom they provided the greatest assistance when answering questions.

When asked about the relationship they had with the person receiving care, 41% reported that they were caring for a parent, 17% another relative, 15% a friend, and the remaining a child (5%) or someone else (8%). About one-third of care recipients were female, 59% were no longer driving, and of those that were still driving slightly more than one-half were driving only some of the time or rarely. The average age of the care recipient was  $80.4 \pm 1.5$  years. Table 7 shows the percent of caregivers who provided various types of transportation assistance (note that more than one type of assistance could be provided).

<b>Type of assistance</b>	<b>% who provide this assistance</b>
<b>I drive them</b>	94.4 (1.9)
<b>I share information about continuing to drive safely</b>	24.3 (3.7)
<b>I help him/her arrange transportation</b>	21.0 (3.5)
<b>I arranges for rides</b>	17.0 (3.2)
<b>I share information about getting around after retiring from driving</b>	15.6 (2.5)
<b>I accompany them on public transportation</b>	11.0 (2.6)
<b>I share information about retiring from driving</b>	10.3 (3.7)

All respondents were asked if they had sought or were currently seeking information about a variety of transportation-related topics. Slightly less than one-half (49%) indicated that they were seeking this type of information. Table 8 shows that percentage of caregivers who were seeking or sought transportation-related information by the type of information.

<b>Topic</b>	<b>% seeking info</b>
<b>Keeping aging drivers driving safely</b>	53.4 (5.9)
<b>Assisting aging drivers to get around after they retire from driving</b>	52.1 (5.9)
<b>Assisting aging drivers as they reduce or retire from driving</b>	45.2 (5.9)
<b>General information about transportation and aging</b>	41.1 (5.8)
<b>Talking with aging drivers about retiring from driving</b>	39.7 (5.8)
<b>Organizations that address transportation and aging</b>	39.7 (5.8)
<b>Other</b>	4.1 (2.3)

Respondents who reported that they had or were seeking transportation-related information were asked if they used the Internet for this activity and 60% indicated that they did. Of those who used the Internet, the majority used a smartphone (64%) or desktop computer (63%), with less using a tablet (44%) or laptop computer (37%). Table 9 shows the percentages of respondents who used various forms of Internet information. Table 9 also shows perceived trust in the form of Internet information on a scale of 1 to 5, where 1 was no trust at all and 5 was complete trust.

<b>Type of Internet Information</b>	<b>% Respondents</b>	<b>Trust Rating</b>
<b>Use an Internet search engine such as Google</b>	93.7 (4.5)	3.6 ± 0.3
<b>Government agency</b>	73.1 (7.8)	4.0 ± 0.4
<b>Social media</b>	28.8 (7.5)	3.3 ± 0.4
<b>Professional organization</b>	25.9 (7.2)	4.0 ± 0.4
<b>Wiki</b>	24.7 (7.0)	3.5 ± 0.8
<b>Blog</b>	4.2 (3.0)	*
<b>Chat room</b>	2.8 (2.0)	*

\* Number of respondents was too small to calculate a meaningful trust rating score.

Those who reported seeking transportation-related information also reported non-Internet sources of information. Table 10 shows the percentages of respondents who used various forms of non-Internet information. Table 10 also shows the perceived trust in these forms of non-Internet information on a scale of 1 to 5, where 1 was no trust at all and 5 was complete trust.

<b>Information Source</b>	<b>% Respondents</b>	<b>Trust Rating</b>
<b>Family</b>	59.7 (6.1)	4.0 ± 0.4

<b>Physician/health professional</b>	48.7 (6.3)	4.3 ± 0.4
<b>Colleague</b>	31.6 (5.9)	3.7 ± 0.3
<b>Aging professional</b>	27.5 (5.5)	4.1 ± 0.4
<b>Community center</b>	22.4 (5.1)	4.0 ± 0.4
<b>TV/radio</b>	21.1 (5.4)	3.2 ± 0.5
<b>Class/lecture</b>	18.9 (4.7)	4.0 ± 0.5
<b>Transportation professional</b>	17.6 (4.4)	4.3 ± 0.9
<b>Clergy</b>	13.1 (4.2)	4.0 ± 0.6
<b>Library</b>	12.4 (3.9)	4.4 ± 0.9
<b>Other</b>	23.8 (5.3)	*

\* Not applicable.

Finally, respondents were asked about their awareness of the SDSO strategy and use of the website. Respondents (N=158) were asked if they had heard of or come across the phrase *Safe Drivers Smart Options: Keys to Lifelong Mobility*. Ten percent of all caregivers (N=16) were aware of the strategy slogan and tag line. Those who had heard the phrase were asked where they had come across it. About one-half reported having heard about it on TV or Radio (50%), 16% in a class/lecture, 11% from a friend, and the rest from the a transportation official (7%), Internet (6%), or other sources. When told about the *Safe Drivers Smart Options* website, only 3% of all caregivers surveyed reported having visited the site in the past 6 months, all of whom had only visited the site a few times or less.

### Survey of Professionals

A total of 289 surveys were completed between May 31 and June 24, 2016. All respondents indicated that their job involved contact with people age 60 or older or families of people age 60 or older. Respondents were associated with a variety of organizations: state government (73%, N=198); services to the aging (8%, N=22); health care (7%, N=20); law enforcement (3%, N=7); and other (9%, N=24).

Respondents were asked several questions about their job in relation to older adults and transportation. Across all types of professions, 87% of respondents indicated that they had daily interaction with older adults/families; 9% weekly interaction; and 7% a few times a year or less. Respondents were asked to indicate the types of information that they needed to serve the needs of the aging adults/families with whom they interacted. Table 11 shows the percentages of respondents by profession that needed various types of information in their job. Note that respondents could indicate more than one type of information.

Respondents were asked where they acquire the information they need in their job related to older adults/families and transportation. Table 12 shows the percentages of information sources indicated by professionals by profession. Note that respondents could indicate more than one information source.

Type of Information	State government	Services to aging	Healthcare	Law enforcement	Other	All
Resources to help aging drivers retire from driving	15.6%	13.6%	14.8%	25.0%	9.5%	15.1%
Information for families of aging adults	15.3%	12.3%	13.6%	14.3%	16.7%	15.0%
Details referring older adult to Secretary of State	13.4%	13.6%	14.8%	14.3%	7.1%	13.0%
Contact information for agencies that might be of assistance to aging adults	12.4%	13.6%	14.8%	7.1%	16.7%	12.9%
Laws and policies regarding aging drivers and/or mobility for aging adults	13.4%	4.9%	12.5%	17.9%	5.9%	12.1%
Availability of non driving transportation options	9.0%	22.2%	15.9%	10.7%	21.4%	11.8%
General information about aging and transportation	9.7%	14.8%	10.2%	10.7%	14.3%	10.6%
Forms	9.8%	2.5%	2.3%	0.0%	5.9%	8.0%
Other	0.1%	1.2%	1.1%	0.0%	0.0%	0.9%
Do not know	0.0%	1.2%	0.0%	0.0%	2.4%	0.6%

	State government	Services to aging	Healthcare	Law enforcement	Other	All
Government website	29.2%	11.6%	21.6%	25.0%	11.5%	24.6%
Supervisor/employer	23.5%	8.7%	24.3%	5.0%	13.1%	18.5%
Website from a professional organization	13.4%	20.2%	32.4%	25.0%	24.6%	17.1%
Other colleagues/co-workers	10.6%	21.7%	21.6%	10.0%	21.3%	13.9%
Training sessions	8.5%	13.0%	8.1%	15.0%	8.2%	9.2%
Resource office	3.1%	10.1%	0.0%	10.0%	8.2%	4.5%
TV or radio	0.2%	2.9%	0.0%	0.0%	1.6%	0.7%
Library	0.0%	1.4%	2.7%	0.0%	1.6%	0.5%
Other	7.5%	10.1%	8.1%	10.0%	6.6%	7.8%
Do not know	3.9%	0.0%	2.7%	0.0%	3.3%	3.1%

Respondents were asked where they recommend older adults and their families to go to get information about aging and transportation. Table 13 shows the percentages by profession. Note that respondents could indicate more than one information source. Respondents were also asked whether or not they thought there was sufficient information available about aging, driving, and other ways of getting around, regardless of the information source. Overall, 70% reported that there was not sufficient information available.

Source	State government	Services to aging	Healthcare	Law enforcement	Other	All
<b>Secretary of State office</b>	27.6%	27.8%	24.4%	38.7%	25.8%	27.6%
<b>Non-government resource office</b>	16.9%	2.8%	19.5%	16.7%	21.0%	27.6%
<b>Government website</b>	27.4%	13.9%	19.5%	22.2%	8.1%	23.4%
<b>Professional organization website</b>	14.8%	27.8%	19.5%	16.7%	24.2%	17.0%
<b>Training sessions</b>	3.2%	11.1%	2.4%	5.6%	4.8%	3.9%
<b>Library</b>	2.7%	0.0%	0.0%	0.0%	4.8%	2.5%
<b>TV or radio</b>	1.6%	0.0%	0.0%	0.0%	4.8%	1.7%
<b>Other</b>	2.7%	16.7%	14.6%	0.0%	4.8%	4.5%
<b>Do not know</b>	3.0%	0.0%	0.0%	0.0%	1.6%	2.3%

The questionnaire explored technology that respondents used to access information on the Internet. Table 14 shows the primary type of technology used for accessing the Internet by profession and whether or not professionals used the Internet at all in their job.

Type of Technology	State government	Services to aging	Healthcare	Law enforcement	Other	All
<b>Desktop computer</b>	90.3%	45.5%	84.2%	14.3%	70.0%	82.5%
<b>Laptop computer</b>	4.6%	45.5%	10.5%	57.1%	20.8%	11.2%
<b>Smart Phone</b>	1.1%	4.5%	5.3%	28.6%	0.0%	2.2%
<b>Other</b>	2.2%	4.5%	0.0%	0.0%	4.2%	2.2%
<b>Don't use Internet for my work</b>	1.1%	0.0%	0.0%	0.0%	0.0%	0.7%
<b>Tablet</b>	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
<b>Do not know</b>	1.1%	0.0%	0.0%	0.0%	4.2%	1.1%

The survey concluded with a number of questions regarding the SDSO strategy. Respondents were asked if they had heard the phrase *Safe Driver Smart Options: Keys to Lifelong Mobility*. Overall, 36.8% of respondents had heard this phrase. The percentages of respondents who has heard the phrase varied somewhat by profession: healthcare (42%); state government (40%); other (30%); law enforcement (29%); and services to the aging (15%). Those respondents who

had heard/seen the phrase were asked where they encountered it. Table 15 shows these results by profession and overall. Note that more than one source could be mentioned. Respondent were shown the SDSO logo and asked if they had seen it before. Overall, 45% indicated that they had seen the logo previously. The percentages of respondent that had seen the logo varied by profession: state government (55%); law enforcement (29%); healthcare (28%); other (27%); and services to the aging (10%). Respondents that had seen the logo were asked where they had encountered it. The results are shown in Table 16, with respondents being allowed to report more than one source.

Source	State government	Services to aging	Healthcare	Law enforcement	Other	All
Secretary of State office	47.0%	0.0%	0.0%	0.0%	7.7%	37.3%
Colleague/coworker	17.9%	25.0%	15.4%	0.0%	23.1%	18.0%
Meeting with other professionals	4.3%	25.0%	38.5%	33.3%	23.1%	10.0%
From Internet	10.3%	0.0%	0.0%	0.0%	0.0%	8.0%
Transportation professional	5.1%	0.0%	7.7%	0.0%	15.4%	6.0%
Aging professional	3.4%	25.0%	7.7%	0.0%	15.4%	5.3%
Other sources	3.4%	0.0%	7.7%	0.0%	7.7%	4.0%
Family or friend	3.4%	0.0%	0.0%	0.0%	0.0%	2.7%
Class/lecture	0.0%	0.0%	15.4%	66.6%	0.0%	2.7%
Physician/health professional	1.7%	0.0%	7.7%	0.0%	0.0%	2.0%
Care recipient	0.9%	0.0%	0.0%	0.0%	0.0%	0.7%
TV or radio	0.9%	0.0%	0.0%	0.0%	0.0%	0.7%
Do not know	1.7%	25.0%	0.0%	0.0%	7.7%	2.7%

Source	State government	Services to aging	Healthcare	Law enforcement	Other	All
Printed materials	52.3%	66.7%	42.9%	50.0%	44.4%	51.6%
On website	40.2%	33.3%	42.9%	50.0%	44.4%	40.5%
In video	1.5%	0.0%	14.3%	0.0%	11.1%	2.6%
Other sources	3.0%	0.0%	0.0%	0.0%	0.0%	2.6%
On billboard	2.3%	0.0%	0.0%	0.0%	0.0%	2.0%
On TV	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Don't know	0.7%	0.0%	0.0%	0.0%	0.0%	0.7%

Respondents were given a description of the *Safe Drivers Smart Options* website and asked if they had ever visited the site. Overall, 22% reported having visited the website, with some

differences in the percentage of visitors by profession: law enforcement (29%); state government (23%); healthcare (22%); services to the aging (14%); and other (9%). Those respondents who had visited the website were asked how often they visited it in the past 6 months. Overall, two-thirds reported having visited the site no more than a few times. The 56 respondents who reported visiting the website in the past 6 months were asked to report their perceptions of the website's usefulness. Overall, 27% found the site "very useful; 52% thought it was "somewhat useful"; 5% found it "not very" or "not at all" useful; and 16% did not know.

## Discussion

This report presents results of baseline surveys of three target groups for the SDSO strategy being implemented in Michigan: older adults, informal caregivers (families); and professional who work with older adults and/or their informal caregivers. Several conclusions can be drawn from these results.

- The transportation-related information that the three groups seek is generally available on the SDSO website. The top types of information being sought by 25% or more of older adults and/or their informal caregivers were: assisting aging drivers to get around after they retire from driving; how aging affects driving; general information about transportation and aging; organizations that address transportation and aging; keeping aging drivers driving safely; assisting aging drivers to get around after they retire from driving; assisting aging drivers as they reduce or retire from driving; and talking with aging drivers about retiring from driving. Each of these types of information is addressed in the SDSO strategy and website. For professionals, the top seven types of information sought were: resources to help aging drivers retire from driving; information for families of aging adults; details about referring older adult to the Secretary of State; contact information for agencies that might be of assistance to aging adults; laws and policies regarding aging drivers and/or mobility for aging adults; availability of non-driving transportation options; and general information about aging and transportation. The website also contains resources related to the these topics.
- There are pros and cons for providing information through a website. The survey showed that less than one-half of older adults used the internet to find transportation-related information, whereas about 60% of caregivers used the Internet for seeking this type of information. However, for those who used the Internet, many sought information from government and professional organization websites and both older adults and caregivers rated these sites as the most trustworthy. In the survey of professionals, most used the internet and the top three sources of information were government websites, supervisors/employee, and professional organization websites. Thus, the SDSO website would be a place that the intended target audience already would likely visit and would trust. Given that many older adults and caregivers do not use the Internet for this purpose, thought should be given to how this information can still be obtained by these groups.

One solution is suggested by the survey results. As shown in Table 6 (older adults) and Table 10 (caregivers), many non-Internet sources are consulted for transportation and aging related information. Several received high rating of trust including: health professionals, clergy, transportation professionals, libraries, and classes/lectures. Educating these groups about the SDSO strategy would give these groups background to help older adults and caregivers navigate the website to find relevant information.

- Awareness of the SDSO strategy is low. The surveys found that very few older adults and caregivers had heard the SDSO slogan and tagline and even fewer had actually been to the SDSO website. This result was expected, given that the surveys were conducted in the early stages of the strategy implementation. We expect awareness of the strategy to increase by the following survey. About two-thirds of the professionals surveyed had heard the SDSO slogan/tagline and 45% had seen the logo. While this is a relatively high level of awareness for a strategy that is in the early stages of implementation, it is possible that the method we used to recruit professionals (working through the SDSO stakeholder and advisory groups) tended to be biased toward respondents that were exposed to the strategy through their organization's association with the project. On the other hand, it is also possible that the professionals are more likely to be searching for transportation and aging related information and therefore more likely to come across the SDSO strategy and website.

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## Appendix N: Deliverable 3.2



### RESEARCH, PROGRAM DESIGN, AND TEST IMPLEMENTATION OF A COMPREHENSIVE STATEWIDE OLDER DRIVER EDUCATION AND SAFE MOBILITY PLANNING STRATEGY (“DRIVER ESMP STRATEGY”)

#### DELIVERABLE 3.2

August, 2016

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## BACKGROUND

In 2013, the Michigan Department of Transportation (MDOT) contracted with the University of Michigan Transportation Research Institute (UMTRI) to plan, test, and implement an effective, sustainable statewide safety education and intervention strategy for drivers over age 60. MDOT envisioned the outcome of the project to be an “education and intervention strategy” taking the form of a relatively flexible service delivery package or product, containing some combination of at least three components: a public education component (e.g., information, awareness, references), a direct intervention component (e.g., skill assessment, skill building, planning and finding workable transportation alternatives), and an administrative/collaborative component (e.g., finance and budget as well as medical/social/public safety and transportation agency collaboration and coordination).

The project is being carried out in three phases. The objective of Phase 1 was to identify and evaluate potential models for the strategy. In Phase 2, selected components of the strategy were developed and tested. The objective of Phase 3, currently underway, is to facilitate the implementation of the strategy, now called *Safe Drivers Smart Options* (SDSO). As part of Phase 3, a website was developed, and efforts were undertaken to publicize both the strategy brand and website. Evaluation activities were also initiated by UMTRI, including a pre and post SDSO awareness survey (one for stakeholder organization members and one for Michigan older adults and informal caregivers of older adults), a targeted pilot implementation test of the SDSO strategy in four stakeholder organizations, and a detailed process evaluation of implementation at the selected locations.

This report serves as Deliverable 3.2 which documents the activities associated with Tasks 3.3 and 3.4. Deliverable 3.2 and Tasks 3.3 and 3.4 are described below:

**Deliverable 3.2:** Draft a report of the process evaluation activities, analyses, and results that this report will include a description of consultative support provided by the research team as well as a discussion of all process evaluation outcomes results.

**Task 3.3:** Conduct needed work to facilitate the strategy implementation both statewide (as appropriate) and among up to four appropriate local service delivery locations.

**Task 3.4:** Conduct a process evaluation both statewide and at up to four local service delivery locations.

## METHODS

The UMTRI research team, with input from MDOT, selected four stakeholder organizations to work with to implement the SDSO strategy. Each of these organizations has a presence in both an urban/suburban setting (Washtenaw County) and a rural setting (Monroe County), either through the presence of office facilities or outreach efforts in those areas. This provides an

opportunity to better understand implementation issues and challenges in both types of settings and whether different implementation approaches might be needed. The four organizations selected included: Michigan Department of State (licensing offices); Area Agency on Aging; Michigan State Police; and the University of Michigan Turner Geriatrics Clinics and community outreach. Descriptions of how Task 3.3 and 3.4 were carried out are provided below.

### **Task 3.3**

In May of 2016, meetings (either telephone or in-person) were held with representatives from each organization who had agreed to help implement the strategy to discuss plans for implementation. To facilitate implementation, the UMTRI team put together a set of PowerPoint slides for each stakeholder organization providing information on: why the strategy is needed in Michigan (i.e., challenges the state faces in helping older adults maintain safe mobility); background on, and an overview of, the SDSO strategy; partners involved in the strategy; the special fit between the strategy and each specific stakeholder organizations (e.g., compatibility between the strategy and the organization's mission, vision, values, and strategic goals); components of the strategy; programs of interest for each stakeholder organization; questions to consider in implementing the strategy; and ideas for implementation (e.g., providing brochures, raising awareness about website, providing links to website, integrating strategy into organizational planning efforts).

During the meetings, a number of approaches were discussed for implementation, with a focus on what might work best for that specific organization. Common themes included distributing the SDSO bookmarks, using ongoing and regularly scheduled organizational meetings and training sessions to educate staff about the strategy and provide information about the website, and making use of any videos produced to raise awareness about the strategy (e.g., law enforcement roll call video, older adult video). Representatives from the four organizations were asked to engage in implementation activities during the months of June and July 2016, with the understanding that the UMTRI research team would follow up in August to discuss how the process had gone. Following each call, the tailored PowerPoint presentation was sent electronically to the organizational representative and a box of bookmarks was sent via regular mail. Representatives were instructed to call if they had additional questions or needed more information or bookmarks.

### **Task 3.4**

In August of 2016, "debriefing" interviews were held with the representatives of each of the four organizations to discuss their perceptions and thoughts about the implementation process. Process evaluations such as this one are a standard component of traffic safety program evaluation because they provide an important context for understanding program effects. The UMTRI research team was particularly interested in the number and kind of activities engaged in relative to the SDSO strategy, including who was involved in implementation activities and what exactly was done. Specific topics covered in the interviews included: how well interviewees felt the implementation went (e.g., what well went, what did not go well, were there differences between rural and urban areas); whether there were activities they would have liked to undertake but were not able and what prevented them from doing so; what helped the most for implementing the strategy; what were the biggest challenges faced and what they did to

overcome these challenges; things they might have done differently with the benefit of hindsight; additional resources they would like to see included in the strategy; and advice they might give to other organizations interested in implementing the strategy.

## RESULTS

While the extent and type of implementation varied across the four organizations, several general themes emerged from the interviews. These are summarized here. In addition, important observations and insights from individual organizations are highlighted because they, in combination with the more general themes, provide direction for further implementation of the SDSO strategy.

One theme was that implementation efforts were somewhat constrained by the relatively short time period available for putting activities in place and that further implementation is planned and being carried out. For some organizations, implementation was also slowed down by lack of time and competing priorities. While intentions were good, they were not always translated into action due to a variety of circumstances including: organizational representatives having to take on additional responsibilities due to staff shortages or new program initiatives, being away from the workplace for long periods of time due to travel commitments, and just the busy nature of their jobs in general. Each of the organizations plans to continue with and strengthen their implementation efforts going forward. Particular mention was made of distributing more bookmarks and extending activities beyond the individual organizations to include more community outreach (e.g., presentations at senior centers and other partner networks).

Representatives from one organization that was able to fully carry out planned implementation activities attributed the success in large part to first obtaining support from top management. They did this by submitting a proposal outlining the strategy and plans for implementation to management. Management not only approved the proposal but conveyed their support to managers of the individual service delivery locations targeted for implementation and facilitated communication with them. Representatives from the other organizations also mentioned the importance of getting buy in from high level management as a precursor to implementation. One representative noted that the clear usefulness of the strategy for the target population served by the organization made it much easier to garner management support. At the same time, this interviewee pointed out that organizations cannot rely simply on management approval and buy in – someone needs to follow up to ensure that communication occurs at all levels, especially if implementation activities are delegated from the top down.

Several approaches were discussed for communicating with organizational staff about the strategy, each building on the structure and established procedures of the particular organization. For example, in one organization, staff and management at each targeted service delivery location were asked to come in early (before the start of regular business) for a 30-40 minute education session. The session included a PowerPoint presentation with background information about the strategy and the rationale for its use, as well as what was expected of staff with regard to implementing the strategy. The PowerPoint presentation was based on the slides provided by the UMTRI research team but adapted to more closely fit the targeted service delivery locations.

A one-page handout was also developed that highlighted the components of the strategy and outlined the expectations for staff. The opportunity for face-to-face interaction was considered to be a key strength of this organization's approach to strategy implementation.

Some of the organizations used or are planning to use multimedia methods to bring the SDSO strategy to the attention of target audiences. In some cases, these included videos running on public monitors at service delivery locations. In other cases, these included targeted communication portals that direct people to SDSO resources such as videos. Although it is unknown how many people were exposed to these, it seems like an effective and inexpensive way to reach large appropriate audiences.

In another organization, the representative attended a regularly scheduled monthly meeting of staff to introduce the strategy and give an overview of the website. The PowerPoint developed by UMTRI was not used; however, a short write-up about the strategy with the logo has been created and will be included in a monthly electronic newsletter that goes out to close to 400 professionals in one of the counties served by the organization. Attendance at a regularly scheduled monthly meeting was also mentioned by the representative of another organization as the method used to present the strategy, highlight its benefits, and expose them to the website.

Only one organizational representative was able to provide an actual live demonstration of the website (e.g., going to the website, clicking through it, and providing various examples). Another organizational representative had planned to do this during the educational session but did not have Internet access in the room available for the session. However, the value of such demonstrations to staff and management was widely recognized; several organizational representatives noted the importance of giving people hands-on experience. It was also pointed out that if staff are able to go through the website during the actual education or training session, they have the opportunity to ask questions as they arise or get additional information when the issues are still fresh in their minds.

Delegation was reported to be a problem in one organization. Specifically, management passed out boxes of bookmarks and other resources to staff, with instructions on how and where to distribute them but the distribution did not occur. One lesson learned for this organizational representative was the importance of doing follow up and checking to make sure activities are being carried out as planned at the staff level. Ideas considered for such follow up included direct contact with staff members or individual or group emails. In addition, the idea of establishing greater buy in with staff through some sort of incentive (e.g., donuts) was mentioned.

Lack of time was mentioned as a factor that influenced many aspects of implementation, including putting together a sound proposal to management, creating an educational component for staff once management approval had been obtained, and scheduling and conducting outreach activities in the broader community. Other challenges reported by organizational representatives included: finding effective ways to maximize staff participation in the initial orientation to the strategy; integrating implementation activities into the flow of the staff's daily routines so they do not cause undue interruption; providing information about the strategy in multiple ways (rather than just relying on the website which may not be accessible to everyone); making sure

that staff and management understood that the strategy required an ongoing effort and was not just “the traffic safety issue of the month;” and extending implementation beyond just a few service delivery locations (as was done in this testing phase) but still maintaining some personal interaction.

Several organizational representatives offered thoughts on the materials being distributed as part of the strategy implementation. There were mixed views about the value of the bookmarks. Some interviewees liked them a lot. Others noted that few people took them, especially as compared to the guide for aging drivers which was also available. It was suggested that people are looking for a more tangible resource than the bookmark provides. One interviewee mentioned that having a large poster to hang on the wall or sit on an easel to get people’s attention would have been nice – then some handouts could be placed next to or near the poster.

When asked about additional resources that could be added to the strategy itself, suggestions included: materials on ethics for physicians with regard to physician reporting and confidentiality (e.g., when a physician should contact the Secretary of State, his or her options when concerned about a driver’s safety, and state guidelines for reporting); a brief guide or set of questions to help people if they have a problem with driving (e.g., warning signs); and short videos for targeted audiences (some of which are currently under development or in the process of being added to website). It was also suggested that there be a “question and answer” section on the website or possibly a place on the website to submit questions on different issues (apart from simply sending an email to the administrator of the website). Finally, given the integral role that nurses and social workers play in the health care system in addition to clinical staff and physicians, it would be valuable to recognize this on the website, as well as reach out to these groups to get them involved in implementation.

## **Recommendations**

Based on results of the process evaluation, recommendations are made for improving implementation of the SDSO strategy. These are presented below.

- Delegation of implementation responsibilities will be necessary in most organizations. Therefore there needs to be a systematic mechanisms in place for follow up with staff to ensure that activities are being implemented.
- To optimize implementation of the strategy, there should be top level management support within organizations. Therefore, it would be valuable to have taking points that could be used to obtain such support.
- The bookmarks can best be used as a reminder of the strategy and website rather than a stand-alone resource. Therefore, efforts need to be in place to educate people about the strategy that go beyond simply handing out the bookmark so that people have enough knowledge about the strategy that they think the website will be useful to them.

- In most organizations, there are many competing priorities for the attention of target audiences. Therefore, it would be useful to have an eye catching poster as a focal point for the strategy with materials that can be handed out in a location nearby.
- Because people like something tangible they can take away with actual advice in it, a brochure should be developed.
- *Michigan's Guide for Aging Drivers and their Families* should be revised to reflect the content of the SDSO strategy including using its logo.
- To provide greater value to individual users, it would be helpful to add a general Q & A section to the website with common questions and answers in language for lay people that direct them to appropriate parts of the website.
- As a way to gauge further needed content for the website and also to provide targeted information, adding an *Ask the Expert* section to the website should be considered.
- Strategy stakeholders should be polled to determine whether additional videos should be produced and which audiences they should target.
- There needs to be an active plan for continued implementation of the strategy that involves direct communication with leaders of relevant organizations.

## Appendix O: Deliverable 3.3



### PHASE 3: Deliverable 3.3

For Project

**RESEARCH, PROGRAM DESIGN, AND TEST IMPLEMENTATION OF A  
COMPREHENSIVE STATEWIDE OLDER DRIVER EDUCATION AND SAFE  
MOBILITY PLANNING STRATEGY (“DRIVER ESMP STRATEGY”)**

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**Deliverable 3.3: Draft a report on the differences in awareness of the SDSO strategy among Michigan older adults, informal caregivers of older adults, and employees of stakeholder organizations.**

## Introduction

The Michigan Department of Transportation (MDOT) has contracted with the University of Michigan Transportation Research Institute (UMTRI) to plan, test, and implement an effective, sustainable statewide strategy to support the safe mobility needs of Michigan's aging population. The end product is envisioned to take the form of a relatively flexible service delivery package, containing three components: a public education component (e.g., information, awareness, references), a direct intervention component (e.g., skill assessment, skill building, planning and finding workable transportation alternatives), and an administrative/collaborative component (finance and budget as well as medical/social/public safety and transportation agency collaboration and coordination). The strategy/brand has been named "Safe Drivers Smart Options" (SDSO).

The project is being carried out in three phases over a 3-year period, with each phase taking 1 year. As part of the evaluation component of Phase 3, UMTRI conducted two waves of statewide surveys of older adults, informal caregivers of older adults, and employees of stakeholder organizations who work directly with older adults and/or their informal caregivers. Wave 1 was conducted in the early part of the SDSO strategy implementation and Wave 2 was conducted approximately 4 months after the start of the SDSO implementation. These surveys focused on the level of awareness of the strategy among the primary target audiences, as well as practices and preferences for obtaining or providing transportation-related information. .

## Methods

Methods for development of the surveys and the sample designs are described in detail in Deliverable 3.1.

The Wave 1 surveys for the older adults and caregivers were conducted in March, 2016. The Wave 2 surveys of older adults and informal caregivers were conducted in July, 2016. These surveys were administered via telephone by a professional survey company called Morpace. For these surveys, UMTRI provided Morpace with sample files from the Michigan Driver History file. Morpace obtained telephone matches using a commercial database (with a 50% match rate). Both cell-phone and landline phone numbers were used. SAS 9.4 survey procedures that accounted for the sample design were used in the analyses. The Rao-Scott modified chi square test was used to test for association between survey waves and proportions. Differences between means were tested by fitting linear regression models and examining the effect of survey wave with t-tests.

The stakeholder surveys were administered through the Internet. The research team programmed the survey into Qualtrics, a leading on-line survey platform. The first survey wave was conducted in May, 2016 and Wave 2 was conducted the last 2 weeks of August, 2016. For both survey waves, a member of the UMTRI research team sent an email message to members of the advisory and stakeholder groups for the project explaining the purpose of the SDSO survey and instructions on how to distribute the survey to the appropriate employees/members at their respective organizations. Advisory and stakeholder group members were asked to distribute the survey through email only, and to report back to UMTRI the number of emails on the list (e.g. ListServers, other types of email lists) they used; that is, the number or people to whom the link was sent. A total of 22 individuals representing the organizations listed in Table 1 were sent the instructions and the survey link for both survey waves. At least two follow up email messages

were sent to the advisory and stakeholder group members each survey wave as a reminder to send the survey to their organization’s employees/members and to report to UMTRI to whom they sent the link.

In survey Wave 1, 6 of the 22 advisory and stakeholder group members who were asked to distribute the survey reported back to us to whom they sent the survey. Five of these advisory and stakeholder group members sent the survey link by email. One member included the survey link in their organization’s weekly e-newsletter. In survey Wave 2, 5 organizations participated—four sent email links to members and one included the link in a newsletter that was delivered to the members of the entire organization. The details provided by these advisory and stakeholder group members for each survey wave are described in Table 2.

<b>Table 1. List of Organizations Sent the SDSO Survey Instructions and Link</b>
Area Agency on Aging 1-B
AARP
Association for Driving Rehabilitation Specialists (ADED)
Beaumont Health System, Beaumont Royal Oak
Blueprint for Aging Michigan
Geriatric Social Workers of Southeastern (SE) Michigan
Michigan Academy of Family Physicians (MAFP)
Michigan Association of Chiefs of Police (MACP)
Michigan Association of Planning/ American Association of Planning (APA MI)
Michigan Department of Community Health (MDCH)
Michigan Department of Human Services (MDHS) - Adult Protective Services
Michigan Department of State (MDOS)
Michigan Department of Transportation (MDOT)
Michigan Office of Highway Safety Planning (OHSP)
Michigan Office of Services on Aging (MOSA)
Michigan Pharmacists Association (MPA)
Michigan Public Transit Association (MPTA)
Michigan Sheriffs’ Association (MSA)
National Association of Social Workers (NASW) – MI
Southeast Michigan Council of Governments (SEMCOG)
Traffic Improvement Association of Michigan (TIA)
University of Michigan Health System (UMHS)

<b>Table 2: Report of to Whom SDSO Survey Link Sent for Each Survey Wave</b>		
<b>Organization</b>	<b>Number of Employees/Members to Whom Survey Link was Sent</b>	
	<b>Wave 1</b>	<b>Wave 2</b>
<b>AAA1B</b>	*	130
<b>AARP</b>	4 Centers, Employee Number Unknown	*
<b>ADED</b>	5	4

<b>MAFP</b>	3255	3255
<b>MDOS</b>	278	260
<b>OHSP</b>	97	*
<b>UM Health System</b>	66	46
<b>TOTAL</b>	<b>4,146</b>	<b>3,695</b>

\* Did not participate for that wave.

For each wave, the survey link was sent to roughly 4,000 employees/members of organizations related to aging, health, and transportation safety and mobility. The survey link was possibly sent to additional employees/members at other aging, health, and transportation safety and mobility organizations, as well as organizations related to human services and planning, however, no further reports beyond those listed in Table 2 were sent to UMTRI. Because of the unknown sample size from which each set of respondents was selected, the non-random method for selecting respondents, and the high probability of having the same respondents in both survey waves, statistical analyses of the survey data would not be meaningful and are, therefore, not conducted.

## RESULTS

Statistical analyses were conducted for both the older adult and informal caregiver surveys to test for differences between survey waves within each group. For nearly all comparisons there were no significant differences. Comparisons in which there were significant differences are indicated.

### Older Adult Survey

The older adult survey respondents consisted of Michigan residents age 60 and older. Because the sample distribution of age and sex for both survey waves matched the population of Michigan residents age 60 and older, the results did not need to be weighted to be representative of Michigan. A total of 250 respondents completed each survey with a mean age of 71.5 (range 60-94) and 71.6 (60-97), for Wave 1 and Wave 2 respectively. In Wave 1, 59% of respondents were women, while 56% were women in Wave 2. About 43% (Wave 1) and 38% (Wave 2) had completed college or a technical school, 26% (Wave 1) and 29% (Wave 2) had some college or technical schooling, 26% (Wave 1) and 27% (Wave 2) had graduate school, and the rest had not completed high school or refused to answer. A large majority of respondents currently drove a car at least once in a while (93% Wave 1; 94% Wave 2). Of those who drove, 78% (Wave 1) and 83% (Wave 2) reported driving often, 14% (Wave 1) and 15% (Wave 2) drove sometimes, and the rest reported rarely driving. About 90% (Wave 1) and 95% (Wave 2) had never thought about stopping driving.

Twenty-one percent (Wave 1) and 17% (Wave 2) of respondents reported that someone helps them with transportation by either giving them rides or by obtaining information about safe driving or other mobility issues. Of those who reported getting help, the primary person providing the help was a spouse (39% Wave 1; 48% Wave 2), followed by a child (33% both Waves), friend (12% Wave 1; 17% Wave 2), other relative (6% Wave 1; 5% Wave 2), paid

service (2% Wave 1; 0% Wave 2), or other (8% Wave 1; 5% Wave 2). About 54% (Wave 1) and 45% (Wave 2) of these helpers were female. Table 3 shows the types of transportation assistance provided by the helpers by wave (note that percentages add up to more than 100% because a person may provide more than one type of assistance).

Type of assistance	% who receive this assistance (SE)	
	Wave 1	Wave 2
<b>Drives me</b>	92.3 (3.7)	92.9 (4.0)
<b>Accompanies me on trips by public transportation</b>	9.6 (4.1)	21.4 (6.4)
<b>Arranges for rides</b>	9.6 (4.1)	14.3 (5.5)
<b>Finds information about continuing to drive safely</b>	9.6 (4.1)	16.7 (5.8)
<b>Helps me arrange for my own transportation</b>	7.7 (3.8)*	23.8 (6.7)*
<b>Finds information about retiring from driving</b>	3.8 (2.7)	2.4 (2.4)
<b>Finds information about getting around after retiring from driving</b>	3.8 (2.7)	7.1 (4.0)

\*  $\chi^2 = 4.436$ ;  $p = 0.035$ .

Respondents were asked questions about their behaviors regarding seeking information on safe driving, retiring from driving, and/or transportation options after stopping driving. Thirty-three percent (Wave 1) and 22% (Wave 2) of older adults in Michigan reported that they had sought information about transportation. Those who indicated that they had not sought information, 47% (Wave 1) and 43% (Wave 2), indicated that they might do so in the future. Among those who sought information, Table 4 shows the percentage of respondents seeking information by topic and survey wave.

Topic	% seeking information	
	Wave 1	Wave 2
<b>Assisting aging drivers to get around after they retire from driving</b>	45.1 (5.5)	37.5 (6.5)
<b>How aging affects driving</b>	41.5 (5.5)	44.6 (6.7)
<b>General information about transportation and aging</b>	28.0 (5.0)	30.4 (6.2)
<b>Organizations that address transportation and aging</b>	24.4 (4.8)	41.1 (6.6)
<b>State laws and licensing of older drivers</b>	22.0 (4.6)	25.0 (5.8)
<b>Evaluating your driving ability</b>	19.5 (4.4)	19.6 (5.4)
<b>Driving improvement or refresher courses</b>	17.1 (4.2)	25.0 (5.8)
<b>Reducing or stopping driving</b>	17.1 (4.2)	19.6 (5.4)
<b>Other</b>	3.7 (2.1)	10.7 (4.2)

About 46% (Wave 1) and 43% (Wave 2) of information-seeking respondents indicated that they used the Internet to find this information and they accessed the Internet primarily through desktop (61% Wave 1; 63% Wave 2) and laptop (61% Wave 1; 58% Wave 2) computers,

with a smaller percentage using tablets (44.1% Wave 1; 38% Wave 2) and smart phones (41% Wave 1; 42% Wave 2). Table 5 shows the percentages of respondents who used various forms of Internet information by survey wave. Table 5 also shows perceived trust in the form of Internet information on a scale of 1 to 5, where 1 was no trust at all and 5 was complete trust.

Type of Internet Information	Wave 1 (N=35)		Wave 2 (N=24)	
	% Respondents	Trust Rating	% Respondents	Trust Rating
<b>Internet search engine (such as Google)</b>	82.9 (6.5)	3.6 ± 0.7	75.0 (9.0)	3.2 ± 0.4
<b>Government agency</b>	60.0 (8.4)	4.0 ± 0.4	66.7 (9.8)	3.8 ± 0.5
<b>Professional organization</b>	34.3 (8.1)	3.9 ± 0.4	37.5 (10.1)	3.4 ± 0.7
<b>Social media</b>	34.3 (8.1)	2.7 ± 0.5	25.0 (9.0)	2.7 ± 0.9
<b>Wiki</b>	22.9 (7.2)	3.3 ± 1.0	16.7 (7.8)	3.3 ± 0.8
<b>Chat room</b>	2.9 (8.1)	*	0 (0.0)	*
<b>Blog</b>	5.7 (4.0)	*	8.3 (5.8)	*

\* Number of respondents was too small to calculate a trust rating score.

Of those who sought transportation-related information, about 78 % (Wave 1) and 84% (Wave 2) reported non-Internet sources of information. Table 6 shows the percentages of respondents who used various forms of non-Internet information by survey wave. Table 6 also shows the perceived trust in these forms of non-Internet information on a scale of 1 to 5, where 1 was no trust at all and 5 was complete trust.

Information Source	Wave 1 (N=82)		Wave 2 (N=58)	
	% Respondents	Trust Rating	% Respondents	Trust Rating
<b>Family</b>	75.8 (5.3)*	4.2 ± 0.3	57.1 (7.1)*	3.8 ± 0.4
<b>Physician/health professional</b>	42.4 (6.1)	4.0 ± 0.3	32.7 (6.8)	4.2 ± 0.4
<b>Colleague</b>	30.3 (5.7)	3.9 ± 0.1	14.3 (5.1)	3.0 ± 0.5
<b>TV/radio</b>	27.3 (5.5)	2.8 ± 0.6	44.9 (6.0)	3.5 ± 1.0
<b>Clergy</b>	22.7 (6.1)	4.3 ± 0.4	28.6 (6.8)	4.4 ± 0.4
<b>Aging professional</b>	21.2 (5.1)	4.1 ± 0.5	22.4 (6.0)	3.9 ± 0.6
<b>Community center</b>	21.2 (5.1)	3.6 ± 0.8	28.6 (6.5)	4.2 ± 0.4
<b>Class/lecture</b>	16.7 (4.6)	4.2 ± 0.6	24.5 (6.2)	3.9 ± 0.6
<b>Library</b>	16.7 (4.6)	4.5 ± 0.3	22.4 (6.0)	3.9 ± 0.6
<b>Transportation professional</b>	10.7 (3.8)	4.9 ± 0.4**	24.5 (6.2)	4.1 ± 0.6**
<b>Other</b>	10.6 (3.8)	***	14.3 (5.1)	***

\*  $\chi^2 = 4.438$ ;  $p = 0.037$     \*\*  $t(18) = 2.6$ ;  $p = 0.018$     \*\*\* Not applicable

Finally, respondents were asked about their awareness of the *Safe Drivers Smart Options* strategy and use of the website. Respondents (N=250, both Waves) were asked if they had heard of or come across the phrase "*Safe Drivers Smart Options: Keys to Lifelong Mobility*." About 6% of respondents in Wave 1 had heard of the phrase, while 9% in Wave 2 had heard of the phrase. The difference between these means was not statistically significant ( $\chi^2 = 1.796$ ;  $p = 0.1802$ ). Those who had heard the phrase were asked where they had come across it. About one-third in both waves (33% Wave 1; 35% Wave 2) reported having heard about it on TV or radio, with a variety of other sources reported at very small percentages or respondents could not remember where they heard the phrase. When told about the *Safe Drivers Smart Options* website, no respondents in either survey wave reported having visited the site in the past 6 months.

### **Informal Caregiver Survey**

The informal caregiver sample consisted of Michigan residents age 45-80 who provided unpaid transportation assistance to a Michigan resident age 60 or older. For each survey wave, samples of people age 45-80 were drawn randomly from Michigan driver license records. They were contacted by the survey company conducting the interviews and screening questions were used to determine if the person met the requirements of a caregiver for this study. Telephone interviews with people who met the caregiver criteria and 158 (Wave 1) and 151 (Wave 2) interviews were completed. Survey data were weighted to reflect the age and sex distribution of unpaid caregivers reported in an AARP (2015) Research Report titled "*Caregiving in the US*" dated June 2015. This study was the most recent national study of caregiving in the US that provided an age distribution of caregivers. The study also reported that 18% of the adult population of the US is engaged in some type of caregiving. This percentage was close to our finding from a previous survey of Michigan unpaid caregivers (Eby et al., 2011), which found that about 20% of adults over age 45 were engaged in informal caregiving providing transportation assistance. As such, the use of the age and sex distribution reported in the AARP report was justified as a basis for our weighting strategy. All results are weighted to be representative of Michigan informal caregivers.

Among survey respondents 61% (Wave 1) and 60% (Wave 2) were women. The mean age of respondents was 61 years for both waves with the following ranges in age: 46-79 years, Wave 1; and 45-74 years, Wave 2. About 40% (Wave 1) and 45% (Wave 2) of respondents had completed college or a technical school, 32% (Wave 1) and 25% (Wave 2) had completed some college or technical school, and 23% (Wave 1) and 24% (Wave 2) had graduated from high school.

Respondents were asked a set of questions regarding the unpaid transportation assistance they provided. On average respondents provided unpaid transportation assistance to  $1.6 \pm 0.3$  people (Wave 1) and  $1.7 \pm 0.2$  people (Wave 2), with 71% (Wave 1) and 66% (Wave 2) of respondents providing assistance to 1 person, 22% (Waves 1 and 2) providing assistance to 2 people, and 7% (Wave 1) and 4% (Wave 2) providing assistance to 3 or more people. Respondents that provided assistance to more than one person, were asked to respond to remaining questions with reference to the person for whom they provide the greatest assistance.

When asked about the relationship they had with the person receiving care, 41% (Wave 1) and 31% (Wave 2) were caring for a parent, 17% (Wave 1) and 20% (Wave 2) were caring for

another relative, 13% (Wave 1) and 19% (Wave 2) were caring for a friend, and the remaining were caring for a child (5%, Waves 1 and 2) or someone else (8%, Waves 1 and 2). About one-third and of care recipients in both survey waves were female, 59% (Wave 1) and 62% (Wave 2) were no longer driving, and of those that were still driving 54% (Wave 1) and 59% (Wave 2) were either driving some of the time or rarely. The average age of the care recipient was  $80.4 \pm 1.5$  years for Wave 1 and  $78.9 \pm 1.7$  years for Wave 2. Table 7 shows the percent of caregivers who provided various types of transportation assistance by survey wave (note that more than one type of assistance could be provided).

Type of assistance	% who provide this assistance	
	Wave 1 (N=158)	Wave 2 (N=151)
<b>I drive them</b>	94.4 (1.9)	93.5 (2.2)
<b>I share information about continuing to drive safely</b>	24.3 (3.7)	16.6 (3.2)
<b>I help him/her arrange transportation</b>	21.0 (3.5)	19.5 (3.5)
<b>I arranges for rides</b>	17.0 (3.2)	23.0 (3.8)
<b>I share information about getting around after retiring from driving</b>	15.6 (2.5)	13.0 (2.9)
<b>I accompany them on public transportation</b>	11.0 (2.6)	16.8 (3.2)
<b>I share information about retiring from driving</b>	10.3 (3.7)	12.2 (2.9)

All respondents were asked if they had sought or were currently seeking information about a variety of transportation-related topics. Slightly less than one-half (49% Wave 1; 48% Wave 2) indicated that they were seeking this type of information. Table 8 shows that percentage of caregivers who were seeking or sought transportation-related information by the type of information and survey wave.

Topic	% seeking information	
	Wave 1 (N=73)	Wave 2 (N=73)
<b>Keeping aging drivers driving safely</b>	53.4 (5.9)	39.7 (5.8)
<b>Assisting aging drivers to get around after they retire from driving</b>	52.1 (5.9)	42.5 (5.8)
<b>Assisting aging drivers as they reduce or retire from driving</b>	45.2 (5.9)	39.7 (5.8)
<b>General information about transportation and aging</b>	41.1 (5.8)	32.9 (5.6)
<b>Talking with aging drivers about retiring from driving</b>	39.7 (5.8)	41.1 (5.8)
<b>Organizations that address transportation and aging</b>	39.7 (5.8)	34.2 (5.6)
<b>Other</b>	4.1 (2.3)	16.4 (4.4)

The respondents who reported that they had or were seeking transportation-related information, were asked if they used the Internet for this activity—60% (Wave 1) and 67%

(Wave 2) indicated that they did. Of those that used the Internet, the majority used a smartphone (64% Wave 1; 65% Wave 2) or desktop computer (63% Wave 1; 56%, Wave 2), with less using a tablet (44% Wave 1; 51% Wave 2) or laptop computer (37% Wave 1; 57% Wave 2). Table 9 shows the percentages of respondents by wave who used various forms of Internet information. Table 9 also shows perceived trust in the form of Internet information on a scale of 1 to 5, where 1 was no trust at all and 5 was complete trust.

Type of Internet Information	Wave 1 (N=41)		Wave 2 (N=47)	
	% Respondents	Trust Rating	% Respondents	Trust Rating
Use an Internet search engine such as Google	93.7 (4.5)	3.6 ± 0.3	80.8 (5.9)	3.5 ± 0.3
Government agency	73.1 (7.8)	4.0 ± 0.4	53.2 (7.8)	3.9 ± 0.4
Social media	28.8 (7.5)	3.3 ± 0.4	19.2 (6.5)	3.1 ± 0.9
Professional organization	25.9 (7.2)	4.0 ± 0.4	44.1 (7.8)	3.9 ± 0.4
Wiki	24.7 (7.0)*	3.5 ± 0.8	3.2 (2.4)*	**
Blog	4.2 (3.0)	**	7.6 (4.8)	**
Chat room	2.8 (2.0)	**	0 (0.0)	**

\*  $\chi^2 = 8.59$ ;  $p = 0.034$ .

\*\* Number of respondents was too small to calculate a meaningful trust rating score.

Of those who reported seeking transportation-related information many also reported non-Internet sources of information. Table 10 shows the percentages of respondents who used various forms of non-Internet information by wave. Table 10 also shows the perceived trust in these forms of non-Internet information on a scale of 1 to 5, where 1 was no trust at all and 5 was complete trust.

Information Source	Wave 1 (N=73)		Wave 2 (N=73)	
	% Respondents	Trust Rating	% Respondents	Trust Rating
Family	59.7 (6.1)	4.0 ± 0.4	47.1 (6.2)	3.9 ± 0.4
Physician/health professional	48.7 (6.3)	4.3 ± 0.4	43.7 (6.2)	4.4 ± 0.4
Colleague	31.6 (5.9)	3.7 ± 0.3	27.0 (5.6)	3.9 ± 0.4
Aging professional	27.5 (5.5)	4.1 ± 0.4	23.9 (5.3)	4.0 ± 0.6
Community center	22.4 (5.1)	4.0 ± 0.4	20.0 (4.9)	3.5 ± 0.7
TV/radio	21.1 (5.4)	3.2 ± 0.5	22.4 (5.1)	3.1 ± 0.7
Class/lecture	18.9 (4.7)	4.0 ± 0.5	15.4 (4.3)	4.1 ± 0.4
Transportation professional	17.6 (4.4)	4.3 ± 0.9	13.6 (4.1)	3.6 ± 0.7

<b>Clergy</b>	13.1 (4.2)	4.0 ± 0.6	19.7 (5.1)	4.1 ± 0.6
<b>Library</b>	12.4 (3.9)	4.4 ± 0.9	20.5 (4.7)	4.3 ± 0.5
<b>Other</b>	23.8 (5.3)	*	11.2 (4.2)	*

\* Not applicable.

Finally, respondents were asked some questions about their awareness of *the Safe Drivers Smart Options* strategy and use of the website. Respondents were asked if they had heard of or come across the phrase "Safe Drivers Smart Options: Keys to Lifelong Mobility." In both survey Waves, 10% reported having heard the phrase. Those that had heard the phrase were asked where they had come across it. About one-half reported having heard about it on the TV or Radio (50% Wave 1; 52% Wave 2), 16% (Wave 1) and 0% (Wave 2) reported hearing about it in a class/lecture, 11% (Wave 1) and 7% (Wave 2) heard about it from a friend, while the rest reported hearing about it from the a transportation official (7%, Waves 1 and 2), Internet (6% Wave 1; 12% Wave 2), with a variety of other sources reported at very small percentages or respondents could not remember where they heard the phrase. When told about the *Safe Drivers Smart Options* website, 3% (Wave 1) and 1% (Wave 2) of all caregiver respondents reported having visited the site in the past 6 months, all of whom had only visited the site a few times or less. The difference between these percentages was not significant ( $\chi^2 = 1.928$ ;  $P = 0.1650$ ).

### Employees of Stakeholder Organizations

A total of 289 and 169 surveys were completed for Waves 1 and 2, respectively. All respondents for both waves indicated that their job involved contact with people who are age 60 or older or families of people age 60 or older. Respondents reported being associated with a variety of organizations: state government (73% Wave 1; 81% Wave 2); services to the aging (8% Wave 1; 9% Wave 2); health care (7% Waves 1 and 2); law enforcement (3% Wave 1; 0% Wave 2); educational institutions (0% Wave 1; 1% Wave 2) and other (9% Wave 1; 2% Wave 2).

Respondents were asked several questions about their job in relation to older adults and transportation. Across all types of professions for both surveys, about 85% of respondents indicated that they had daily interaction with older adults/families; 9-10% reported weekly interaction; and 1% indicated interactions a few times a year or less. Respondents were asked to indicate the types of information that they needed to serve the needs of the aging adults/families with who they interacted. Table 11 shows the percentages of respondents by profession and survey wave that needed various types of information in their job. Note that respondents could indicate more than one type of information.

Respondents were asked where they acquire the information they need in their job related to older adults/families and transportation. Table 12 shows the percentages of information sources indicated by professionals by profession and survey wave. Note that respondents could indicate more than one information source.

<b>Table 11: Information Needs of Employees who Interact with Older Adults/Families by Profession and Survey Wave (Wave 1/Wave 2)</b>							
<b>Type of Information</b>	<b>State government</b>	<b>Services to aging</b>	<b>Healthcare</b>	<b>Law enforcement</b>	<b>Educational institution</b>	<b>Other</b>	<b>All</b>

<b>Resources to help aging drivers retire from driving</b>	15.6%	13.6%	14.8%	25.0%	n/a	9.5%	15.1%
	17.5%	14.6%	14.8%	n/a	11.1%	18.8%	12.0%
<b>Information for families of aging adults</b>	15.3%	12.3%	13.6%	14.3%	n/a	16.7%	15.0%
	14.3%	10.4%	14.8%	n/a	22.2%	18.8%	14.3%
<b>Details referring older adult to Secretary of State</b>	13.4%	13.6%	14.8%	14.3%	n/a	7.1%	13.0%
	21.1%	10.4%	16.7%	n/a	12.5%	12.5%	12.2%
<b>Contact information for agencies that might be of assistance to aging adults</b>	12.4%	13.6%	14.8%	7.1%	n/a	16.7%	12.9%
	11.3%	16.7%	14.8%	n/a	22.2%	12.5%	12.2%
<b>Laws and policies regarding aging drivers and/or mobility for aging adults</b>	13.4%	4.9%	12.5%	17.9%	n/a	5.9%	12.1%
	12.9%	12.5%	14.8%	n/a	11.1%	6.3%	12.8%
<b>Availability of non driving transportation options</b>	9.0%	22.2%	15.9%	10.7%	n/a	21.4%	11.8%
	10.5%	20.8%	16.7%	n/a	22.2%	12.5%	12.0%
<b>General information about aging and transportation</b>	9.7%	14.8%	10.2%	10.7%	n/a	14.3%	10.6%
	11.9%	12.5%	3.7%	n/a	11.1%	6.3%	11.1%
<b>Forms</b>	9.8%	2.5%	2.3%	0.0%	n/a	5.9%	8.0%
	6.7%	0.0%	1.9%	n/a	0.0%	12.5%	5.8%
<b>Other</b>	0.1%	1.2%	1.1%	0.0%	n/a	0.0%	0.9%
	1.0%	2.1%	1.9%	n/a	0.0%	0.0%	1.1%
<b>Do not know</b>	0.0%	1.2%	0.0%	0.0%	n/a	2.4%	0.6%
	1.8%	0.0%	0.0%	n/a	0.0%	0.0%	1.4%

**Table 12: Information Sources for Employees who Interact with Older Adults/Families by Profession and Survey Wave (Wave 1/Wave 2)**

	<b>State government</b>	<b>Services to aging</b>	<b>Healthcare</b>	<b>Law enforcement</b>	<b>Educational institution</b>	<b>Other</b>	<b>All</b>
<b>Government website</b>	29.2%	11.6%	21.6%	25.0%	n/a	11.5%	24.6%
	29.1%	13.8%	13.0%	n/a	16.7%	20.0%	26.2%
<b>Supervisor/employer</b>	23.5%	8.7%	24.3%	5.0%	n/a	13.1%	18.5%
	20.4%	17.2%	8.7%	n/a	16.7%	10.0%	19.0%
<b>Website from a professional organization</b>	13.4%	20.2%	32.4%	25.0%	n/a	24.6%	17.1%
	19.6%	10.3%	26.1%	n/a	16.7%	20.0%	19.2%
<b>Other colleagues/co-workers</b>	10.6%	21.7%	21.6%	10.0%	n/a	21.3%	13.9%
	10.5%	31.0%	30.4%	n/a	33.3%	20.0%	14.3%
<b>Training sessions</b>	8.5%	13.0%	8.1%	15.0%	n/a	8.2%	9.2%

	8.0%	6.9%	0.0%	n/a	0.0%	20.0%	7.6%
<b>Resource office</b>	3.1%	10.1%	0.0%	10.0%	n/a	8.2%	4.5%
	1.5%	6.9%	4.3%	n/a	0.0%	0.0%	2.0%
<b>TV or radio</b>	0.2%	2.9%	0.0%	0.0%	n/a	1.6%	0.7%
	1.8%	0.0%	0.0%	n/a	0.0%	0.0%	1.5%
<b>Library</b>	0.0%	1.4%	2.7%	0.0%	n/a	1.6%	0.5%
	0.7%	0.0%	4.3%	n/a	16.7%	0.0%	1.2%
<b>Other</b>	7.5%	10.1%	8.1%	10.0%	n/a	6.6%	7.8%
	4.0%	13.8%	8.7%	n/a	0.0%	10.0%	5.2%
<b>Do not know</b>	3.9%	0.0%	2.7%	0.0%	n/a	3.3%	3.1%
	4.4%	0.0%	4.3%	n/a	0.0%	0.0%	3.8%

Respondents were asked where they recommend older adults and their families to go in order to get information about aging and transportation. Table 13 shows the percentages by profession and survey wave. Note that respondents could indicate more than one information source. Respondents were also asked whether or not they thought there was sufficient information available about aging, driving, and other ways of getting around regardless of the information source. Overall, 70% (Wave 1) and 67% (Wave 2) reported that there was not sufficient information available.

Source	State government	Services to aging	Healthcare	Law enforcement	Educational institution	Other	All
<b>Secretary of State office</b>	27.6%	27.8%	24.4%	38.7%	n/a	25.8%	27.6%
	24.3%	17.4%	21.2%	n/a	25.0%	28.6%	23.8%
<b>Non-government resource office</b>	16.9%	2.8%	19.5%	16.7%	n/a	21.0%	27.6%
	16.0%	43.5%	21.2%	n/a	25.0%	14.3%	17.9%
<b>Government website</b>	27.4%	13.9%	19.5%	22.2%	n/a	8.1%	23.4%
	26.6%	13.0%	15.2%	n/a	25.0%	14.3%	24.5%
<b>Professional organization website</b>	14.8%	27.8%	19.5%	16.7%	n/a	24.2%	17.0%
	17.7%	8.7%	18.2%	n/a	0.0%	28.6%	17.5%
<b>Training sessions</b>	3.2%	11.1%	2.4%	5.6%	n/a	4.8%	3.9%
	3.4%	4.3%	6.1%	n/a	0.0%	7.1%	3.8%
<b>Library</b>	2.7%	0.0%	0.0%	0.0%	n/a	4.8%	2.5%
	4.6%	0.0%	3.0%	n/a	0.0%	0.0%	4.0%
<b>TV or radio</b>	1.6%	0.0%	0.0%	0.0%	n/a	4.8%	1.7%
	2.3%	0.0%	0.0%	n/a	0.0%	0.0%	1.9%
<b>Other</b>	2.7%	16.7%	14.6%	0.0%	n/a	4.8%	4.5%
	2.6%	8.7%	15.2%	n/a	0.0%	7.1%	4.0%
<b>Do not know</b>	3.0%	0.0%	0.0%	0.0%	n/a	1.6%	2.3%
	2.6%	4.3%	0.0%	n/a	25.0%	0.0%	2.6%

The questionnaire explored the technology that respondents used to access information on the Internet. Table 14 shows the primary type of technology used for accessing the Internet by profession and whether or not professionals used the Internet at all in their job by survey wave.

Type of Technology	State government	Services to aging	Healthcare	Law enforcement	Educational Institution	Other	All
<b>Desktop computer</b>	90.3%	45.5%	84.2%	14.3%	n/a	70.0%	82.5%
	91.0%	21.4%	58.3%	n/a	50.0%	50.0%	81.2%
<b>Laptop computer</b>	4.6%	45.5%	10.5%	57.1%	n/a	20.8%	11.2%
	6.0%	78.6%	16.6%	n/a	50.0%	25.0%	13.0%
<b>Smart Phone</b>	1.1%	4.5%	5.3%	28.6%	n/a	0.0%	2.2%
	1.5%	0.0%	16.6%	n/a	0.0%	0.0%	2.4%
<b>Other</b>	2.2%	4.5%	0.0%	0.0%	n/a	4.2%	2.2%
	0.8%	0.0%	0.0%	n/a	0.0%	25.0%	1.2%
<b>Don't use Internet for my work</b>	1.1%	0.0%	0.0%	0.0%	n/a	0.0%	0.7%
	0.0%	0.0%	0.0%	n/a	0.0%	0.0%	0.0%
<b>Tablet</b>	0.0%	0.0%	0.0%	0.0%	n/a	0.0%	0.0%
	0.8%	0.0%	8.3%	n/a	0.0%	0.0%	1.2%
<b>Do not know</b>	1.1%	0.0%	0.0%	0.0%	n/a	4.2%	1.1%
	0.0%	0.0%	0.0%	n/a	0.0%	0.0%	0.0%

The survey concluded with a number of questions regarding the *Safe Drivers Smart Options* strategy. Respondents were asked if they had heard the phrase "*Safe Driver Smart Options: Keys to Lifelong Mobility*". Overall, 37% (Wave 1) and 40% (Wave 2) of respondents had heard this phrase. The percentages of respondents who had heard the phrase vary somewhat by profession: healthcare (42% Wave 1; 0% Wave 2); state government (40% for both waves); educational institutions (29% Wave 2); other (30% Wave 1; 0% Wave 2); law enforcement (29% Wave 1); and services to the aging (15% Wave 1; 29% Wave 2). Those respondents who had heard/seen the phrase were asked where they encountered it. Table 15 shows these results by profession and survey wave. Note that more than one source could be mentioned.

Source	State government	Services to aging	Healthcare	Law enforcement	Educational institution	Other	All
<b>Secretary of State office</b>	47.0%	0.0%	0.0%	0.0%	n/a	7.7%	37.3%
	46.9%	12.5%	0.0%	n/a	0.0%	0.0%	43.8%
<b>Colleague/coworker</b>	17.9%	25.0%	15.4%	0.0%	n/a	23.1%	18.0%
	14.8%	37.5%	0.0%	n/a	0.0%	0.0%	16.0%

<b>Meeting with other professionals</b>	4.3%	25.0%	38.5%	33.3%	n/a	23.1%	10.0%
	4.9%	12.5%	0.0%	n/a	0.0%	0.0%	5.6%
<b>From Internet</b>	10.3%	0.0%	0.0%	0.0%	n/a	0.0%	8.0%
	16.0%	0.0%	0.0%	n/a	0.0%	0.0%	14.6%
<b>Transportation professional</b>	5.1%	0.0%	7.7%	0.0%	n/a	15.4%	6.0%
	3.7%	12.5%	0.0%	n/a	0.0%	0.0%	4.5%
<b>Aging professional</b>	3.4%	25.0%	7.7%	0.0%	n/a	15.4%	5.3%
	3.7%	25.0%	0.0%	n/a	0.0%	0.0%	5.6%
<b>Other sources</b>	3.4%	0.0%	7.7%	0.0%	n/a	7.7%	4.0%
	3.7%	0.0%	0.0%	n/a	0.0%	0.0%	3.4%
<b>Family or friend</b>	3.4%	0.0%	0.0%	0.0%	n/a	0.0%	2.7%
	3.7%	0.0%	0.0%	n/a	0.0%	0.0%	3.4%
<b>Class/lecture</b>	0.0%	0.0%	15.4%	66.0%	n/a	0.0%	2.7%
	0.0%	0.0%	0.0%	n/a	0.0%	0.0%	0.0%
<b>Physician/health professional</b>	1.7%	0.0%	7.7%	0.0%	n/a	0.0%	2.0%
	0.0%	0.0%	0.0%	n/a	0.0%	0.0%	0.0%
<b>Care recipient</b>	0.9%	0.0%	0.0%	0.0%	n/a	0.0%	0.7%
	1.2%	0.0%	0.0%	n/a	0.0%	0.0%	1.1%
<b>TV or radio</b>	0.9%	0.0%	0.0%	0.0%	n/a	0.0%	0.7%
	0.0%	0.0%	0.0%	n/a	0.0%	0.0%	0.0%
<b>Do not know</b>	1.7%	25.0%	0.0%	0.0%	n/a	7.7%	2.7%
	1.2%	0.0%	0.0%	n/a	0.0%	0.0%	1.1%

Respondents were shown the SDSO logo and asked if they had seen it before (other than in a previous survey for Wave 2). Overall, 45% (Wave 1) and 50% (Wave 2) indicated that they had seen the logo previously. The percentages of respondent that had seen the logo varied by profession: state government (55% Wave 1; 57% Wave 2); law enforcement (29% Wave 1); healthcare (28% Wave 1; 8% Wave 2); other (27% Wave 1; 67% Wave 2); services to the aging (10% Wave 1; 21% Wave 2), and educational institutions (0% Wave 2). Respondents that had seen the logo were asked where they had encountered it. The results are shown in Table 16, with respondents being allowed to report more than one source.

<b>Source</b>	<b>State government</b>	<b>Services to aging</b>	<b>Healthcare</b>	<b>Law enforcement</b>	<b>Educational institution</b>	<b>Other</b>	<b>All</b>
<b>Printed materials</b>	52.3%	66.7%	42.9%	50.0%	n/a	44.4%	51.6%
	50.5%	66.7%	100%	n/a	0.0%	0.0%	50.5%
<b>On website</b>	40.2%	33.3%	42.9%	50.0%	n/a	44.4%	40.5%
	41.6%	0.0%	0.0%	n/a	0.0%	100%	41.2%
<b>In video</b>	1.5%	0.0%	14.3%	0.0%	n/a	11.1%	2.6%
	4.0%	0.0%	0.0%	n/a	0.0%	0.0%	3.7%
<b>Other sources</b>	3.0%	0.0%	0.0%	0.0%	n/a	0.0%	2.6%
	2.0%	0.0%	0.0%	m/a	0.0%	0.0%	1.9%
<b>On billboard</b>	2.3%	0.0%	0.0%	0.0%	n/a	0.0%	2.0%

	2.0%	0.0%	0.0%	n/a	0.0%	0.0%	2.0%
<b>On TV</b>	0.0%	0.0%	0.0%	0.0%	n/a	0.0%	0.0%
	1.0%	0.0%	0.0%	n/a	0.0%	0.0%	1.0%
<b>Don't know</b>	0.7%	0.0%	0.0%	0.0%	n/a	0.0%	0.7%
	1.0%	33.3%	0.0%	n/a	0.0%	0.0%	1.9%

Respondents were given a description of the *Safe Drivers Smart Options* website and asked if they had ever visited the site. Overall, 22% (Wave 1) and 28% (wave 2) reported having visited the website, with some differences in the percentage of visitors by profession: educational institutions (50% Wave 2); law enforcement (29% Wave1); state government (23% Wave 1; 31% Wave 2); healthcare (22% Wave 1; 8% Wave 2); services to the aging (14% Waves 1 and 2); and other (9% Wave 1; and 33% Wave 2). Those respondents that had visited the website were asked how often they visited it in the past 6 months. Overall, 70-80% reported having visited the site no more than a few times. Those respondents who reported visiting the website in the past 6 months were asked to report their perceptions of the website's usefulness. Overall, 27% (Wave 1) and 18% (Wave 2) found the site "very useful; 52% (Wave 1) and 68% (Wave 2) thought it was "somewhat useful"; 5% (Wave 1) and 2% (Wave 2) found it "not very" or "not at all" useful; and 16% (Wave 1) and 11% (Wave 2) did not know.

## Discussion

This report presents results of baseline (Wave 1) and follow up (Wave 1) surveys of three target groups for the *Safe Driver Smart Options* strategy being implemented in Michigan: older adults, informal caregivers (families); and professionals who work with older adults and/or their informal caregivers. Several conclusions can be drawn from these results.

A primary focus of this evaluation was to compare responses between the two survey waves. As shown in the results, there were few differences between survey waves for most of the questions. For the older adult in both survey waves: the primary type of transportation assistance respondents received was being given rides; the top types of information sought were information on how to get around after retiring from driving and information on how aging affects driving; a large majority of older adults who use a computer to find information will search using an Internet search engine or will consult a government agency website; older adults use a variety of non-Internet sources for discovering information with family being the top source followed by health professionals, colleagues, TV/radio, and clergy; older adults place a relatively high level of trust on all information sources except social media with the highest levels of trust for transportation professionals, libraries, and clergy; and very few older adults in either survey wave had heard the SDSO phase/tagline or had seen the logo.

Similar results were found for Michigan residents who provide unpaid transportation assistance to an older adults (caregivers), with few differences between survey waves: the type of transportation assistance provided to the older adults was overwhelmingly giving rides; caregivers sought information on a variety of topics related to keeping older adults safely driving, driving retirement, and getting around after stopping driving; those who used a computer for seeking information primarily searched the Internet using a search engine or utilized a government website; a large variety of non-Internet sources were also used with family, health professionals, colleagues, and aging professionals being the top sources reported; caregivers

placed relatively high trust ratings on all sources of information, except wikis, blogs, and chat rooms; and very few respondents had heard the SDSO phrase/tagline or had seen the logo, with no differences between survey waves.

Despite not being able to conduct statistical analyses, it was clear that there were few differences between survey waves for the group of stakeholder employees who work with older adults and/or the families of older adults. The results for the survey of employees showed: a large majority had daily contact with older adults/families; employees reported needing a wide range of information to perform their jobs including, resources to help aging drivers retire from driving, information for families of aging drivers, details on how to refer older adults to the Secretary of State, and contact information for agencies that might of assistance; employees used a variety of sources to obtain needed information with government websites, supervisors/employees, professional organization websites, and colleagues as the top sources; a large majority in both survey waves reported that more information about aging, driving, and mobility is needed; for those that used a computer for seeking information, more than 80% used a desktop with a smaller percentage using a laptop; about 40% has heard the SDSO phrase/tagline, with most encountering it at a Secretary of State office; and 20-30% had visited the website, with nearly all reporting that the website was "somewhat" or "very" useful.

The lack of differences between the survey waves was not surprising for two reasons. First, because of the compressed period to conduct the evaluation, there was only 3-4 months between waves leaving little time for the strategy to be implemented in a significant way. Second, the statewide implementation of the SDSO strategy is being phased-in as various stakeholder groups begin to conduct activities to support the strategy within their organization or group. During the time of the evaluation, the main statewide effort was promoting the strategy within Secretary of State offices. During the few months of the evaluation period, it is unlikely that enough target-group people would have visited a Secretary of State office to impact survey results.

Despite the lack of differences between survey waves, the evaluation provides the background for a number of recommendations that could be implemented as the strategy moves forward.

- The information that the three groups are seeking is generally available on the SDSO website. The top types of information being sought by 25% or more of older adults and/or their informal caregivers were: assisting aging drivers to get around after they retire from driving; how aging affects driving; general information about transportation and aging; organizations that address transportation and aging; keeping aging drivers driving safely; assisting aging drivers to get around after they retire from driving; assisting aging drivers as they reduce or retire from driving; and talking with aging drivers about retiring from driving. Each of these types of information are addressed in the SDSO strategy and website. For professionals, the top seven types of information that were being sought were: resources to help aging drivers retire from driving; Information for families of aging adults; details referring older adults to Secretary of State; contact information for agencies that might be of assistance to aging adults; laws and policies regarding aging drivers and/or mobility for aging adults; availability of non-driving transportation options; and general information about aging and transportation. The website also contains resources related to the these topics.

- There are pros and cons for providing information through a website. The survey showed that less than one-half of older adults used the internet to find transportation-related information whereas about 60% of caregivers used the Internet for seeking this type of information. However, for those who used the Internet, many sought information from government and professional organization websites and both older adults and caregivers rated these sites as the most trustworthy. In the survey of employees, most used the Internet and the top three sources of information were government websites; supervisors/employer; and professional organization websites. Thus, the SDSO website would be a place that the intended target audiences would likely already visit and would trust. Given that many older adults and caregivers do not use the Internet for this purpose, thought should be given to how this information can still be obtained by these groups.

One solution is suggested by the survey results. As shown in Table 6 (older adults) and Table 10 (informal caregivers), many non-Internet sources are consulted for transportation and aging related information. Several received high ratings of trust including: health professionals, clergy, transportation professionals, libraries, and classes/lectures. Educating these groups about the SDSO strategy would give these groups background to help older adults and caregivers navigate the website to find relevant information.

- Awareness of the SDSO strategy is low. The surveys found that very few older adults and caregivers had heard the SDSO slogan and tagline and even fewer had actually been to the SDSO website. This result was not wholly unexpected, given that the surveys were conducted in the early stages of the strategy implementation. We expect awareness of the strategy to increase as the strategy is more fully implemented. This result suggests that efforts to promote the strategy among Michigan's older adults and informal caregivers should be continued and possibly redoubled. About two-thirds of the employees surveyed had heard the SDSO slogan/tagline and about one-half had seen the logo. While this is a relatively high level of awareness for a strategy that is in the early stages of implementation, it is possible that the method we used to recruit professionals (working through the SDSO stakeholder and advisory groups) tended to be biased toward respondents who were exposed to the strategy through their organization's association with the project. On the other hand, it is also possible that the professionals are more likely to be searching for transportation and aging related information and therefore more likely to come across the SDSO strategy and website.
- The older adult and informal caregivers surveys be conducted again in another year or 2 to gauge awareness of the SDSO strategy across Michigan once implementation efforts are more fully in place. We now have very good baseline information about awareness of the strategy. Conducting additional surveys once sustained efforts have been made to promote the strategy will allow the State of Michigan to determine the success of those efforts as well as determine the demographics for which additional effort is needed.

## References

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