

Safe Mobility of Older Persons

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Dear Colleagues,

First I would like to express my thanks for the privilege of leading the A3B13 Committee beginning in April. I know we all greatly appreciated the time, effort, and dedication that Cynthia Owsley devoted to the committee over the past several years, and I appreciate it now more than ever. I also have a new appreciation for the work that Rick Pain does, and I am quite aware of the amount of time and effort that Kent Milton and John Eberhard put in to create this newsletter. They have done an outstanding job once again.

We have decided to retain the same email address to avoid confusion in the transition process. David Benz will be monitoring the committee's email and distributing the newsletter and any other items of interest.

I have been asked to rotate a number of our members off the committee whose terms have expired and would like to thank everyone for their service as well as welcome the newcomers. We will, however, continue to encourage everyone to participate in the activities of the committee. August 1 will be the deadline for submitting presentations and papers for the annual meeting in January 2007. Please be ready to participate as a reviewer when papers and presentations are submitted in your area of expertise. More on the annual meeting will be posted on the website and distributed via e-mail as the program becomes finalized.

With respect to the creation of Circulars and Research Problem Statements, I hope that we will be active in the

next year in focusing the research needs in the area of safe mobility for older persons. There are a number of new studies and results on both safety and mobility issues in this area, and I look forward to working with all of you on addressing these important issues.

Karlene Ball



In This Issue

Bob Raleigh Tribute	Page 2
CTAA EXPO	Page 2
Wall Street Journal Reprint	Page 3
Around the World	Page 12

Committee on Safe Mobility of Older Persons Newsletter

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Transportation Research Board June 2006



Dr. Robert Raleigh

A True Pioneer Passes

Bob Raleigh Championed Senior Mobility Initiatives

Bob Raleigh began to focus on the older driver when he was 70. He came to visit NHTSA as he was in the beginning stages of developing an older driver program for the Maryland Motor Vehicle Administration. At that time NHTSA was in the formative process of developing its Safe Mobility for Older Persons program. Bob immediately bought into the criticality of addressing not only safety issues but also the equally important need to consider an older person's mobility. He became a champion of the safe mobility for life for older persons.

Bob was born November 27, 1925 in Brockport, NY. He graduated Cum Laude from Denison University in Granville, Ohio in 1949 where he played football under Woody Hayes. He received his MD degree from Albany Medical College in New York in 1953. He had a distinguished career at Eastman Kodak in industrial medicine. In his last 15 years at Kodak, he served as corporate director of the Health & Environment Laboratories. He was instrumental in developing a program in Occupational Medicine at the University of Rochester Medical Center.

In his "spare time" while doing all these things he was also very active in the field of alcohol and substance abuse. Beginning in 1960, after four years of training in how to overcome industrial alcoholism, he began his attempt to get executives, alcoholics and society in general to come to grips with the fact that alcoholism was

a treatable disease and not about will power, teaching and lecturing all over the country. He was founder and first president of the Texas Council on Alcoholism.

He relocated to Maryland in November 1989 and was immediately asked to open a chemical dependency office in Crofton. He served as Chairman of the Governor's Commission on Alcoholism in Maryland under Donald Shafer.

In 1993, he began his work as a Medical Advisory Board physician, becoming chairman in 1997. In that year he began to focus on the burgeoning issue of continued senior mobility, championing the goal of Safe Mobility for Life. He succeeded in elevating elder driving to consideration as a public health issue, and marshaled involvement at the federal, state and local level through the Maryland Research Consortium which he chaired until his last days.

His vision was to deliver a system that could predict development of high-risk driving impairment among the older driver population at a reasonable cost to driver license regulators to prevent personal injury and promote public health. He received a number of awards for his work in this area and was known both nationally and internationally for this work. Bob Raleigh will be deeply missed by all those who knew him. ---*John Eberhard*.

Transportation Innovations Will Be Highlighted at CTA

Latest developments in community transportation, including a two-day conference exploring medical transportation (Mobile Communities are Healthy Communities); a review of the program/financing possibilities offered by the new federal legislation known as SAFETEA-LU, and a summation of the White House Conference on Aging will be among highlights of the Community Transportation Association of America EXPO, June 3-9, at the Gaylord Palms Convention Center in Orlando, Fla.

Programs of particular interest to researchers and practitioners involved with senior safety and mobility issues are these three:

Wednesday, June 7, morning session---No Senior Left behind-Planning for Future Needs in Fairfax County, Virginia. Steve Yaffee, director of Fastran, a nationally recognized coordinated human services transportation program, and Denis Padeu, Fairfax County Planning

Transportation Research Board June 2006

Department, will discuss the recent Fairfax study of what senior transportation needs will be in the future and their recommendations as to how these needs might be met.

Wednesday, June 7, late afternoon session—Follow-up on the White House Conference on Aging. Jane Hardin, senior transportation specialist with CTAA, and members of the CTAA Senior Transportation Advisory Committee, will lead a give-and-take discussion session on how to advance mobility options for seniors, building on the WHCOA placement of the mobility issue as its No. 3 priority among a long list of recommendations. CTAA will hand out “how to” kit materials at the session.

Thursday, June 8, morning session—Helen Kerschner of the Beverly Foundation will lead a three-hour presentation of new or unusual transportation options. An open invitation has been issued to program administrators to describe their novel mobility programs—but the limit is seven minutes per person, meaning that plenty of time will be available to hear from a wide cross-section of programs. All presentations will be posted on the CTAA web site and will be summarized in the CTAA senior transportation toolkit which is being revised this summer for issuance in the fall.

Hardin said the EXPO brings together experts who share knowledge of developing trends and the value of transportation options to the health of communities. Among trends to come under the CTAA microscope at the EXPO: mobility management in public transit, medical transportation’s response to disasters, transportation for kidney diseases, including dialysis needs; new federal initiatives, other emergency issues in medical transportation, and promising new programs.

The conference kicks off June 3-4 with the Community Transportation Rodeo, climaxing with a Rodeo banquet Sunday evening. The conference offers a variety of intensive training and professional development sessions on a host of subjects. A community transportation awards dinner June 6 will honor the best in community and public transportation—services which have achieved the highest levels of success in moving people and building communities.

ASA-NCOA Joint Conference Accepts Abstracts of Papers Until June 5

The nation’s two largest professional associations in aging – The American Society on Aging (ASA) and the

National Council on Aging (NCOA) -- are collaborating again to offer a dynamic educational conference and networking opportunity for professionals in the field of aging. This March 7-10, 2007 event set for Chicago’s Sheraton Hotel & Towers will feature more than 900 sessions covering a diverse range of topics in aging.

Abstracts of papers for the ASA-NCOA event can still be submitted, but the deadline is near-- June 5, 2006. On-line submission is available at www.asaging.org. Click on NCOA-ASA joint conference, then click on "For Presenters Only" to find the on-line submission

More than 4,000 ASA and NCOA members and other professionals will network with colleagues and attend sessions that showcase innovative programs, foster policy discussion and advocacy, and share cutting-edge research findings.

How Do You Tell Someone That Driving Should Cease?

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By Scott R. Schmedel

Monday, April 24, 2006---How do you tell an aging, faltering spouse or parent or friend that it’s time to limit driving -- or to cease forthwith? How and when do I tell myself? Scary questions, those, and not just because they evoke images of decrepit motorists wreaking mayhem. For me and 35 million Americans age 65 and older, the questions raise threats to the freedoms won decades ago by getting a car. Any loss of independence could burden families, stall friendships, force us to move, and crumple our emotional well-being.

So, how can we ease this fear of car-key-jacking, while soothing those who fret about our safety? Start with an easy self-quiz, many experts say. Organizations that study older motorists now hand out free or inexpensive tests on paper or for home computers that let older drivers rate their abilities at home, without pressure. Ideally, after identifying our weaknesses, we can seek help to overcome them. Yes, the initial purpose of self-testing is to soften older drivers’ resistance to evaluation. But the ultimate goal, the tests’ authors add, isn’t to run

Transportation Research Board June 2006

people off the road. It's to keep older adults behind the wheel for as long as they can drive safely -- regardless of age.

That promise grabbed my attention, and I looked up the three leading self-examinations. I found them all useful, in different ways, and will report my results and observations later. You may want to try one or more tests for yourself and others. Your motivations may be like mine. For one thing, I'm concerned about the safety of an 88-year-old neighbor who lives alone and relies on her car for shopping, socializing and visiting the doctor. She reminds me of an over-90 woman who used to cruise my old Hoosier hometown mostly in second gear.

For my part, I've been driving legally for 58 1/2 years and haven't had an accident worth mentioning since the six-car pileup in a fog that I initiated at age 17. But to be honest, at night now, the opposing headlights seem to honey-coat my windshield with glare. Even in daylight -- once in a while -- my graying sixth sense misses something off to one side until just in time to avoid a problem. (Enter wife, my seventh sense, exercising vocal cords.)

The thing is, "There's no magical age when we can say, 'Stop driving.' We age at different rates," says Bella Dinh-Zarr, director of traffic safety policy for the American Automobile Association and holder of a doctorate in health policy. In fact, the experts urge youngsters in their 50s to begin testing. That's when physical and mental functions begin to waver for some, while many drivers retain the basic skills into their 80s. Self-exams, therefore, inquire not about skills but rather about functions vital to safe driving -- such things as visual contrast and depth perception, neck flexibility, responses to traffic stress, and reactions to medications.

Dr. Dinh-Zarr and other experts link driver issues to public and personal health. "We can screen for driving risks just as doctors screen for prostate cancer or high cholesterol," she says. "Self-assessment is a more acceptable way. [It's] nonthreatening . . . like going for a checkup, not a judgment." Test proponents feel some urgency in spreading the word. In 2003, about 14% of licensed drivers were over 65. In 2029, as the youngest baby boomers turn 65, that share will approach 25%, AARP projects. The elderly have fewer accidents per licensed driver than younger ones. However, when measured by crashes per mile driven after age 70, the rate rises substantially. Fragility, moreover, causes older

drivers to suffer proportionally far more deaths and injuries than younger ones.

In most states, licensing requirements are unlikely to unseat risky older drivers before they crash or are arrested. Self-monitoring, though, prepares us to order ourselves to limit driving to the daytime or local streets -- and eventually to forswear it. It also should enlist us as proselytizers for the cause. The chief self-test providers are AAA and the University of Michigan. Hartford Financial Services Group Inc., the insurer, and the American Medical Association offer valuable guides for older drivers and their families that also may be turned into self-exams.

I began with the shortest exam, AAA's Drivers 55 Plus: Self-Rating Form, available free as a booklet or online as a computer quiz. (In the interest of full disclosure, I am a member of AAA.) The exam's 15 questions on one page cover such basics as: Do I signal and look to the rear when changing lanes, have regular eye tests, worry about left turns, hesitate in hazardous situations, let my thoughts wander, get angry at traffic situations? The answer choices are, "always, sometimes, never."

One provocative quotation: ". . . we stop being aware of our actions, especially if we've driven accident-free for a long time." I took barely five minutes at the computer to mark my answers, but the added 21 pages of counsel on safety lapses cover a lot of ground, factual and subjective. This is the only test to bring up anger. So I spent 25 minutes reviewing everything and reconsidering some hasty answers (admitting I'm not a stranger to anger). On a scale in which 0 is the top mark and 35 or higher suggests it's time to put it in park permanently, I scored an acceptable 10, and found the overall process sparked many worthwhile thoughts.

Still, more evaluation is better, as is the 45-page Driving Decisions Workbook, available free online from the University of Michigan's Transportation Research Institute. Its 100 questions explore driving behavior, vision, distractions, memory, strength, agility, specific ailments, medicines and overall health. It looks intimidating, but this thoroughness made me feel I really had interrogated myself. I went through the workbook in 30 minutes, reading all the "feedback" on every safety issue raised by the questions. I found compelling questions about situations provoking stress and surprise: Do I feel stress when driving at night, in unfamiliar areas,

Transportation Research Board June 2006

in heavy traffic? How often do others honk at me? How often am I surprised by an unnoticed vehicle? How often do I feel disoriented? The quiz isn't scored, but each answer showing difficulty leads to clear advice for action.

Such detail led me to think more about my purpose in taking the tests and the honesty of my answers. I decided it would be good to quiz myself again and to discuss it all with someone else. Finally, I tried AAA's CD-ROM, Roadwise Review, which my local New Jersey AAA office sells to members for \$5 and to others for \$7. This interactive video for PCs took time, but it proved to be the most intriguing test. I needed 10 minutes to install it; video introductions and explanations took 15 minutes more. The test's eight parts call for physical action, not pencil marks. They rate leg strength, neck flexibility, high-contrast and low-contrast vision, ability to spot signs and landmarks and visualize missing information (recognizing a partly obscured hazard at one side), memory, and the quickness of responses. "Safe driving requires complex visual processing, quick and clear thinking, and some strength and flexibility," AAA says.

The test requires a partner, a 10-foot walking path by the computer, and a speedy mouse. You can control the pacing with replays and pauses. My first venture took almost 1 1/2 hours, but repeat tests should take less than an hour. At the end, the computer scores levels of impairment -- none, mild, or serious -- for each function and offers counsel on each issue. I slipped to "mild" in low-contrast vision and quickness of responses. Roadwise Review got me much more involved in spotting particular functional deficiencies than the questionnaires did, and its computerized scoring forestalls fudging the answers. On the other hand, the Driving Decisions Workbook made me think about broader issues. Either test would steer you in the right direction. Of course, self-assessment won't work for people unable or unwilling to respond coherently and honestly. Their families, though, have other resources.

Hartford Financial and the Massachusetts Institute of Technology's AgeLab developed a brochure called "Family Conversations With Older Drivers," available free online and by mail. It discusses how to approach the driver, the subject of driving safety and possible corrective actions. It provides worksheets on warning signs, car costs and alternative transportation. The Web site of the AMA provides extensive free materials on the topic, including the Physician's Guide to Assessing and

Counseling Older Drivers. Perusing these materials will help drivers and their families focus on the issues involved in assuring safe driving.

And what did I learn from my own tests? Self-examination is a first step. After testing ourselves once or twice a year, we must seek help for any waning abilities we discover. Such steps include seeing a doctor or driving therapist; modifying our car's equipment; and taking an inexpensive driving-refresher course offered by AARP, AAA or a local agency for the aging. Most states require auto insurers to give discounts to those who complete an approved course. Some states also knock penalty points off a driving record. The self-exams and guides all supply many references to resources for help in dealing with the dreaded need to limit or give up driving. (*Scott Schmedel, a writer in Mountainside, N.J., can be reached at encore@wsj.com.*)

You can get more information about self-testing and other resources for evaluating and aiding older drivers from the following organizations (*Source: WSJ reporting*)::

American Automobile Association Foundation for Traffic Safety--AAA has two Web sites that contain materials for older drivers:

www.aaafoundation.org<<http://www.aaafoundation.org>>3: Click on "Products" to download or order a free copy of "Drivers 55 Plus." Or call 800-305-7233.

www.seniordrivers.org<<http://www.seniordrivers.org>>4: Click on the picture of "Roadwise Review" for information about obtaining this CD-ROM and self-test, or contact a local AAA office.

University of Michigan Transportation Research Institute--hdl.handle.net/2027.42/1321<<http://hdl.handle.net/2027.42/1321>>5: To print the "Driving Decisions Workbook," open the file at the bottom of the page.

AARP--www.aarp.org/families/<<http://www.aarp.org/families/>>6: Click on "Driver Safety" for information about safety courses; warning signs that indicate a person should limit or stop driving; and advice on starting conversations with older adults about driving in later life.

Hartford Financial Services Group--www.thehartford.com/talkwith-olderdrivers<<http://www.thehartford.com/talkwitholderdrivers>>7: This

comprehensive program, called "Family Conversations With Older Drivers," is intended to help "initiate productive and caring conversations with older adults about driving safety," the company says. You can also order a brochure by mail from: The Hartford, We Need to Talk, 200 Executive Blvd., Southington, CT 06489.

American Medical Association--www.ama-assn.org/ama/pub/category/8925.html<<http://www.ama-assn.org/ama/pub/category/8925.html>>8: This site has information about older

drivers and safety, aimed primarily at physicians. It encourages doctors to "make driver safety a routine part of their geriatric medical services."

Research Reports Consider Senior Transportation Issues

Two research reports on transportation for seniors, prepared by Westat for the Administration on Aging, have recently been released. The first was prepared by Jon Burkhardt and Sharon Levi and is called "*Seniors Benefit*

Transportation Research Board June 2006

from *Transportation Partnerships: Case Studies from the Aging Network*." The report describes how coordination can lead to more cost-effective transportation services for seniors, based on lessons learned from 14 case studies. Materials developed by Westat have been revised and repackaged by AoA: the report is published in five separate sections, including an Executive Summary, a synthesis of practices, case studies of successful coordinated transportation services, a resource guide, and a PowerPoint presentation.

The second report was written by Jon Burkhardt of Westat and Helen Kerschner of the Beverly Foundation [Westat's subcontractor on this project]. Entitled *"How to Establish and Maintain Door-through-Door Transportation Services for Seniors,"* it examines very personalized transportation services for seniors needing significant help to travel, and offers how-to instructions for agencies interested in providing such services. Detailed information is presented on six case studies.

These studies are now part of AoA's "transportation toolbox" which can be found on AoA's web site at www.aoa.gov/prof/transportation/transportation.asp

California's Three-Tier Due For Six-Office Introduction

What's next for California's prospective three-tier driver assessment system? The California Department of Motor Vehicles (DMV) is currently planning to initiate a limited implementation of the three-tier assessment system in six of its 168 field offices, performing both process and outcome evaluations. The first two tiers consist of tools that assess drivers for driving-relevant visual, cognitive, and physical limitations, while the third tier involves road testing drivers assessed as extremely functionally limited.

Renewal applicants assessed as extremely limited will be first assisted in a variety of ways to drive safely despite their limitations, and then tested on the road in order to make a licensing decision.

Educational interventions are being developed to assist drivers identified with a non-extreme functional limitation to understand their limitation and compensate consistently and adequately. Educational interventions may take a variety of forms such as computer-based instruction and handouts that identify resources which drivers can use in adapting

themselves and their vehicles to their limitations. Drivers identified with a non-extreme functional limitation will not be referred for road tests.

For a summary of the study that specified the prospective three-tier assessment system, see California DMV Research and Development Report # 215, www.dmv.ca.gov/about/profile/rd/r_d_report/Section%202/215-3TierSummaryRpt.pdf.

Portland's Ride Connection Increases Senior Mobility

Ride Connection is the name Portland, Oregon gives to the coordinated, quality transportation services that serve older adults and people with disabilities in four counties in and around this metropolitan hub. More than 30 providers join to carry out Ride Connection's mission: "To link accessible, responsive transportation with community needs." Ride Connection is the center of the wheel that moves throughout local communities, offering essential transportation in a coordinated, collaborative, stable and reliable manner, keeping older adults and people with disabilities independent and mobile.

Ride Connection carries out its mission by offering the following continuum of accessible transportation services:



Ride Connection Is Comfortable, Accessible

- **Information and referral** – A customer calls the service center and participates in a brief intake so the service representative can determine the best options. The service representative presents the

Transportation Research Board June 2006

alternatives, and the customer chooses the best option for that trip.

- **Travel training** – RideWise is a collaborative program with the regional transit authority that helps older adults and people with disabilities travel safely and independently using public transportation. By providing information on transportation choices, personal trip planning and assistance learning to ride regular buses and light rail, RideWise helps customers build the confidence and skills to use all the transit options available. RideWise offers:
 - Help developing an individual transportation plan
 - Personal and group orientation in boarding actual buses and light rail, using vehicles not in service
 - Personal and group training with a skilled RideWise volunteer or staff member using in-service vehicles
 - Follow-up support and training as needed

- **Community based services** – Ride Connection supports transportation programs and services in urban, rural and suburban areas. Important strengths of the service are:

Door to door service, community shuttles, shared vehicle program, group rides, access to personalized trip planning, centralized information and referral, community connections that build and support a community transportation network, service provider support in training, compliance, safety and reporting; accessible fleet acquisition, management and maintenance; streamlined, time-saving funding application processes for service providers; technical assistance to service providers and community organizations. (www.rideconnection.org)

New Transportation/Aging Interest Group Meets at GSA

More than 40 people attended the inaugural annual meeting of the GSA Transportation and Aging (T & A) Formal Interest Group held during the Gerontological Society of America's 58th annual general scientific meeting in Orlando last November. Representatives from Canada and the U.S. addressed the theme of "Safe Mobility for Life: Opportunities for Research Collaboration." Three national organizations (two U.S. and one Canadian) provided an overview of their

research programs and summarized current research initiatives.

Karlene Ball to Address T&A Group

Karlene Ball, new chair of the Committee on Safe Mobility of Older Persons for the Transportation Research Board, will appear before the T&A Interest group's annual business meeting scheduled during the November 16-20 GSA conference in Dallas to discuss the committee's current activities and future plans.

Judy Stevens, on behalf of Anne Dellinger, provided an overview of the Centers for Disease Control's research priorities and funding opportunities relevant to transportation and aging. Linda Mealing, on behalf of Anne-Martin Matthews, provided an overview of the mandate and research priorities of the Canadian Institutes of Health Research- Institute of Aging. Bonnie Dobbs (co-convenor of the interest group), on behalf of Sam Fazio, director of psychosocial, science, medical, and scientific affairs for the Alzheimer Association, provided an overview of the Association and reviewed its research grants program.

Among the T&A Group's highlights for 2005:

1. The group received formal interest group status. Implementation of the three-year plan developed as part of the application for formal status officially began with the first meeting and resulted in establishment of two standing committees – an executive committee and a program committee.

2. The T & A Formal Interest Group was asked by the organizers of one of the designated pre-WHCOA events (held in conjunction with the American Society on Aging in Philadelphia in March 2005) to develop a set of policy recommendations for the WHCOA. Themes of the session were "keeping older drivers safely on the road" and "providing alternative transportation to those who need it." Policy recommendations were developed by conveners of T & A Interest Group with input from the membership. A paper (*Policy Recommendations from the Transportation and Aging Interest Group of the Gerontological Society of America* by Lisa J Molnar, David W Eby, and Bonnie M Dobbs) was presented at the WHCOA-designated event, then forwarded to the WHCOA for posting on its website.

3. T & A Group conveners were asked by the editor of the Public Policy & Aging Report (a publication of the National Academy on an Aging Society, a policy institute

Transportation Research Board June 2006

of GSA) to help develop a special transportation issue (Volume 15, Number 2, Spring 2005). Conveners and members of the group contributed to the issue, which focused on policy and practice affecting older drivers. (The issue is available on request).

T&A now plans to organize and present an official interest group program session at the next GSA conference, and to follow through with the group's three-year plan. Information is available from Lisa Molnar <<mailto:ljmolnar@umich.edu>>ljmolnar@umich.edu, David Eby (<<mailto:eby@umich.edu>>eby@umich.edu), or Bonnie Dobbs (<<mailto:bonnie.dobbs@ualberta.ca>>bonnie.dobbs@ualberta.ca).

California Task Force Takes Mobility as Its New Challenge

The Older Californian Traffic Safety (OCTS) Task Force has taken on a new objective: advancing senior mobility. CHP Commissioner Mike Brown, who also chairs the task force, introduced mobility to the OCTS agenda earlier this year as a consequence of the Santa Monica crash, where a car driven by an 87-year-old man plunged through an open air market killing 10 and injuring dozens. Commissioner Brown headed the CHP's Southern Division where and when the crash occurred. His analysis of the circumstances led to the realization that preventing tragedies like this one "means helping people stop driving in time—and when that happens, alternative methods of transportation should be available."

His manifesto: Driving is a privilege, but mobility is a right.

A mobility work group was added to the task force roster, its membership includes people involved with transit, paratransit, supplemental transportation programs, government, the Automobile Association and Area Agencies on Aging. Their marching orders—identify strategies that improve the coordination of transportation options, work to expand these options where gaps exist, and help seniors to understand, embrace and take advantage of these options. "A tall order, I know," Commissioner Brown said, "but the numbers of seniors who stop driving will increase annually for decades, so we have a responsibility to build solutions."

OCTS Task Force operations until now had addressed six major areas: health care, aging services, licensing, law enforcement, the highway environment and public information. Among task force accomplishments have been production of a handy summary for doctors of

the American Medical Association guidelines describing assessment of functional problems in terms of impact on driving; promotion of such aids to seniors as Road to Driving Wellness classes, Roadwise Review, and CarFit; working with California DMV on assimilation of its proposed 3-Tier driving license examination; cooperating with the California Department of Transportation and the highway engineering community to foster adoption of FHWA recommendations to help seniors; constructing a training module for law enforcement agencies statewide to help their understanding of what to expect when they stop a senior on the highway; and promoting various information strategies, including declaration of October 22-28, 2006, as Senior Safe Mobility Week in California. One major event during that week will be a Summit that draws together experts who can speak to the future directions which safe mobility programming should take.

\$3.5 Million Grant to Assist ITNAmerica Rollout in U.S.

ITNAmerica, the national non-profit organization formed to support replication of Greater Portland's Independent Transportation Network® (ITN), will receive a \$3.5 million grant from The Atlantic Philanthropies to sustain the national rollout. ITN uses automobiles and a combination of paid and volunteer drivers to provide door-through-door transportation 24/7 for seniors and the visually impaired.

Atlantic's support of ITNAmerica should assure a significant increase in locations where ITN can be introduced, thus providing seniors who stop or limit driving a means for retaining connections to the community and forestalling social isolation. ITNAmerica promotes civic engagement not only for the seniors who receive rides, but also for the volunteers who provide the rides – approximately 70% of ITN's volunteer rides are delivered by volunteers over 65. The Atlantic Philanthropies are dedicated to bringing about lasting changes in the lives of disadvantaged and vulnerable people through grantmaking. Atlantic focuses on critical social problems related to aging, disadvantaged children and youth, population health, and reconciliation and human rights. Atlantic's assistance extends worldwide.

The Atlantic grant came just as Sen. Susan Collins of Maine was introducing a bill in Congress, the Older

Transportation Research Board June 2006

Americans Sustainable Mobility Act of 2006, to establish a demonstration project illustrating the feasibility of creating a national network of economically sustainable transportation providers who could offer transportation services to seniors and the blind. Maine Congressman Tom Allen will co-sponsor the bill in the House of Representatives. The Atlantic grant will not benefit the seminal ITNPortland service, which must continue to combine innovation and hard work to maintain its high profile efforts to demonstrate that quality door-through-door transportation for seniors and the visually impaired can be sustained through reasonable fares and voluntary local community support.

The ITN model specifies that public resources may be used to help start a sustainable model, but after the first five years, every ITN must be supported without taxpayer dollars. Public funds are used only to help seed community-based and community-supported programs. In this fashion, ITN supplements public transportation without competing for scarce public resources. Rather, it develops programs that encourage people to think about and plan for their own mobility needs if the day arrives when they must limit or stop driving. The Greater Portland ITN has delivered more than 160,000 rides and operates with donated automobiles, volunteer drivers, and local support from families, merchants, and healthcare providers. ITN's Road Scholarship programs ensure that seniors from all economic strata are served.

The grant from The Atlantic Philanthropies will be used over the next four years to build a strong senior management team to support the ITN replications now underway and planned. Currently, ITN replications are starting in Santa Monica, California; Charleston, South Carolina; Orlando, Florida; and Princeton, New Jersey. The Atlantic grant will also fund the next version of ITN*Rides!*[™], the enterprise software technology that ITN*America* has developed to support and connect ITN replications across the country. In the ITN*America* network, information system technology is a central component of the efficiency necessary for economic sustainability. This next version of ITN*Rides!* will also support volunteer and community-based transportation programs other than ITN replications.

Senator Collins' bill (S2311) includes incentives for people to trade their no longer used automobiles to help pay for the cost of their own transportation. Modeled on

the pioneering Maine ITN program, the federal bill allows a once-in-a-lifetime partial tax credit for seniors who establish transportation accounts using the equity in their own vehicles. The bill also provides a matching grant program for communities that wish to start sustainable transportation services for seniors and those who cannot drive because of visual impairment. It also offers a mini-grant program of technology support for other transportation services that wish to connect with the national network. Another feature of the federal bill is the Baby Boomer Volunteer Driver Corps.

The bill establishes a five-year \$25 million demonstration program to help launch a national network that will require no government support. In this fashion, it will be positioned to scale with the aging of the population and not compete with Social Security and Medicare as society seeks to meet the needs of the aging population. A grassroots effort that began as a graduate school project at the Edmund S. Muskie School of Public Service, ITN*America* has received thousands of requests for replication of its Maine model from all over the United States and abroad. Requests for help have come from all 50 states, Canada, Australia, Japan, Ireland, Bermuda and France. —Kathy Freund, ITN*America*.

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New Research Group to Study Data Collected by 'Rides' Base

ITN*America* has formed what it describes as a virtual research institute, titled the ITN*America* Research Group, to create multiple studies of accumulating data in the ITN*America* data base. Every ITN*America* affiliate uses ITN*Rides* software, resulting in centralized data collection from jurisdictions nationwide. ITN*America* believes the opportunities are unprecedented to conduct geographical comparisons and longitudinal studies.

The group is headed by Dr. Richard Fortinsky of the University of Connecticut, and includes: Jeff Finn, American Society on Aging; Alan Fried, ITN*America*; Katherine Freund, ITN*America*; Dr. Richard Marottoli, Yale University; Dr. Germaine Odenheimer, University of Oklahoma; Dr. Nina Silverstein, University of Massachusetts, Boston; and Dr. Loren Staplin, TransAnalytics. Because the original Independent Transportation Network (ITN[®]) model was born of research, funded by TRB's Transit IDEA program, the

Transportation Research Board June 2006

Federal Transit Administration, the National Highway Traffic Safety Administration, AARP, the Great Bay Foundation for Social Entrepreneurs and numerous other private philanthropies, ITNAmerica's approach to dignified and sustainable senior mobility has always worked toward a solution that integrates the three core areas of action—research, practice and policy.

During the recent business planning process for the national rollout of the sustainable ITN model, funded primarily by the Federal Transit Administration and the Atlantic Philanthropies, the ITNAmerica Research Group convened to develop a strategic plan for this critical research component. The recently funded Atlantic Philanthropies national rollout project includes the first exploratory research projects for the new group.

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How Quality of Life Affected by ITNAmerica Will Be Study Goal

An increasing amount of published work has highlighted the need to identify, and whenever possible ameliorate, risk factors for unsafe driving in the older American population. Published studies also suggest that older adults experience depressive symptoms and other negative quality of life-related consequences after they stop driving. Very little is known, however, about how the availability and provision of alternative transportation to older adults impacts their quality of life.

Moreover, virtually nothing is known about the impact on older adults' family members when such transportation is made available, nor upon individuals who volunteer to provide automobile transportation to older adults-- as in the Independent Transportation Network model. Therefore, the evaluation component of the ITNAmerica project funded by Atlantic Philanthropies will address this primary question: What is the impact of ITNAmerica on the quality of life of older adults, family members, and volunteer drivers?

Major objectives for the planned four-year evaluation component are to:

△ Formulate scientifically sound and feasible evaluation survey instruments, with a primary focus on quality of life measures. △ Establish centralized and uniform evaluation data collection protocols for use at all participating ITNAmerica sites. △ Gather evaluation data from samples of ITNAmerica customers, family caregivers and volunteer drivers at all sites, and from older adults

and family members from selected communities without an ITNAmerica program in place. △ Link longitudinal survey data with actual ridership data for customers to learn how changes over time in quality of life measures are associated with purposes and frequency of ITNAmerica-provided transportation. △ Disseminate evaluation results; non-technical reports will be provided to each participating ITNAmerica site on an annual basis, and technical reports will be written for submission to peer-reviewed journals in the fields of transportation, gerontology and public health. --Richard H. Fortinsky, Ph.D

NHTSA Peace Officer Course Should Be Available in July

NHTSA and the Transportation Safety Institute (TSI) are field-testing a half-day course for law enforcement that will help uniformed officers understand the relationship between aging and driving ability and build officer awareness of appropriate responses. The course deals with demographics, age-related diseases and how these affect function, the dynamics of a traffic stop involving an older driver, referring medically at-risk drivers for re-examination, and establishing community relations programs for seniors. Three brief video scenarios will be filmed in June to underscore safety at traffic stops and the observations that are necessary for a good written referral to the DMV or call to adult protective services.

93-Year Old Connecticut Man Teaches AARP Driving Courses

His name is Morton Morrison, he's 93 years old, and he gives classroom driving refresher classes. Morrison is an AARP instructor who, according to an Associated Press article earlier this spring, teaches seven to ten classes per year in Danbury, Conn. His students are usually in their 60s. One of them marveled: "We learned an awful lot from him about things like new road safety rules."

Does he drive himself? Yes, and he relies considerably on computer-generated maps when he's going to an unfamiliar location. Morrison was born the day the Titanic sank (April 15, 1912) and taught in New York City schools for 36 years.

His next goal—to reach the century mark. Then, he says, when that happens in 2012, he will "make new plans."

Transportation Research Board June 2006

AAMVA-CCMTA Forum Helps Driver License Administrators

The particular needs of driver license administrators were the subject of a forum titled "Challenging Myths and Opening Minds: Aging and the Medically At-Risk Driver," which was conducted by the American Association of Motor Vehicle Administrators (AAMVA) and the Canadian Council of Transport Administrators (CCMTA). The March 4-6 forum drew 150 participants to Austin Texas. Assisting with sponsorship were the National Highway Traffic Safety Administration (NHTSA), AAA, AARP and the Canadian Automobile Association., drew 150 participants to Austin, Texas.

The forum offered topics including legal and medical considerations, the screening, assessment and testing of drivers, and strategies on forming state-wide partnerships, among other subjects. The goal was to educate the driver licensing community and provide opportunities to exchange ideas.

The audience endorsed holding another forum in two years, to include updates on research and perhaps create added consensus on driver licensing policy. They also suggested that the next forum expand its scope to include more participants from the law enforcement, road design and engineering, and medical communities.

During the Forum, AAMVA presented appreciation awards to John Eberhard and Dr. Robert Raleigh, who passed away on April 2. The awards honor their contributions to the association regarding driver fitness and older drivers.

At 89, This Veteran Auto Safety Expert Now Focuses on Seniors

At 89 years of age, Fletcher Platt obviously is an older driver. But not just any older driver. He once headed Ford Motor Company's safety program, was a leader in development of instrumented cars, and had a major role in creating the University of Michigan Transportation Research Institute. And he's still marketing safety. He has written two booklets for aging drivers and a community mobility manual. He maintains a website where tips for senior drivers are both to the point and extremely useful. Here are samples:

#1—Stay involved and informed. Read up on driving safety. Talk with friends and your doctor about your aging concerns.

#2—Have regular eye exams and never miss a routine medical checkup. The more you know about your changing body, the more you will be able to adjust your habits to reduce risks.

#3—In parking lots, try to be extra careful; watch for cars coming or backing out as you approach.

#4—If you're stressed, wait until you cool down and have control of your emotions--or ask a friend to drive. When you're behind the wheel, you are accident prone if your heart is pounding.

Platt supplements tips with brief commentaries on subjects such as getting lost (and how to avoid that frustrating situation), vision problems, lane positioning and night driving.

Platt's website: <http://www.fletchplatt.com>.

Polypharmacy Literature Review Recently Made Available On-Line

A literature review has just gone on-line that deals with Polypharmacy and Older Drivers: Identifying Strategies to Collect Drug Usage and Driving Functioning Among Older Drivers. This research updates knowledge on key factors that bear on the ability of the National Highway Traffic Safety Administration to investigate the effects of multiple medications on safe driving among older people.

Initially, the prevalence of medication use by older people, the physiological/metabolic effects of specific drugs and drug classes, and the known effects on driving ability—principally for single substances—are reviewed. Then, the strengths and weaknesses of various ways that may be used to learn which prescription and over-the-counter drugs are being taken by seniors are described and contrasted. Finally, factors that most strongly affect compliance with a medication regime, and factors that influence older peoples' willingness to participate in studies aimed at obtaining such information, are considered.

The remaining section looks at on-road, closed course and simulation methods that have been applied in this arena, highlighting those that appear to have the greatest promise for evaluating the effect of drugs on driving, while also acknowledging shortcomings and limitations reported in the literature. The website is: http://www.nhtsa.dot.gov/people/injury/olddrive/DrugUse%20OlderDriver/images/Job%202859%20Polypharmacy_NEW.

Transportation Research Board June 2006

Around the World

New Zealand Ends On-Road Tests for Seniors 80 and Up

New Zealand drivers aged 80 and over will not have to take compulsory on-road driving tests to re-license after December 2006. This significant change is one of several to New Zealand's older driver licensing system announced last year. Other modifications include improvements in education and information for older drivers. The new system balances the need of older drivers to maintain mobility and access to social networks, and safeguards for driver and public safety. Drivers aged 75 and over will find it less costly and less stressful to re-license and there will be measures in place to ensure older drivers are medically fit to drive.

Changes to the system follow a ministerial review of the older driver licensing policy, which involved a wide range of stakeholder groups including the NZ Royal College of GPs, Grey Power, Age Concern and the New Zealand Automobile Association Inc. Proposals will be finalized once the public perspective has been heard. The amendments will then be incorporated into New Zealand land transport rules and should be implemented in December. Education and information packages for older drivers and their families, and for general practitioners and other health practitioners who will advise older drivers, will be available later this year. Other features of the new system are :

- Drivers at ages 75, 80 and then every two years thereafter will need a medical certificate to re-license
- GPs and health professionals will be able to recommend conditions or restrictions on older drivers (for example, no night driving, or a distance restriction)
- GPs may require older drivers to take an on-road test in some circumstances (for example, if a patient aged 75 or over is medically fit to drive but his or her GP is uncertain about the ability to drive safely)
- *Safe with Age* classroom road safety courses will be expanded.

Safe with Age is a road safety awareness and road rules refresher course for people over 55. The free courses are run by local groups, such as Age Concern, and co-coordinated by Land Transport New Zealand. The

Government now will put more money into the *Safe with Age* courses. For example, from July 1, 2007 it will provide a 50% subsidy for *Safe with Age* graduates who want to further improve their driving skills by taking a private on-road lesson.

New Zealand is one of very few countries currently requiring drivers aged 80 and over to take an on-road driving test. The United Kingdom, Western Europe, and most Australian and US states have no age-based on-road testing. Overall their crash statistics for older drivers are no better or worse than New Zealand statistics. <http://www.cieca.be/download/NZ80PlusEN.pdf>

IMMORTAL Research Looks At Issues Affecting Seniors

IMMORTAL (Impaired Motorists, Methods of Roadside Testing and Assessment for Licensing) is a special EU research program addressing accident risks associated with different forms of driver impairment, including the ramifications of aging. The project aims to investigate the influence of chronic and acute impairment in order to make a more accurate risk assessment, to recommend criteria for high risk categories, and to provide key information to support EU Policy on licensing and roadside testing. The Final Deliverable Report was recently made available.

Acute and chronic impairment was investigated by case control and field studies, experiments, interviews, literature analyses and literature reviews. IMMORTAL research essentially contributed to the information about drugged driving, with regard to the guidelines for driver assessment, the effects on driving performance of various acute and chronic impairments (e.g. diabetes, depression), and the evaluation of methods to assess the effect of certain diseases on fitness to drive. Among the most important results are the following :

Concerning prevalence :

Both field studies and case control studies point to an increase of drugged driving. The predominating substances were cannabis, benzodiazepines and alcohol. IMMORTAL showed in particular that the roadside tests using saliva samples are not yet perfected and that the combination of alcohol and drugs especially should be paid more attention at police controls. For medicinal drugs, IMMORTAL researchers suggest therapeutic levels as adequate legal thresholds for the time being.

Transportation Research Board June 2006

Concerning relative risk :

Diseases included in the Annex III of the Council Directive on the Driving Licence (1991)* show a relative risk of accident involvement of 1.33 (weighted average across all categories). However, the relative risk of individual groups of diseases varies greatly. Those falling into the high risk category include: Alcoholism, neurological diseases, mental disorders, drugs and medicines. The IMMORTAL study also highlighted stroke and myocardial infarction, sleep disturbances, mobility disorders and visual deficiencies as potential sources of impairment.

**Annex III establishes the minimum standards of physical and mental fitness for driving a power-driven vehicle. The following aspects are listed in Annex III: hearing, locomotive disability, cardiovascular diseases, diabetes mellitus, neurological diseases, mental disorders, alcohol, drugs and medical products, renal disorders.*

Concerning fitness to drive and licensing :

Best practice models of several countries could provide a sound working basis for medical and psychological assessment in the context of licensing.

Concerning evaluation of assessment methods :

Only some of the tests and some of the driving simulator tasks show reliable results. It also became apparent that the presence of a medical condition should not *a priori* lead to the judgment that a person is unfit to drive. That is the case with only a few disorders. Rather, a critical examination of the individual case is called for, to determine the extent to which sufficiently favorable physical and psychological preconditions exist, or to what extent deficiencies (e.g. arthritis, learning difficulties, diabetes mellitus, visual deficiencies) can be counterbalanced by individual compensation abilities and/or strategies. A multidisciplinary approach is recommended regarding fitness-to-drive assessment.

Concerning experiments :

Depression and the medication of depression with SSRI (specific serotonin reuptake inhibitors) have significant effects on driving behavior. Suffering from cold and cold medication also affects driving and performance. The impairing effect of cold remedy medication (low doses) on road tracking performance is particularly noteworthy. The addition of pseudoephedrine to the cold remedy formulation does not fully compensate for the sedative potential of diphenhydramine. Both young and older drivers lack adequate knowledge about the effects

of drugs and medicines and potential interactions. Here, action needs to be taken as well: dissemination of knowledge by practitioners, schools, etc. In the case of fatigue and sleepiness, it has turned out that creation of consciousness and education of drivers is highly needed, and promising countermeasures should be further developed to prevent those especially serious crashes due to fatigue. Experts stated that the only possibility to prevent traffic accidents due to fatigue is sufficient sleep.

Concerning Cost-Benefit-Analysis of three countermeasures :

Mandatory eyesight testing has proved to have a negative socio-economic yield, if withdrawal of the driving license is the only sanction imposed. Here, too, an assessment of the individual compensation abilities on the basis of a medical and psychological examination is recommended. Increased random breath testing and alcohollocks seem to be promising measures, showing a positive socio-economic benefit.

Among the highlights of IMMORTAL findings it was shown that :

- Concerning illness and diseases, it became apparent that the degree of impairment not only differs depending on the medical condition, but also may clearly vary individually. Individual compensation abilities can be crucial factors in the context of assessing the fitness to drive. This result speaks for two things: (1) To measure the identified, especially risky medical conditions and (2) To assess individually to which extent driving fitness exists.
- For the assessment, both medical and psychological variables have turned out to be relevant.
- For most medicinal drugs, like antidepressants, benzodiazepines, codeine, barbiturates and even morphine, therapeutic levels may be adequate as legal limits, at least for the present..

The 16 recommendations provide starting points for different areas: Licensing, legislation, and measures. Here, it becomes clear which findings are further needed, both on the political level and in the field of research.

The deliverables can be viewed and downloaded at the IMMORTAL website <http://www.immortal.or.at> General information regarding the project, the 10 partners, and the procedures can be found there as well. Among the deliverables are :

Transportation Research Board June 2006

- Impairments, diseases, **age** and their relative risks of accident involvement
- Driver health and crash involvement
- Medical condition and fitness-to-drive
- Effects of depression and antidepressant therapy on driving performance
- Effect of diabetes mellitus on driving performance and relation to fatigue and alcohol effect
- Developing of licensing assessment protocols for **elderly drivers with arthritis**
- **Aging**, mental illness and medical diseases : a synthesis of results
- Final Deliverable Report

EU Studies Medical Conditions In Relation to Driving Fitness

The MEDRIL (**M**EDical Testing for the EU **D**RIving License) research project is looking at the relationship between medical conditions and fitness to drive. Three objectives inform the research:

- 1.. To propose a common medical form and test for evaluating fitness-to-drive within the European Union.
- 2.. To carry out 10,000 medical checks (in Spain, Finland, Netherlands and Luxembourg) on (**mostly elderly**) car drivers. The results will indicate the prevalence of a range of medical problems across Europe.
3. To discuss possible designs for practical driving tests intended to measure the fitness-to-drive of people with borderline medical problems (where the doctor is unable to reach a clear decision on the subject's ability to drive safely).

Governments and national driver licensing regimes are under increasing pressure to adopt a case-by-case approach to fitness-to-drive, rather than imposing blanket driving bans on persons with specific conditions. This process is likely to intensify as Western societies grow older and the likelihood of increased medical problems related to age grows.

According to this case-by-case, evidence-based argument, certain medical conditions may differ from person to person in terms of their severity, progressivity, the effect of medication and the ability of the driver to compensate for the condition, or combination of conditions. In certain situations, therefore, people should be given the right to individually prove their ability to drive

safely. Moreover, there is evidence to suggest that doctors are often unable or reluctant to determine unilaterally a person's ability/right to drive. Such a decision is a major one and can bear heavily on the minds of doctors, especially general practitioners who are often not sufficiently trained in these matters.

On-road testing for these persons fits into this context. However, it is important to note that there is opposition to on-road testing, whether on principle or simply because not enough scientific research has been done to validate these methods. Opponents of practical on-road testing would state that only medical experts have the knowledge and skills to determine fitness to drive. According to this view, on-road tests cannot be relied upon fully, at least not in their current form. The MEDRIL study is managed by CIECA (the international commission of driver testing authorities). (http://www.cieca.be/medril_en.pp)

Planned European Research Should Benefit Older People

The European Commission announced earlier this year that it had made 100 million euros available from the Sixth Framework Program for research to advance the safety of drivers, passengers and pedestrians. The benefit of planned research will have important consequences for older drivers, passengers and pedestrians. Many of the projects feed into European and international working groups on vehicle safety and support European transport and industrial policies. Examples are :

- The APROSYS project for reducing vehicle crash deaths and injuries will look into four specific groups : car occupants, motorcyclists, truck occupants, and pedestrians and cyclists. Results will include new mathematical models of the human body to help with car design ; a worldwide, harmonized female crash test dummy for side impact testing ; new tools for design, implementation and evaluation of intelligent safety systems ; test methods and protection systems for injury reduction. <http://www.aprosys.com>
- Two projects looking at how whiplash occurs and what measures can reduce its effects. <http://www.passivesafety.com/whiplash1/>

Transportation Research Board June 2006

- A project to improve passive safety, looking to limit the negative consequences of accidents through improved vehicle standards and safety systems. A Passive Safety Network of Excellence has been established with 53 partners from industry and academia. <http://www.passivesafety.com/> (click on About PSN)
- Several EU-funded projects which are providing direct input to regulatory groups looking at the issue of car-to-car compatibility, which can be defined as the ability of a vehicle to protect its own occupants in case of a crash with another vehicle. <http://vc-compatibleproject.net/>
- A project which is developing a headlamp system based on LEDs (light emitting diodes).
- The PReVENT project, which is developing preventive safety applications to help drivers to avoid or mitigate accidents by using in-vehicle systems that sense the nature and significance of the danger, while taking the driver's state into account. <http://www.prevent-ip.org/>
- The CARTALK project, which is an advanced driver support system based on vehicle-to-vehicle communication technologies. A vehicle sends a warning message when it detects a breakdown, high traffic density, congestion, or dangerous road surfaces. This allows early warnings to be sent to other vehicles on the same road, and makes it possible to brake early when a car hidden by the one in front is already braking. <http://www.cartalk2000.net/>

Improving Roads to Enhance Safety a High Priority for EU

In 2001 the European Union set itself the objective of halving the number of fatalities on European roads by 2010 (from 50,000 to 25,000). Besides action on driver behavior and the vehicle, infrastructure is the third pillar of the EU road safety action program. Believing it is now time to integrate the three lines of action and to comprehensively address infrastructure measures on the community level, the European Commission in April published a *consultation paper* on road infrastructure safety management, with a view to preparing a proposal for EU legislation on this matter.

Many lives could be saved and many accidents avoided if the existing road infrastructure was managed according to the best practices of safety engineering. Action needs to be taken on identifying high risk road sections or black spots on the basis of local accident records. The thematic network EURORAP II (the European Road Assessment Program) has shown how affordable and well-designed engineering and enforcement measures applied in the right places can reduce the risk that a particular type of crash might lead to death or severe injury. For instance, appropriate new signals at junctions can reduce the risk of fatal side impacts by up to 75% ; pedestrian crossings at dangerous junctions can lead to a potential reduction of the risk of collisions with vulnerable users by up to 85%.

In 2004, the thematic network RISER (Roadside Infrastructure for Safer European Roads) undertook research on single vehicle crashes. This study found that roadside infrastructure turns out to be a major contributing factor in one out of three fatal accidents. Twenty-seven percent of the accidents result from impacts against unfenced roadside objects, such as trees, sign posts or poles, while impacts against safety barriers represent only about 24% of all impacts. To tackle the problem, the European Commission's services propose to ensure that safety is integrated in all phases of planning, design and operation of road infrastructure on the trans-European network. Safety should be regarded in its own right and separately from economic and environmental analysis.

Four basic types of measures are currently in use in EU Member States and, if found to correspond to best practices, could be considered to improve road infrastructure safety in the European Union as a whole:

Road safety impact assessment—Such analysis could take place at an early planning stage to allow the results of the assessment to influence the further planning process, as in the case of environmental impact assessments.

Road safety audits—Once a road design has been chosen, possibly dangerous road elements could be identified and rectified, to ensure that no safety requirement had been underestimated in the previous planning. Road safety audits provide the tools and know-how to identify possible mistakes before the road is cast in concrete. Introducing early improvements and corrections at the planning and design stages may allow the social and economic costs of accidents to be reduced.

Transportation Research Board June 2006

Network safety management--Network safety management analyzes networks to find measures that have the highest accident reduction potential ; i.e., it will consider the parts of the network where most can be gained in relation to the cost. Identification of high-risk road sections or black spots may be done to target action on stretches of road where high numbers of fatal and severe accidents happen or can be expected. Expected safety gains could be quite high during the first years of a high-risk site management program.

Safety inspections--Inspecting and remedying safety deficits in locations without a past record of high accident numbers might also be considered. Such safety inspections could then be carried out periodically.

CIVITAS Initiative Intending To Reform Urban Transport

European research into high-quality public transport for cities and urban regions with populations between 100.000 and 500.000 (which are not usually served by conventional metro) has produced best practice guides covering several areas.

- *Citizens' requirements*: requirements of both users and non-users of public transport; analysis of a selection of successful case studies of the factors that have enabled the provision of high-quality public transport
- *Public transport and land use planning*: examples of cities regenerating rundown areas, curtailing urban sprawl, building successful public transport-oriented communities, ridding themselves of traffic-choked city streets
- *Planning the public transport networks*: principles of network design (route layout and stop spacing); appraisal techniques for public transport schemes
- *Public transport and urban design*: examination of urban design factors (overhead wiring, rails, signs, stations, stops, guideways, safety barriers, as well as the vehicles themselves); advice on advertising and preventing vandalism.

An initiative known as CIVITAS aims to achieve a radical change in urban transport through the combination of technology and policy-based instruments and measures. The thematic areas of CIVITAS include:

Collective public transport ; clean private and public transport fleets ; new forms of vehicle use and/or ownership ; new concepts for the distribution of goods ; innovative 'soft' measures for managing mobility demand ;and integration of transport management systems (including related information system and passenger services).

The vast majority of the results and reports from EU transport research projects are available free online. More details can be found by contacting the project coordinators directly. The websites are as follows:

<http://www.civitas-initiative.org>

<http://www.eu-portal.net> (for PORTAL – transferring urban transport research results into teaching materials)

<http://www.mo.st> (MOST – management strategies for the next decade)

<http://www.netmobil.org> (new transport system concepts for enhanced and sustainable personal urban mobility)

<http://www.btsa.es/intercept> (INTERCEPT - intermodal concepts in European passenger transport)

<http://www.idsia.ch/mosca> (decision support system for integrated door-to-door delivery : planning and control in logistic chains)

<http://www.casa.ucl.ac.uk/scatter> (SCATTER - Sprawling Cities And Transport : from Evaluation to Recommendations)

<http://www.cordis.lu/en/home.html> (European research)

<http://europa.eu.int/comm/transport/extra/home.html> (European transport research knowledge centre)

Infrared System Helps Pilots, Drivers See in Fog, at Night

A European research project has developed a prototype infrared-camera that substantially enhances human visual perception in poor visibility conditions such as fog, heavy rain and darkness. The system doubled airline pilots' ability to detect obstacles in tests simulating poor visibility, and in road tests it boosted automobile drivers' vision up to 400 per cent. It could eventually be used aboard commercial airliners and in cars to improve safety.

Researchers developed two types of sensors, one detecting the short wave infrared band and another the long wave. Combining complementary data from the two cameras, the system produces a more complete image than either sensor could produce on its own. The challenge was to develop a low-cost technology to detect all the elements that would be visible to the naked eye in good conditions and display them to the driver or pilot on a screen.

Researchers also conducted tests on cars driven in foggy conditions. The dual cameras, weighing 15 kilos, were mounted on the car roof, with an electronic system

Transportation Research Board June 2006

for piloting and recording in the trunk. The system improved human visual perception by at least fourfold. It was particularly effective at detecting a person or an animal on the side of the road. This could help drivers see pedestrians or cyclists in poor visibility conditions.

<http://istresults.cordis.lu/>

EU Publications Available On Many Transport Subjects

Published by the European Commission--Driving Licenses in the European Union and the European Economic Area (January 2006) ISBN 92-894-8429-2. Print version price 40 euros. Download free. Available online via the EU Bookshop : <http://bookshop.europa.eu> (use the quick search box)

Published by the European Conference of Ministers of Transport (ECMT) <http://www.cemt.org> (click on Accessibility)--Improving Access to Public Transport: Guidelines for Transport Personnel (May 2006)

ISBN 92-821-0357-9. 27 pages+CD-ROM. 17 euros. Accessible, user-friendly transport means that disabled and older people can use the transport system without hindrance to participate in society on an equal basis without losing their independence. While much progress has been made in all modes of transport in Europe to make travel easier and more pleasant for all passengers, it is the attitude and skill of the driver, captain, pilot, etc. that can make the difference between a pleasant and safe journey for a disabled or older person and one that is fraught with worry, frustration or confusion. These guidelines are designed to encourage understanding of the specific problems experienced by disabled and older passengers when using the transport system, and to provide guidance on how best to respond to their needs. They provide a practical approach to providing good customer care – a priority for all transport companies.

Improving Access to Public Transport (Nov. 2004)--ISBN 92-821-1323-X. Print version price \$34. E-book (PDF format) price \$24

Transport and Aging of the Population (Feb. 2002)--Free online (PDF only)

Economic Aspects of Taxi Accessibility (Nov. 2001)--ISBN 92-821-1366-3. Print version price \$31. E-book (PDF format) price \$21

To be published in 2006: Improving transport accessibility for all : A Guide to Good Practice. This guide specifies priority areas for action by governments with

regard to transport accessibility. Attention is drawn, in particular, to the efficient introduction of specific door-to-door transport services, the potential role of taxis and the training of transport company personnel, especially drivers.

SUPREME Project to Produce Road Safety Best Practices Handbooks

Described by the European Commission as a 'high profile' EU study, SUPREME's ultimate objective is to provide guidance in the form of best-practices handbooks for national and international policymakers with regard to future road safety initiatives. SUPREME (**S**ummary and publication of best Practices in Road Safety in the **EU** Member States) is led by the Austrian Road Safety Board (KfV) and has an extensive project consortium from 27 European countries. SUPREME has the following phases :

1. *Definition of criteria for the selection of best practice measures* (until March 2006).
2. *Data collection phases* (until September 2006).
3. *Data analysis phase* (until December 2006).
4. *Reporting phase* (until April 2007).
5. *Handbooks* (until June 2007).
6. *Communication of results* (end-of-project).

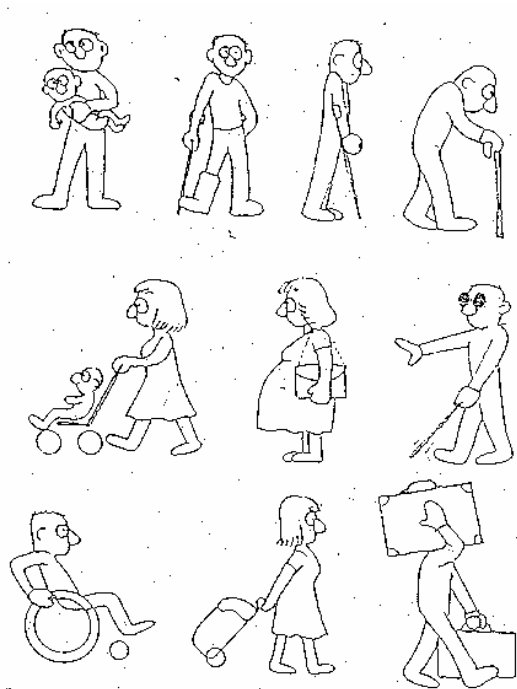
Information is available from the website of CIECA - the International Commission for Driver Testing : <http://www.cieca.be> (click on Projects and Studies)

Europe Will Switch from Variety Of Driver Licenses to One Form

Europe plans a major change in its driver's licenses by year's end---introducing a single license in a credit card-like format, replacing the more than 110 license forms now outstanding. The Council of Ministers agreed on the change at its March meeting

Truck and bus drivers will be required to undergo a medical check, but not passenger vehicle drivers. Member states can, however, choose to impose medical checks or other road safety measures at the time of renewal if they wish. All new licenses will have a limited validity of 10 years (5 years if the holders are over 65 years of age), and all old model licenses will be phased out. Driving licenses for car and motorcycle operators will be valid for 10 years with the possibility for member states to raise the validity period up to 15 years. (See http://europa.eu.int/comm/transport/home/drivinglicence/index_en.htm)

Transportation Research Board June 2006



Consorci de Recursos i Documentació
per a l'Autonomia Personal

This drawing (per CRID of Barcelona) symbolizes the European Commission's objective of assuring appropriate travel accommodations for the elderly, the disabled, wheelchair users, people with sensory impediments, pregnant women and persons accompanying small children—in other words, anyone experiencing reduced mobility. For the European Commission, that assurance extends even to travel by water; thus the commission recently prepared a working paper addressing this issue, focusing on protecting rights of those with reduced mobility traveling by sea, an extension of its standing policy to assure access for such persons on all forms of transportation. As an adjunct the commission declares that passengers with decreased mobility should never find themselves in the position of being refused transport or refused a reservation because of their mobility situation.

Expert Team Assembles Resource Kit for Geriatric Rehab Specialists

John Eberhard assembled a team of experts to pull together a resource kit for those in geriatric rehabilitation. The experts include: Jane Stutts PhD, Jon Burkhardt MCP, Jeff Finn MA, Linda Hunt PhD, Loren Staplin PhD, Lisa J. Molnar MHSA, Lisa Peters-Beumer MPH, T. Bella Dinh-Zarr PhD, MPH, David B. Carr MD, Donald R. Trilling PhD, Dennis P. McCarthy PhD, and team captain John Eberhard PhD. It is an excellent resource for those just starting to address older person transportation issues as well as those who need an instant reference to the quality tools that have been developed in the last five years. It can be found in *Topics in Geriatric Rehabilitation*, January/March 2006, Volume 22 Number 1, Pages 3 - 17

Check These Websites for Useful Information, Statistics, Newsletter

- ▶ The CARE database has been updated to show fatalities by age group, by country, by person class (i.e. driver, passenger, pedestrian), urban area/outside urban area, and a Road Safety Quick Indicator has been produced. See: (http://europa.eu.int/comm/transport/care/whatsnew/index_en.htm).
- ▶ The European Commission's draft proposal for legislation on the protection of pedestrians and other vulnerable road users in the event of a motor vehicle collision is shown on: <http://europa.eu.int/comm/enterprise/automotive/pagesbackground/pedestrianprotection/index.htm>
- ▶ The European Road Safety Charter Newsletter can be downloaded from: http://europa.eu.int/comm/transport/roadsafety/charter/newsletter_en.htm