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Report of
The Task Force to Study the Safe Mobility
of Maine's Aging Population

January 15, 1995

PART ONE
FINDINGS AND RECOMMENDATIONS

**Task Force to Study the Safe Mobility
of Maine's Aging Population**
(P.L. 1993 Chapter 297)

January 15, 1995

Senate Chair and House Chair, Joint Standing Committee on Transportation
Senate Chair and House Chair, Joint Standing Committee on Human Resources
117th Legislature
Maine State Legislature
State House Station 115, Room 340
Augusta, Maine 04333

Dear Chairs,

Enclosed is the Final Report of the Task Force to Study the Safe Mobility of Maine's Aging Population, which the Task Force presents to you as requested in Public Law 1993, Chapter 297, Section C-6.

The report is in two parts. Part One contains the Task Force's findings and recommendations. Part Two contains supplementary materials, including testimony from the public hearings, papers and evaluations from the statewide conference, legal research, a report from the Centers for Disease Control on Maine's medical reporting system, and press clippings. The Task Force recommends that the second part of the report be kept on file in the Legislative Law Library.

The Task Force hopes the recommendations found in Part One will be carried out through a combination of legislation and administrative action. We would appreciate an opportunity to present this report to the Committees so you may better understand the recommendations and to answer any questions you may have.

The Task Force thanks the Legislature for this opportunity to serve the people of the State of Maine.

The Task Force wishes to express its gratitude and sincere appreciation to Mr. Cushman Anthony and Mr. David Plimpton, without whose volunteer services as facilitators our work would never have progressed as well, and the Southern Maine Area Agency on Aging and its executive director, Mr. Laurence Gross, who gave the Task Force a home by supplying an office and expenses for over a year.

Respectfully,

A handwritten signature in cursive script, reading "Katherine Freund".

Katherine Freund
Chairwoman

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PREFACE

Although it is unpleasant to think of illness, accident, or death, most individuals acknowledge or anticipate the arrival of these events with some form of planning or insurance. The lifelong need for safe transportation, however, receives no similar treatment. For most older individuals, it is easier to accept that they may someday need to be hospitalized than to accept that they may at some point no longer be able to drive safely. For an increasing number of older Americans, that day arrives, without their plans and without their permission.

The first comprehensive investigation of the safety and mobility needs of the aging population was undertaken in 1986. That year, the Transportation Research Board (TRB), an arm of the National Research Council, appointed a committee of experts to review the design and operation of the Nation's roadway system. Its report, which recommended steps to improve safety and mobility for older Americans -- drivers, passengers and pedestrians alike -- remains the most comprehensive analysis of safety and mobility issues facing the aging population.

In 1993, the older driver research agenda, originally developed in 1988 for the National Highway Traffic Safety Administration (NHTSA), was updated. The updated plan calls for:

- 1) establishing how specified medical/functional conditions influence crash risk and driver behavior;
- 2) improving the regulation of older drivers without unnecessarily reducing their mobility;
- 3) developing performance assessment techniques and guidelines for medical practitioners, families and older drivers to help inform safe driving decisions;
- 4) improving vehicle crashworthiness for older occupants since they are three times more likely than younger people to be killed in a crash;
- 5) improving vehicle design practices that enhance older driver crash avoidance; and
- 6) identifying ways to meet mobility needs of former drivers.

Many of NHTSA's research goals are included in the High Risk Driver's Act of 1993, a highway safety bill currently before Congress. This legislation defines "high risk" as a group of drivers with a crash rate above the national average. Included in this group are teenagers and drivers over 65 years of age.

These goals and others are the basis of a recent development in Maine, passage of a law in 1993 which established the Task Force to Study the Safe Mobility of Maine's Aging Population. The work of the Task Force puts Maine in the forefront of states addressing older driver issues. So far, New York, Pennsylvania, Rhode Island and Texas have created similar task forces. At the national level, the Intermodal Surface Transportation Efficiency Act of 1991 (ISTEA) strives to

overcome some of the many imbalances created by our society's dependence upon the private automobile, a dependence now emerging as a major factor in the safety and mobility problems of older Americans. The special transportation needs of Maine's elderly population also became a stated policy concern through the passage of Maine's Sensible Transportation Policy Act of 1992. The Act directs planners and policy makers to address the transportation needs of Maine's elderly population.

Throughout its work, the Task Force has been keenly aware of the issue of discrimination. It has sought legal advice from faculty and students at the University of Maine School of Law, from private attorneys, and from Legal Services for the Elderly. To the very best of the Task Force's knowledge, there are no recommendations in this report which unfairly or illegally discriminate against Maine citizens on the basis of age.

The Task Force to Study the Safe Mobility of Maine's Aging Population seeks to fulfill its charge from the Legislature in the spirit of both the ISTEPA and the Sensible Transportation Policy Act, and to serve the interests of older people in Maine. Our oldest citizens are becoming more numerous. Mobility problems associated with elderly persons will grow more rapidly than those associated with other age groups. The Task Force believes that current funding sources should recognize the mobility problems of the elderly, and a fair and reasonable share should be directed towards implementation of the recommendations of this study.

EXECUTIVE SUMMARY

In carrying out its charge from the Legislature, the Task Force to Study the Safe Mobility of Maine's Aging Population has learned that five converging factors combine to place older citizens at risk in Maine's transportation system, both as automobile drivers and as transportation consumers. These five factors include: elderly population growth, suburban population growth, insufficient public transportation, safety issues, and changing needs as people age.

Taken together, the first two factors indicate a population which is aging, tending to reside in rural and suburban locations versus urban centers, and increasingly licensed to drive, especially in the oldest age groups. There are more older drivers on Maine's roads than ever before, and like their counterparts in the rest of the country, they are driving more than ever before.

The next factor, insufficient public transportation, reveals public transit in Maine to be a scarce resource. Because most transit providers do not keep data on the number of seniors served, it is impossible to determine what percent of seniors benefit from existing transportation services. However, a recent national study (Rosenbloom 1994) found that no age group over 65 took more than 5 percent of trips on public transit, and the average was significantly lower. Given the rural character of Maine, it is likely that even fewer seniors use public transit.

Safety, the fourth factor, becomes an issue for Maine's seniors for several reasons. First, national studies show that seniors are three times more likely to die in any given crash than members of other age groups. Second, seniors drive fewer miles than other age groups, but they have a similar number of crashes. This means that their crash risk per mile driven is higher. In Maine, drivers 75 and over have the highest crash rate per mile driven of any age group except teenagers. Third, there is a dynamic relationship between alternative transportation and safety. Because there are so few alternatives to the privately driven automobile, it is extremely difficult for seniors to make balanced choices about their driving safety without facing severe transportation dependence and loss of mobility.

The fifth and last factor, changing needs as people age, encompasses those aspects of the aging process that impact driving safety and addresses the absence of planning for transportation needs, as compared to efforts put forth in such areas as health care, finance, and shelter.

The need for planners and policy makers to recognize the magnitude of these combined factors is paramount. Safety and mobility issues confronting Maine's seniors today, are only a small indication of what Maine's younger citizens will face tomorrow. Today's issues are just the crest of a huge demographic wave rolling toward the next century.

To cope with the transportation needs of the future, the Task Force has developed ideas and proposals designed to:

- improve transportation alternatives through better coordination of existing services and development of private and volunteer resources;
- improve road design and signage on Maine's roads to better meet the needs of Maine's older drivers;
- improve planning for older pedestrians;
- improve licensing policies to better monitor visual and cognitive impairments; and
- improve education for older drivers, those who help and advise older drivers, and relevant State and local agencies.

A complete list of specific recommendations may be found at the ends of Chapters 3, 4, 5 and 6, and in Appendix E.

Although the Task Force realizes the importance of cost in implementing its recommendations, it has not had the resources to properly address these costs in this report.

CHAPTER 1

HISTORY OF THE TASK FORCE

The Task Force to Study the Safe Mobility of Maine's Aging Population (hereafter called Task Force) was established by the Maine State Legislature in 1993. The enabling legislation (PL 1993, Chapter 297) may be found in Appendix A. This legislation charges the Task Force with reviewing:

- transportation alternatives for an aging population;
- licensing provisions for the driving population; and,
- educational programs to improve driving performance and highway travel considerations for an aging population.

In conducting this study, the 15-member Task Force was empowered to:

- 1) hold informational sessions for discussions with knowledgeable persons;
- 2) conduct, summarize and analyze the results of a literature search;
- 3) conduct, tabulate and analyze the results of a survey of the public or affected persons and groups;
- 4) procure and analyze relevant data;
- 5) conduct legal research and prepare opinions on legal questions within the scope of the study;
- 6) determine and summarize the legislative actions or governmental programs undertaken in other jurisdictions related to issues within the scope of the study; and
- 7) form committees to include persons not appointed to the Task Force but with expertise in an area of study.

Recommendations for legislative action arising from the study must be presented to the Executive Director of the State's Legislative Council by November 1, 1994. The legislation also asks that a full report of the findings of the Task Force be prepared for presentation to the joint standing committees on Human Resources and on Transportation by January 15, 1995, at the start of the First Regular Session of the 117th Legislature.

The Act establishing the Task Force made no appropriation to carry out its charge and its citizen members serve on a volunteer basis. A complete listing of Task Force members and their affiliations may be found in Appendix B.

In the absence of an appropriation, the Task Force chair initiated fund raising efforts. Contributions from private and public organizations and individuals were used to carry out the work of the Task Force. A complete accounting of these contributions is listed in Appendix C.

There are three phases in the work of the Task Force. During phase I, its members exchanged information about their respective areas of expertise; read publications, articles and reports related to the issues under study; and organized a statewide conference and public forum entitled "*Transportation as a Lifelong Need*" held on February 25, 1994. The goal of the forum was to bring to Maine, for the benefit of the Task Force and the general public, the most current research in the field. A group of national experts from Washington, D.C., Massachusetts and Pennsylvania participated in the conference. The Edmund S. Muskie Institute of Public Affairs, and the University of Southern Maine Department of Conferences were valuable co-sponsors. A copy of the conference program may be found in Appendix D.

During phase II of the study, the Task Force formed committees to study the following subject areas: Statistics, Changing Needs as People Age, Alternative Transportation, Making Safer Roads, Pedestrian Needs, Licensing, and Education. The committees' work and resulting recommendations are contained in this report. A drafting committee and a consultant integrated the individual committee reports into this final document.

During phase III, the report and recommendations were presented to the public at meetings held on September 23, 1994 in Portland, September 30, 1994 in Augusta, and October 7, 1994 in Augusta. The September 23 public meetings made use of the University of Maine's interactive television system. Portland served as the broadcast site, and Saco, Lewiston, Farmington, Machias and Presque Isle were receiving sites. A complete listing of meeting locations may be found in Appendix F. The public hearings received project recognition from the White House Conference on Aging. To qualify for this recognition, an event must address Federal policy issues. A copy of the Task Force's report to the White House Conference on Aging may be found in Appendix F.

CHAPTER 2

DESCRIPTION OF THE ISSUE

Most older Maine citizens, like other residents in the State, depend upon the private automobile for transportation. The suburban and rural nature of Maine limits the availability of transportation alternatives, like public transit. For elderly persons, the automobile is a lifeline to the most basic necessities. The automobile provides access to medical appointments, grocery shopping, to church, and to visits with family and friends. This dependence poses both mobility and safety problems for older persons who do not own cars, cannot drive, or who have diminished capacities.

In order to more clearly understand the relationship between automobile dependence and mobility and safety issues, it is useful to examine the transportation environment surrounding Maine's aging population. It may be divided into five elements:

- 1) elderly population growth;
- 2) suburban population growth;
- 3) insufficient public transportation;
- 4) safety issues; and
- 5) changing needs as people age.

ELDERLY POPULATION GROWTH

A look at U.S. Census figures between 1980 and 1990 shows that Maine's population age 65 and over increased by over 15 percent, as compared to a 9 percent increase for the general population. As Table I illustrates, the oldest members of this group grew at an even faster rate with the 85 and over age group increasing at three times the rate of the general population.

Table I: Maine Population Growth Age 65+ (1980 to 1990)

Age Group	1,980	1,990	Percent Change
65 to 69	45,148	50,748	12.4%
70 to 74	37,180	40,804	9.8%
75 to 79	26,969	31,605	17.2%
80 to 84	17,581	21,749	23.7%
85 & over	14,099	17,956	27.4%
Total over 65	140,977	162,862	15.5%
Maine Total	1,125,043	1,227,928	9.1%

Source: Maine Office of Data & Vital Statistics

The latest U.S. Census projections show that the Northeast will have the largest proportion of elderly persons in the Nation. Maine's contribution to this is evidenced in Table II below, which shows population projections for Maine from 1995 to 2020. The population increases in the older groups are notable here, especially when compared to the slower growth rates or declines in the younger groups.

Table II: Population Projections, Maine, 1995 to 2020 (in thousands)

Age Group	1995	2000	2005	2010	2015	2020	Percent Change 1995-2020
0 to 4	79	72	70	73	77	79	0.0%
5 to 9	85	81	76	76	79	83	-2.4%
10 to 14	89	88	87	83	83	86	-3.4%
15 to 19	82	88	90	92	87	87	6.1%
20 to 24	83	75	83	87	89	85	2.4%
25 to 34	184	162	152	159	174	182	1.1%
35 to 44	205	205	189	173	166	173	-15.6%
45 to 54	152	180	197	204	190	173	13.8%
55 to 64	105	114	142	171	190	197	87.6%
65 to 74	95	91	88	98	124	150	57.9%
75 to 84	57	61	64	63	63	72	26.3%
85 & over	20	23	27	30	33	34	70.0%
TOTAL	1,236	1,240	1,265	1,309	1,355	1,400	13.3%

Source: Current Population Reports, P25-111

The growth of Maine's older population is also reflected in the growth of older licensed drivers. Maine Bureau of Motor Vehicle (BMV) data show that between 1988 and 1993, licensed drivers increased in nearly every age group above 45 years of age, compared to a decline for most younger groups. The most dramatic increases were found in the older groups with licensed drivers ages 75-79 increasing nearly 20 percent, those age 80-84 increasing over 24 percent and drivers age 85 and up increasing more than 55 percent. During this same period, all licensed drivers in the State increased only 4.5 percent. These statistics clearly show that Maine's aging population is increasingly licensed to drive.

If Maine's seniors are like their counterparts in the rest of the country, they are also driving more. Data from the 1990 National Personal Transportation Survey (NPTS) show that between 1983 and 1990, individuals 65 and older increased their annual person miles of travel by 26 percent, compared to a 14 percent increase for individuals of all ages.

SUBURBAN POPULATION GROWTH

Any increase in miles traveled may be explained, in part, by where Maine's seniors live--in rural areas and the suburbs. According to the State's Planning Office, suburbanization is occurring in Maine in towns with populations as small as 5,000. Table III shows the shift in the distribution of the population in the Greater Portland area as an example of this trend. Between 1980 and 1990, the over 65 population of Portland declined 5.6 percent, while the over 65 population of Falmouth, Cape Elizabeth, and Scarborough increased by 39.3, 29.2 and 41.3 percent respectively.

Table III: Population Growth, Greater Portland, 1980 to 1990

Town	Population	1,980	1,990	Percent Growth
Portland	Total	61,572	64,358	4.5%
	65 & over	10,200	9,652	-5.6%
South Portland	Total	22,712	23,163	2.0%
	65 & over	3,177	3,591	13.0%
Falmouth	Total	6,853	7,610	11.1%
	65 & over	1,023	1,425	39.3%
Cape Elizabeth	Total	7,838	8,854	13.0%
	65 & over	939	1,213	29.2%
Gorham	Total	10,101	11,856	17.4%
	65 & over	939	1,125	24.6%
Westbrook	Total	14,976	16,121	7.7%
	65 & over	1,693	2,140	26.4%
Scarborough	Total	11,347	12,518	10.3%
	65 & over	934	1,320	41.3%

Source: Southern Maine Area Agency on Aging

INSUFFICIENT PUBLIC TRANSPORTATION

For Maine's rural and suburban elders, mobility and independence are entwined with the automobile. Data from the 1990 National Personal Transportation Survey (NPTS) show that in the 65 to 74 year age group, 91 percent of all person trips were taken in the automobile (either as driver or passenger) compared to 1 percent of all person trips taken on public transit for the same age group. By age 85 and older, trips by automobile declined to 81 percent, but use of public transit grew to only 3.2 percent (Rosenbloom 1993).

Although these data support the conclusion that the overwhelming majority of elderly Americans travel by car, some important questions remain. For example, in 1990, 24 percent of the over 65 population in Maine did not have a driver's license. Of those who actually had a license, it is not known how many actually drove. Of those who drove, it is not known how many restricted their driving to daylight hours, fair weather conditions, familiar roads, and non-peak hours.

Where fixed route transit service is available, frail elders often experience difficulty walking to bus stops and waiting in cold weather. The Americans with Disabilities Act, which requires accessible public transportation for people with disabilities, does not consider age a disability. Public transit service in Maine is discussed in greater detail in Chapter 3, Alternative Transportation.

Demand-responsive transit systems, that provide door-to-door service on an appointment basis, reach only a small percentage of the older population. Table IV shows the distribution of rides for the Regional Transportation Program, the demand responsive service available for seniors in the Portland area. The preponderance of rides provided are for low income persons who are not elderly, and disabled persons. In 1994, only 1.6% percent of passenger miles are projected for seniors without regard to income, and only 9.9% percent of passenger miles are projected for low income seniors. This strong skewing of services toward the low income population is a result of funding sources--in this case the availability of Medicaid transportation funds for low income persons.

Table IV: RTP, Percentage Distribution of Passenger Miles by Client Group

Client	1,991	1,992	1,993	1994 est.
Elderly/low income	18.8%	15.7%	12.4%	9.9%
Elderly, without regard to income	3.2%	2.9%	2.3%	1.6%
Disabled	44.5%	38.0%	37.1%	34.0%
Child services	2.0%	3.6%	4.7%	6.6%
Low income, not elderly	31.5%	39.8%	43.5%	47.9%

Source: Regional Transportation Program

SAFETY

The safety issue arises from the realization that so many older Maine citizens are dependent upon the automobile for mobility. A. James McKnight concisely summarizes the safety issues for older drivers in the Transportation Research Board's Special Report **Transportation in an Aging Society, Improving Safety and Mobility for Older Persons**:

Because they tend to drive less than their younger counterparts, older drivers have fewer accidents as a group and on an individual per driver basis. However, they have more accidents on a per mile basis and their fatal accident rate, both on a per-driver and per-mile basis, greatly exceeds that of other age groups except teenagers. Moreover, older drivers tend to be more often responsible for those accidents in which they are involved. Last, they are more likely to be injured or killed in any given accident than younger drivers.

What is the safety picture for older drivers in Maine? Table V shows total crashes by driver age group between 1988 and 1993, and supports the assertion that older drivers have fewer crashes as a group. Table VI shows that, except for those drivers 75 and over, seniors also have fewer fatal crashes as a group

Table V: Total Crashes by Driver Age, Maine, 1988 to 1993

Age Group	1,988	1,989	1,990	1,991	1,992	1,993	% Change 1988-1993
0 to 19	10,892	11,119	8,606	7,437	7,543	7,895	-27.5%
20 to 24	10,800	10,955	8,987	8,221	8,000	8,639	-20.0%
25 to 29	9,035	9,738	8,179	7,366	6,962	7,382	-18.3%
30 to 34	7,319	8,019	6,963	6,811	6,547	7,294	-0.3%
35 to 39	6,302	6,778	6,052	5,677	5,754	6,314	0.2%
40 to 44	4,794	5,691	5,223	5,081	5,010	5,397	12.6%
45 to 49	3,414	4,039	3,656	3,582	3,800	4,328	26.8%
50 to 54	2,683	2,979	2,618	2,544	2,645	3,088	15.1%
55 to 59	2,460	2,749	2,433	2,301	2,131	2,416	-1.8%
60 to 64	2,153	2,370	2,048	2,014	2,021	2,141	-0.6%
65 to 69	1,878	2,063	1,779	1,695	1,680	1,922	2.3%
70 to 74	1,409	1,516	1,475	1,505	1,425	1,531	8.7%
75 & over	1,888	2,051	1,944	1,957	2,005	2,155	14.1%
Unknown	501	429	329	440	249	321	-35.9%
Total	65,528	70,496	60,342	56,641	55,772	60,823	-7.2%

Source: Maine Department of Public Safety

Table VI: Fatal Crashes by Driver Age, Maine, 1988 to 1993

Age Group	1,988	1,989	1,990	1,991	1,992	1,993	% Change 1988-1993
0 to 19	45	37	36	37	28	45	0.0%
20 to 24	64	39	41	29	32	27	-57.8%
25 to 29	50	35	41	28	29	28	-44.0%
30 to 34	39	24	27	22	23	21	-46.2%
35 to 39	15	29	23	29	24	21	40.0%
40 to 44	20	28	25	23	28	10	-50.0%
45 to 49	14	11	20	16	20	17	21.4%
50 to 54	12	13	10	12	16	15	25.0%
55 to 59	15	11	12	10	8	14	-6.7%
60 to 64	10	7	5	7	4	12	20.0%
65 to 69	15	9	17	10	6	6	-60.0%
70 to 74	11	10	6	14	10	4	-63.6%
75 & over	15	16	17	23	24	17	13.3%
Unknown				1	0	1	
Total	325	269	280	261	252	238	-26.8%

Source: Maine Department of Public Safety

Changes in both total crashes and fatal crashes should be viewed in light of the safety trend for the population as a whole. That is, between 1988 and 1993, total crashes declined 7.2 percent and fatal crashes declined 26.8 percent. These declines have occurred concurrently with a 4.5 percent increase in licensed drivers and an increase in total population, as well.

The safety picture for older drivers, however, is not really complete or accurate without considering exposure--the amount of miles driven--because seniors tend to drive fewer miles than do members of other age groups. For example, compare a person who drives 1,000 miles per year and who has one crash, with a person who drives 10,000 miles per year and who has one crash. That low mileage driver is ten times more likely to be involved in a crash for each mile driven than the higher mileage driver.

The Transportation Research Board (Special Report 218, 1988) explains the importance of exposure as a measure of risk, as follows:

The advantage to making comparisons of age groups on the basis of population is that population estimates have a well-established reliability... The disadvantage is that different population groups have different rates of exposure to risk. Older persons travel about half as many miles as the national average for all age groups; as a result they should have a lower accident involvement rate when compared on a per capita basis. The miles driven by each age group is a better basis for comparing actual exposure to risk than population size...

The report goes on to say that "although estimates of crashes in a single state are fairly reliable and the number of drivers in each age group is known, a rate based on licensed drivers fails to account for the risk that an individual faces per mile driven."

To factor exposure into crash rates for Maine drivers, the Task Force used a methodology recommended by the National Center for Injury Prevention and Control. For this computation, the Federal Highway Administration provided the Task Force with data for the Northeast from the 1990 National Personal Transportation Survey for average annual vehicle miles driven by age group. The Task Force multiplied the average vehicle miles driven by the number of licensed drivers, then divided by the number of crashes to calculate crashes per mile driven, or by the number of fatalities to calculate fatalities per mile driven. The calculation used Maine data for 1990, and included crashes and fatalities for drivers only, rather than drivers and passengers.

Figure I graphs total crashes per mile driven for Maine in 1990, while Figure II graphs fatal crashes per mile driven in the same year. Both graphs indicate that, when exposure is taken into account, teenagers and drivers in the 75 and over age groups have the highest crash rates, a pattern that occurs in other state and national studies. (Gerbers 1993; Special Report 218, 1988) If separate crash figures were available in Maine for the 80 and over groups, it is likely this "U" shaped curve would be even steeper, as is evident in similar national studies (NHTSA 1993).

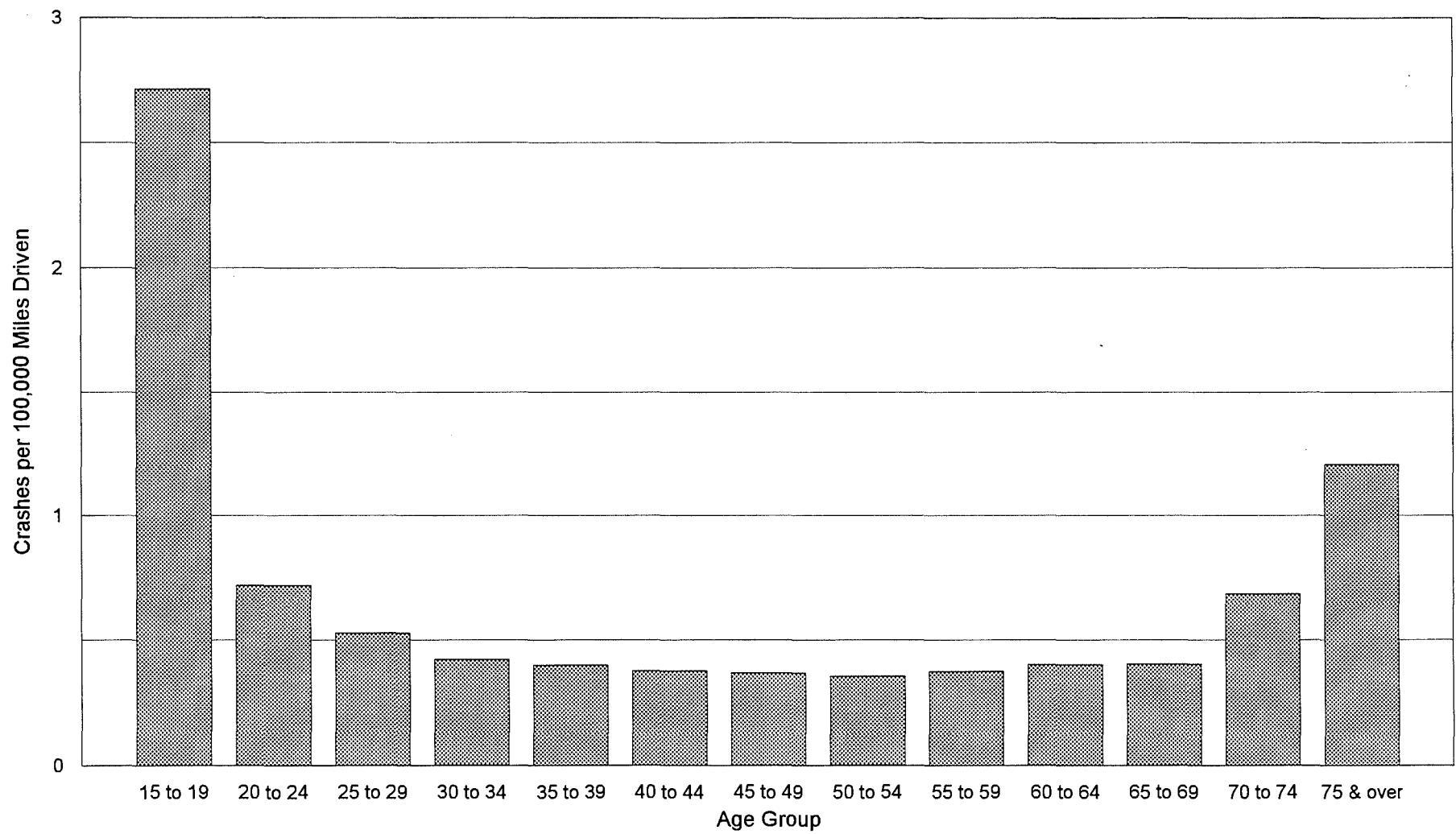
Figure III illustrates crashes per 1,000 drivers in 1990 by age of driver, while Figure IV shows fatal crashes per 1,000 drivers in 1990. These are examples of graphs that do not take exposure into account.

None of these graphs account for fault in crashes, a subject that was repeatedly raised by older drivers in the public hearings. Although the Task Force did not have the resources to study the issue of fault here in Maine, national studies, both in the United States and Canada, indicate that older drivers are more often than not responsible for those accidents in which they are involved. (Rothe 1990) The most frequent cause of crashes is failure to yield the right of way. A typical crash involving an older driver occurs during daylight hours, in fair weather conditions, and

includes another vehicle. Left hand turns across on-coming traffic are a particularly difficult maneuver for older drivers(NHTSA 1993).

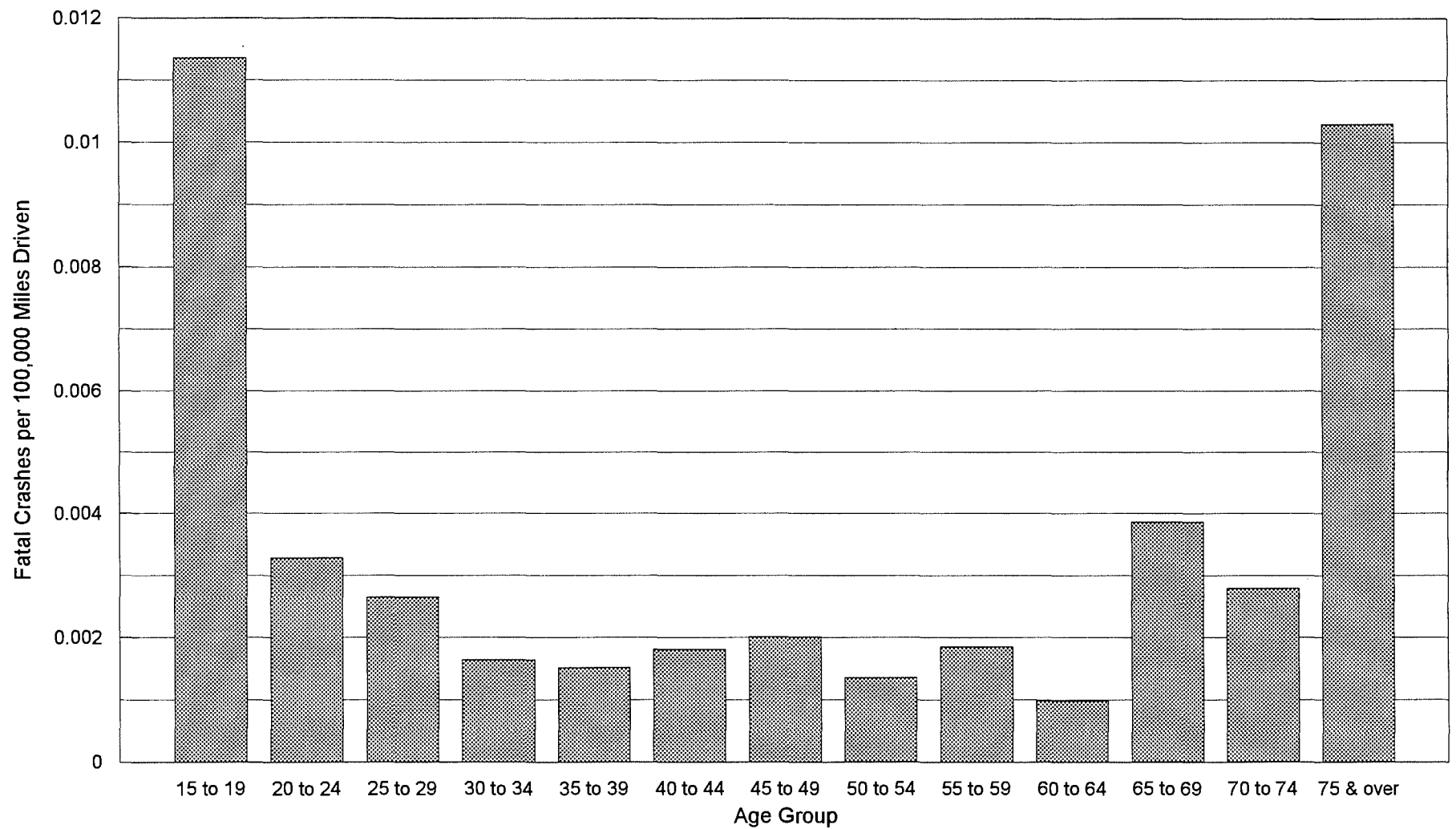
Another subject seniors frequently raised at the public hearings was the threat to public safety posed by younger drivers. This observation is entirely accurate, but fails to recognize that younger and older drivers have different kinds of safety problems. Younger drivers tend to commit errors caused by inexperience and poor judgment; older drivers try to be careful, but commit errors caused by functional inability(NHTSA 1993). Moreover, younger drivers are entering the decades of their lives when their safety as drivers and their mobility is steadily increasing, while older drivers are entering a time in their lives when their safety as drivers and their mobility is gradually declining. (Benekahal et al, 1994) Because their range of problems differ, the range of solutions required to address these needs also differ.

Figure I: Crash Rate per 100,000 Miles Driven - Maine 1990
by Age of Driver



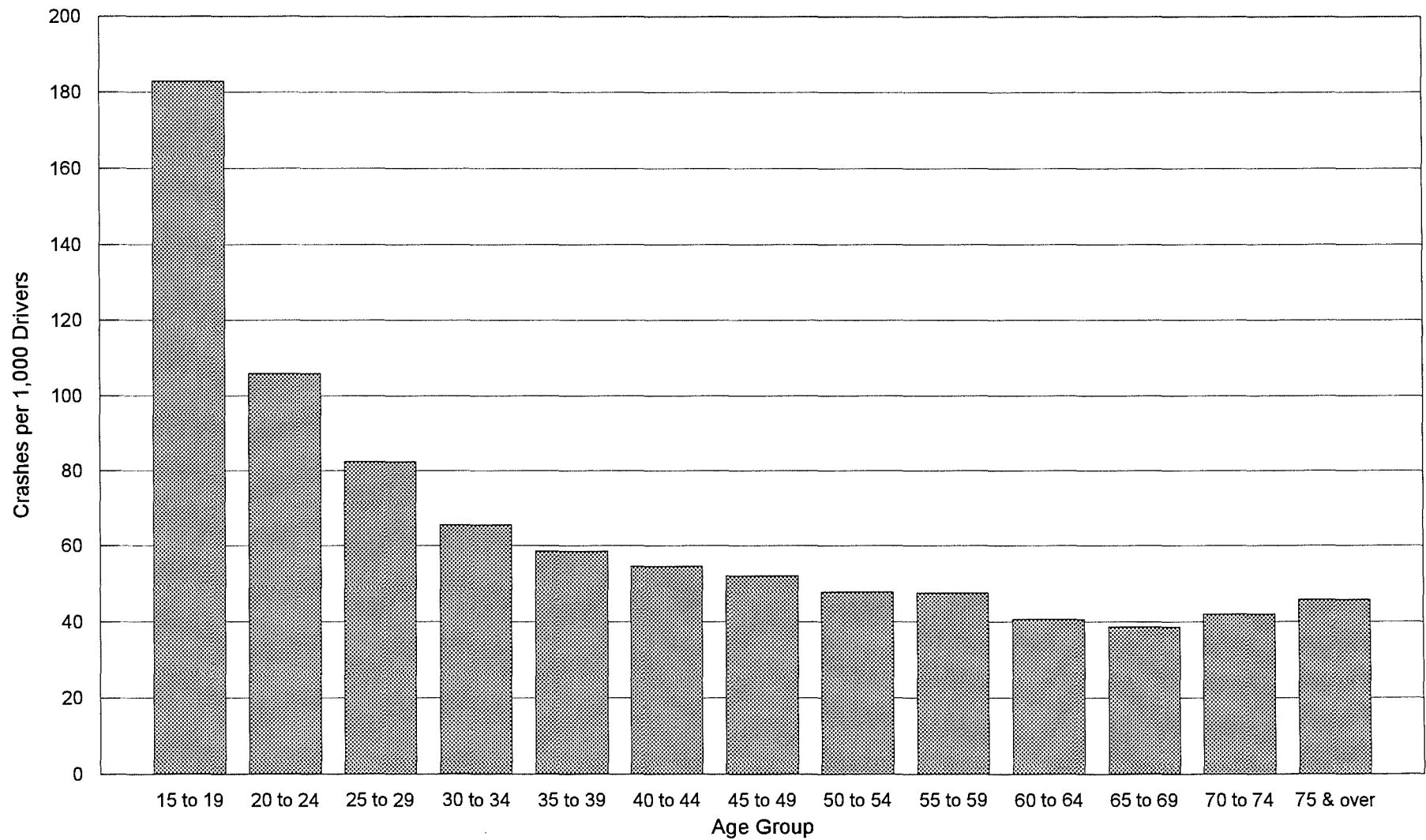
Source: Federal Highway Administration, Centers for Disease Control,
Maine Department of Public Safety, Maine Department of Motor Vehicles

Figure II: Fatal Crash Rate per 100,000 Miles Driven - Maine 1990
by Age of Driver



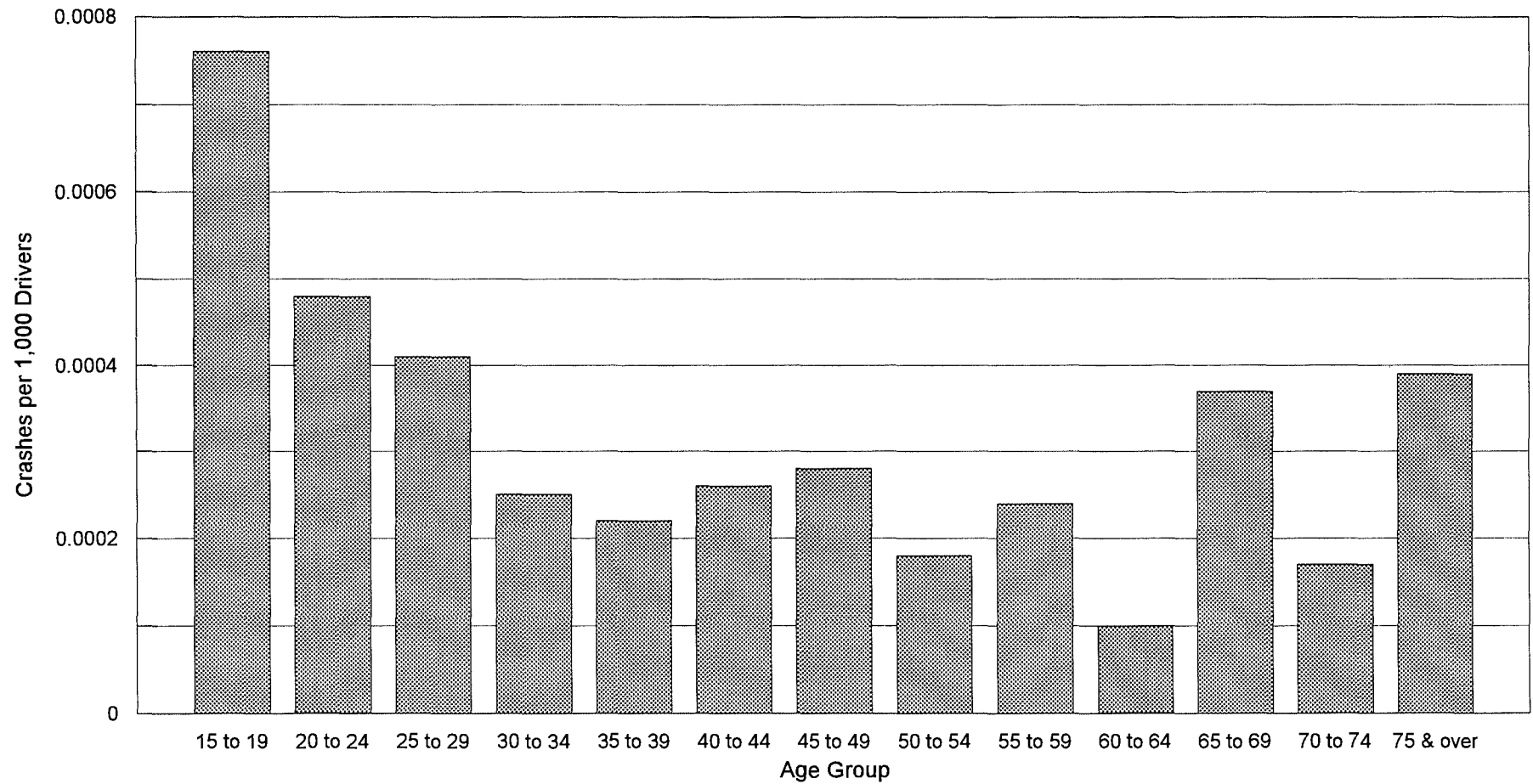
Source: Federal Highway Administration, Centers for Disease Control,
Maine Department of Public Safety, Maine Department of Motor Vehicles

Figure III: Crashes per 1,000 Drivers - Maine 1990
by Age of Driver



Source: Maine Department of Public Safety, Maine Bureau of Motor Vehicles

Figure IV: Fatal Crashes per 1,000 Drivers - Maine 1990
by Age of Driver



Source: Maine Department of Public Safety, Maine Bureau of Motor Vehicles

CHANGING NEEDS AS PEOPLE AGE

Basic human needs do not change as we age. The need for food, housing and health care remain the same throughout our lives. We depend upon human relationships to bring affection and quality to our lives. These fundamental needs define our lives. As we age, we change, and the ways in which we meet our fundamental needs must also change.

Although we age chronologically at the same rate, physically and mentally we age at our own individual rates. Some become ill and frail, others remain vigorous and strong. Since we cannot predict how we will age, we attempt to plan for unforeseen eventualities. We purchase health and life insurance, save for retirement and prepare wills.

Although transportation is essential to meeting all our basic needs, it is the one need that is seldom anticipated. Transportation connects us to food, medical appointments, and to those we love and need. The failure to plan for transportation needs as we age makes us entirely dependent upon the transportation of our younger and middle years. For the majority of seniors that means the self-driven automobile.

How do age related changes make the automobile inadequate to our transportation needs as we become older?

Vision

As much as 90 percent of the sensory input required for driving is gathered through our eyes. Seniors typically have reduced peripheral vision, a decline in nighttime acuity and increased difficulty focusing on close objects. This decline in visual acuity accelerates after age 50 and slows reactions to traffic signals and other driving related visual events. Glare sensitivity increases between age 40 and 70, and browning of the lens and reduction in the diameter of the pupil causes night blindness (Gerbers et al, 1993; Wood and Troutbeck, 1994).

Cognition

The ability to process information slows as people age. Seniors have greater difficulty reacting quickly to hazardous driving situations. This does not reflect an inadequacy on the part of seniors. The mental skills which give us wisdom, humor and a philosophical perspective, are not the mental skills which help us swerve in time to miss a bicyclist or turn left safely across oncoming traffic. The loss of short term memory makes it difficult for seniors to organize information from multiple sources. Seniors have greater difficulty ignoring distractions or unnecessary information. They also have more difficulty dividing their attention between tasks. Although older drivers are over-represented in at-fault accidents, caused in part by errors in perception, decision-making maneuvering and reaction to hazards, most seniors report their driving ability to be average or above average. Cognitive changes are gradual and not as easily recognized as are sensory changes such as poor eyesight or hearing loss (Gerbers et al, 1993).

Functional Changes

Several illnesses occurring more frequently in the aging population also affect driving ability. Among these illnesses are dementia, cardiovascular disease, diabetes, stroke, Parkinson's disease and ailments affecting flexibility, such as arthritis. Seniors with dementia have twice as many crashes and are more often at fault than comparable drivers without dementia. Significantly, the vast majority of dementia patients who have had accidents continue to drive and over one-third have at least one more accident. (Cooper et al, 1993) Although loss of joint and skeletal flexibility are experienced by more than half of older persons and can affect driving ability, these conditions can often be overcome by exercise and flexibility programs. The incidence of acute conditions actually declines with age, however, chronic or long term health problems increase with age and can result in disability. Although most older persons are in reasonably good health and are able to participate in their chosen life styles, functional changes associated with age can adversely affect seniors' ability to travel when and where they desire. Some treatments for chronic or acute conditions involve prescription and non-prescription medication. Since older people take more medications than other age groups, interactions between medications may well affect functional and cognitive abilities. Elderly persons undergoing treatment for multiple medical conditions could be particularly at risk of impaired driving (Gerbers et al, 1993).

One of the ways society copes with age-related changes is provision of trusted advisors to help us understand the changes. Doctors diagnose and explain changing health conditions, nutritionists help with diets, physical and occupational therapists assist with adjustment to physical changes, and counselors and social workers help with life changes in housing, work, and even emotional pain or loss. But, in this society, no one helps with transportation needs. When a senior gives up a driver's license, he or she may give up the last link to transportation independence. Not only is there no one to help with this important transition, there is rarely a transportation alternative available to which a transition can be made. The need for transportation for people who cannot or choose not to drive is virtually unmet. Worse, those who successfully make the transition to the non-driving role are rarely recognized for their good judgment and wisdom. Rather, seniors who have failed to see their shortcoming as drivers and who become involved in dramatic accidents are reported in the press.

CHAPTER 3

ALTERNATIVE TRANSPORTATION

For the purposes of this study, alternative transportation is defined as: **any means of transport, public or private, other than the "self-driven" automobile, which provides mobility.** Such modes may include, but are not limited to: publicly and privately funded buses, vans and automobiles, bicycling and walking. This definition differs from that of transportation planners who view alternative transportation as being any mode other than the automobile. Given the dispersed demographic pattern of Maine's aging population, the automobile may indeed be an ideal mode for many seniors.

There is a dynamic relationship between alternative transportation and driving safety. Physical and mental changes integral to the normal aging process can alter one's ability to do many things, including the ability to drive. While most individuals adjust to these changes by limiting driving, it is important to remember that self-imposed restrictions, such as not driving in inclement weather or at night, only serve to limit mobility. In the absence of alternative transportation, such drivers become dependent upon friends and family for transportation, continue driving, which may jeopardize their personal safety and that of others, or relinquish their mobility.

It is clear that transportation alternatives serve two functions. First, alternatives make it possible for older citizens to maintain their independence by providing access to the basic necessities of life. Second, transportation alternatives make it possible for older citizens to make sound choices about their own driving ability. Indeed, it is not reasonable to expect seniors to make good decisions about driving safety in the absence of viable transportation alternatives. Conversely, it is reasonable to expect that where quality alternatives are available, seniors will be more likely to voluntarily relinquish driving when it becomes appropriate for them to do so.

As noted previously, due to the rural and suburban character of the state, transit service in Maine is a scarce resource. There are 14 systems in Maine that provide regularly scheduled fixed-route bus service. Portland's METRO with 21 buses is the largest system in the State. THE BUS in Bangor is the second largest with 10 buses and Hudson Bus in Lewiston-Auburn operates 5 vehicles. Smaller communities such as Augusta, Waterville, and South Portland, also have fixed route service, but operate with few vehicles and provide weekday-only service.

Federal and state funding for mass transit has fallen in recent years. Between 1986 and 1994, state funding declined 2.5 percent, while federal funding dropped 24.8 percent (Greater Portland Council of Governments).

Because most transit providers in Maine do not keep data on the number of seniors served by demand-responsive transit or fixed route transit, it is impossible to determine what percent of seniors benefit from these transportation services. A recent national study (Rosenbloom 1994) found that no age group over 65 took more than 5 percent of trips on public transit, and the average was significantly lower. Given the rural character of Maine, it is likely that even fewer seniors use public transit. Although existing transit services in rural areas are nominally

available to the general public, including senior citizens, in practice priority for seat reservations is given to clients of human and social service organizations, including Medicaid recipients. How, then, do non-driving seniors get around? For the most part, they ask for rides from family or friends, or they stay home. Some seniors walk, although national studies show that walking, as a mode, declined by one-third in urban areas between 1983 and 1990, and by one-fourth in rural areas during the same period.

RECOMMENDATIONS

1. Recommendation to the 117th Legislature **Resolved** that the Maine Department of Transportation (MDOT) and public transportation providers should design and implement a data collection system to quantify and evaluate the amount of service provided to Maine's over 65 population, without regard to income. When collected, this information should be used to measure the scope of unmet transportation needs in the non-Medicaid eligible senior population. MDOT should also conduct a survey of all Maine citizens 65 years of age and older to ascertain their transportation needs and to gather information to assist the development of consumer-oriented transportation services.
Statement of Fact: A statement of fact should be developed to explain that it is necessary to measure both the need for transportation alternatives in the over 65 population, and the extent to which that need is currently met, in order to develop satisfactory services to address the gap. The information gathered should indicate the size and nature of the transportation need, as well as the effectiveness of existing services.
2. Recommendation to the 117th Legislature **Resolved** that MDOT, in consultation with the area agencies on aging and designated regional providers should develop and implement a centrally coordinated information and volunteer program. This program would make more efficient and effective use of existing public and private transportation services through the coordination of consumer information and development of new volunteer driver services. The volunteer driver program would serve the needs of those not covered by Medicaid or other existing programs. The service should include a toll free number providing schedule, route and fare information on all transportation services in the State. This program is intended to accomplish two things. First, it should bring together, in one easily accessible resource, all available information on alternative transportation, whether it is publicly or privately funded, fixed route or demand responsive. Second, it should develop and integrate volunteer services into traditional transportation services.
3. Recommendation to the 117th Legislature **Resolved** that the Legislature should create a study committee to investigate how to free volunteer drivers from fear of liability through providing liability insurance or other means; the study committee will report to the second regular session of the 117th Legislature.

4. The State of Maine, through MDOT or other appropriate State agencies, should promote research and demonstration projects to develop consumer-oriented transportation for the aging population. (Note: It is not the intent of this recommendation to redistribute funding currently used for the provision and planning of existing public transportation services.)
5. The State of Maine, through MDOT, should evaluate the feasibility of various funding sources for alternative transportation to meet the needs of Maine's aging population.

CHAPTER 4

MAKING SAFER ROADS

The objective of highway designers should be to build safer roads for everyone. The design standards currently in use are contained in the American Association of State Highway and Transportation Officials (AASHTO) publication "A Policy on Geometric Design of Highways and Streets." The AASHTO standards may serve the general public well, but it is clear that the standards pay little attention to the needs of older drivers who are now on our streets and highways in greater numbers than ever before. In fact, the "design driver" for purposes of both vehicle and highway planning has, until now, been a college-age subject. It is not surprising to find that the planning standards do not accommodate the needs of older drivers. As previously discussed, people change as they age, albeit at different rates. The result is that the variability among older drivers and pedestrians is greater than that of their younger counterparts.

The examples which follow illustrate how older people experiencing the inevitable changes that accompany aging, face barriers to safety and mobility as a result of highway and street design. Pedestrian signals assume a walking speed that many older pedestrians cannot meet. Stopping sight distance is developed based upon a specific height of the driver's eye that may not recognize the decrease in body size of the older driver. Also, the Manual on Uniform Traffic Control Devices (MUTCD) currently assumes a visual acuity that exceeds the visual acuity of approximately 40 percent of the drivers who are age 65 to 74.

The Maine Department of Transportation (MDOT) does include a number of components in most of its road building projects that enhance vehicular safety for all motorists. Among them are curb cut ramps; full standard centerline markings applied to newly constructed pavement and overlays the same day they are laid; wider lines on interstate highways; and upgrading signal lens size to a 12 inch diameter. MDOT is also working on a project in cooperation with the Federal Highway Administration to evaluate increased reflectivity on signs.

Clearly, more research and technology transfer must be done. At the national level, more information on how to improve the roadway for older drivers is being provided by transportation specialists and organizations. Yet, how these suggestions apply to Maine is uncertain. Some improvements may be appropriate for Maine, and some may not. The link between roadway design and driver needs is currently very weak.

Local communities need to take the older driver and pedestrian into consideration when developing land use ordinances. There is a clear connection between sprawling land use patterns which favor or necessitate the use of an automobile and increase in mileage driven by older age groups. Land use patterns and zoning ordinances which permit denser mixed use development allow seniors to lead lifestyles more independent of the self-driven automobile.

RECOMMENDATIONS

Several strategies are recommended for beginning to remedy the deficiencies mentioned above.

1. The Maine Department of Transportation (MDOT), Federal Highway Administration, Regional Transportation Advisory Committees, Metropolitan Planning Organizations, and the regional planning commissions should collaborate to conduct three pilot projects to evaluate highway treatments intended to improve the safety and mobility of the aging population. Selected projects would represent urban, suburban and rural areas distributed in the northern, central and southern parts of the State. Each project would consist of treatments appropriate for the area. The projects would be implemented in areas of older population concentrations. Treatments may include signage, lighting, pavement markings, signalization, geometric design, and/or traffic operations. Work plans would be developed for each project identifying the particular treatment(s) to be used.
2. MDOT should continue to be involved in all national research on standards for the older driver. Furthermore, MDOT should support implementation of the research results.
3. Municipalities should be encouraged, by local ordinance, to prohibit or restrict land uses, and particularly private signs which interfere with the visibility of traffic control devices.
4. The Department of Public Safety, MDOT, and Bureau of Motor Vehicles should develop and implement a public information and education program to improve the public's understanding of traffic operational features and devices.
5. The Department of Public Safety should develop and implement a program to address the unique needs of the aging population to encourage seat belt use.

New legislation is not required to implement any of the identified strategies. In fact, programs and funding sources already exist to facilitate implementation of the strategies. Examples of such funds include: 1) Federal Highway Administration funds for planning and research; 2) Surface Transportation Program funds for safety; 3) 402 safety funds; and 4) regular construction funds. Development of work plans for the three pilot projects could begin immediately. After the work plans are developed, treatments would be implemented and evaluated for future applications within the State. Ultimately, these activities would become on-going efforts within each responsible organization.

CHAPTER 5

PEDESTRIAN SAFETY

Although pedestrian crashes affect all age groups, older adults face a greater risk of fatal injury than anyone else. Persons over age 65 account for fewer pedestrian accidents (7.7%) than what might be expected in their relation to the overall population (12.5%). However, they account for almost a quarter (22.7%) of the pedestrian fatalities (USDOT report). This suggests pedestrian accidents involving older adults can be far more catastrophic than those involving younger people. In addition to empirical data suggesting a pedestrian safety problem with the older population, decentralized growth in Maine makes it difficult to consider walking a viable transportation alternative. This type of growth can have a severe impact on the mobility of older people and therefore on the quality of their lives.

As mentioned in Chapter 4, the American Association of State Highway and Transportation Officials (AASHTO) design standards for pedestrians may be inappropriate for older persons. Pedestrian signals assume a walking speed that is too fast for most older pedestrians. Traffic signalization is generally designed to maximize vehicular rather than pedestrian flow. In addition, in many urban centers, space previously used for pedestrians has been used to accommodate vehicles. It is not uncommon for sidewalk widths to be reduced to facilitate vehicular movement. In rural areas, pedestrian needs may not be considered for such essential matters as the location of a mailbox, forcing seniors to cross busy highways to retrieve their mail. Maintenance of pedestrian facilities in both rural and urban settings has also been difficult to achieve. Snow, ice, leaves, sand, garbage and other types of obstructions can challenge the physical abilities of all pedestrians, particularly older ones.

Pedestrian needs have generally been precluded from the transportation planning process. While a substantial amount of research has been done in this area, more effort is required to transfer and bring that research from the planning stage to implementation. Beyond the responsibilities of transportation engineers and planners, educational programs for older pedestrians are also lacking.

RECOMMENDATIONS

Several strategies are recommended to fill the gaps that have been identified:

1. Recommendation to the 117th Legislature **Legislation** to amend the site location laws to require local and state government to consider pedestrian accessibility when undertaking site development. The planning process at all levels - federal, state and local - should actively consider the older pedestrian in transportation plans. Specifically, the Maine Department of Transportation (MDOT) should address this issue in the development of its 20 year multi-modal transportation plan required by the Intermodal Surface Transportation Efficiency Act (ISTEA); Metropolitan Planning Organizations (MPOs) and Regional Planning Commissions should address these needs in the development of regional plans; and localities should ensure that the site development process considers pedestrian accessibility to and circulation within all projects.

2. Additional proactive efforts should be made to include the older population in public participation processes; including the development of transportation plans and project-specific plans at all levels.
3. The road design standards used in the State should be reviewed by MDOT to assure that the needs of older pedestrians are addressed.
4. All entities responsible for the maintenance of pedestrian facilities should be encouraged to keep those facilities free of obstructions. The Maine Local Roads Center, a technology transfer arm of MDOT, could serve as a resource to provide local officials with information regarding the unique problems of the older pedestrian.
5. Local law enforcement agencies should be encouraged to enforce those laws that are applicable to pedestrian rights. Where such laws are lacking, local municipalities should be encouraged to enact new programs focusing on pedestrian rights.
6. A statewide pedestrian policy statement should be issued by MDOT. Consideration should be given for a statewide "pedestrian safety day".
7. Existing pedestrian public education efforts should be evaluated by the appropriate state agencies for their application to Maine. Innovative educational approaches should be considered and implemented.
8. The impact of various traffic laws on the older pedestrian, should be evaluated at all levels of government.

The ISTEA already provides the basis for accommodating the needs of the pedestrian in the planning process. Pedestrian needs must be addressed in the development of the State and MPO's long range plans.

CHAPTER 6

DRIVER LICENSURE ISSUES

Drivers who pose unacceptable safety risks or "problem drivers", may be divided into two general categories depending upon the nature of their driving difficulties and capabilities. The first group is comprised of those individuals who are dangerous because of their attitude and outlook or their development of bad driving practices and habits. The second category consists of those individuals who no longer possess the physical, mental or emotional competence to operate a motor vehicle in a safe and prudent manner.

Individuals in the first category possess the capability to become safe drivers. Education and training designed to improve both driving skills and attitudes together with appropriate monitoring should be reasonably effective in modifying "problem driver" behavior. Individuals in the second group simply may not have the functional ability to operate a motor vehicle safely even under the most controlled circumstances. For these persons no amount of education, training or skills development can provide them with the functional ability to drive.

The difficulty with the approach of driver improvement efforts is that many such programs are designed to be reactive. Drivers are identified on the basis of adverse reports of driving, medical information, and records of traffic accidents and offenses. While Maine employs traditionally accepted measures to identify problem drivers and relies on generally recognized remedial actions (re-testing, graduated licenses, license restrictions, driver education and training, suspension and revocation), there is no systematic, periodic review of drivers. This lack of regular review renders meaningful monitoring of drivers fruitless. Maine's existing driver improvement program could be more effective in identifying, monitoring, training, and educating drivers who have developed poor driving habits.

The medical review program administered by the Secretary of State is the primary method by which drivers with physical, mental and emotional impairments are identified and reviewed. The Secretary of State, with advice from the Medical Advisory Board (29 MRSa6547), has adopted formal rules establishing functional ability profiles for various physical, mental and emotional impairments that are used to assess drivers. The existing medical review program is ineffective in identifying on a consistent basis those individuals who may lack the functional ability to operate a motor vehicle safely. There are three major problems with the current medical review program:

1. The medical review program places the primary responsibility on the individual driver to report medical conditions to the Secretary of State. There are a number of weakness' inherent with this self-reporting and self-monitoring approach.
2. The absence of a requirement for medical professionals to report individuals with functional impairments to the Secretary of State, results in persons avoiding evaluation and remaining licensed when they are no longer able to drive an automobile safely.

3. The medical review program suffers from the same fundamental flaw as the driver improvement effort because it operates in an essentially reactive fashion.

RECOMMENDATIONS

The Task Force has formulated recommendations, short, intermediate, and long range, to address the weakness' of the medical review and driver improvement programs. It is important to recognize that with the exception of vision testing frequency and license renewals, all of the recommendations apply equally to all drivers. The recommendations are designed to assess and evaluate a driver's ability on an individualized basis. The visual acuity standards are the same for all ages.

Short term recommendations are designed to be achieved in approximately one year's time. Intermediate recommendations should be accomplished within a one to three year period, and long range recommendations are expected to take more than three years to accomplish.

Medical Review Program Recommendations

Short Term

1. Recommendation to the 117th Legislature **Resolved** that the 117th Legislature urge appropriate organizations to inform the medical community about immunity. If there has been no substantial increase in reporting dementia by December 31, 1996, then the 118th Legislature should enact mandatory reporting of dementia.
2. Recommendation to the 117th Legislature **Legislation** directing the medical community, including vision care specialists, to report drivers suffering from visual impairments resulting in peripheral field loss, double vision and diminished visual acuity which affect driving safety to the Secretary of State.
3. Recommendation to the 117th Legislature **Legislation** to add a provision that a member of the Medical Advisory Board shall be a physician with knowledge and interest in geriatrics.

Intermediate

4. Law enforcement officer training on the detection of functional impairments that affect driving and the reporting of potentially impaired drivers to the Secretary of State.
5. The Secretary of State incorporate information concerning the effects of the aging process and medical conditions on driving within the driver license examination manual.

Driver Improvement Program

Intermediate

1. The Secretary of State develop and implement a system to monitor problem drivers at periodic intervals. Problem drivers are defined as those with multiple accidents, driving offenses and adverse reports.
2. The Secretary of State distribute or make available informational materials regarding programs, training and educational activities designed to improve driving skills.

Long Term

3. Recommendation to the 117th Legislature **Legislation** directing the Secretary of State to institute a program which employs behind the wheel training and education for problem drivers.
4. Law enforcement officer training on the methods of reporting problem drivers to the Secretary of State.

Additional Recommendations

Short Term

1. Recommendation to the 117th Legislature **Legislation** directing the Secretary of State to administer a vision screening test at every driver license renewal beginning at age 40.
2. Recommendation to the 117th Legislature **Legislation** requiring driver license renewals at six year intervals to age 65, at four year intervals to age 75 and at two year intervals thereafter.
3. Encourage the Secretary of State to implement a graduated driver's license program similar to that recommended by AARP.

Intermediate

4. The Secretary of State explore development of a vision screening test that is designed to measure dynamic visual acuity, contrast sensitivity and night vision.

CHAPTER 7

EDUCATION AND TRAINING

The Task Force concentrated on two principal targets of mobility education: 1) older drivers; and 2) professionals and the general public, including family members, who deal with older drivers. In regard to older drivers, the Task Force identified two areas where training is most needed:

1. helping older drivers improve their skills and understand how the aging process affects driving; and,
2. acquainting older drivers with alternative means of transportation and encouraging its use.

In regard to professionals and the general public who deal with older drivers, the Task Force identified the following groups: family members, medical providers, law enforcement personnel, driver licensing officials and instructors, and counselors and therapists.

DRIVER RE-TRAINING

Currently, two driver re-training programs exist for the mature operator. AAA Maine offers its Driver Improvement Program, tailored to the mature operator and The American Association of Retired Persons (AARP) offers its "55-Alive" program.

The AAA Maine and AARP courses provide "classroom only" instruction for a reasonable fee. Both cover such matters as the effect of aging upon driving, common mistakes by older drivers, how to compensate for the aging process, and defensive driving. Both courses consist of eight hours of instruction over a two-day period. Graduates of the AAA Maine program receive credits on their driving records which may be used to offset demerit points assessed for violations.

AAA Maine has certified professional instructors offering classes in larger communities throughout the State. Although AAA targets its own members, classes are also open to the general public. AARP courses are taught by volunteer instructors who are reimbursed for actual out-of-pocket expenses. Course sites also tend to be in larger communities. AARP targets its 175,000 members residing in Maine.

The Bureau of Highway Safety also offers a defensive driving/driver improvement course called Maine Driving Dynamics. Many of the students are violators who take the course in order to retain their driver's licenses. Others are commercial vehicle drivers whose employers provide them an opportunity to take this course. And, to some extent, people who merely want to improve their driving habits may, and do, complete this course.

Recommendations

Based upon a review of currently available training, the Task Force makes the following recommendations regarding the re-training of older drivers:

1. The Maine Bureau of Highway Safety and Bureau of Motor Vehicles should facilitate and encourage training by such actions as:
 - maintaining and making available to drivers a schedule of AAA and AARP classes, using bulletin boards, mail inserts, brochures, and news releases; and,
 - publicizing the need for and the value of such training by providing resources to conduct the programs.
2. Enlist insurance companies and independent insurance agents to publicize the need for re-training. This can be done by using billing inserts and customer contact.
3. AARP should intensify its efforts to recruit and retain volunteer instructors, thereby enabling it to offer more classes.
4. AAA and AARP should explore the possibility of using Maine's Interactive Television system for their classes.
5. AAA and AARP courses should include an overview of alternative transportation (transportation other than the self-driven automobile).
6. Driver "self-assessment" tests should be more widely utilized. AARP publishes one and AAA has "Drivers 55 plus: Test Your Own Performance." DMV should encourage mature operators to take the test.
7. Encourage AAA and AARP to review their current curricula nationwide, to determine if there should be different instruction for the oldest drivers.
8. Expand existing courses to include some behind-the wheel time. Although this would be more expensive, a pilot project would be useful to determine the effectiveness. As an alternative, it may be feasible to obtain and use a driving simulation device, instead of behind-the-wheel time. AAA should investigate this.
9. Encourage participants who take driver improvement courses to check with their insurance carriers for companies which offer insurance discounts to drivers who have completed a retraining course.

10. Offer a service, probably on a fee basis, to test older driver skills. The environment should be non-threatening where the loss of a driver's license is not possible. After the test, the older driver would make his/her own decision about needed training, change of driving habits, or self-imposed driving restrictions. A private foundation or government grant should be sought by an appropriate sponsor (AAA, AARP or an Agency on Aging) to establish an experimental program of this type.

The cost of publicizing these programs could possibly be covered by Federal Highway safety grants and allocations and grants from insurance companies doing business in Maine.

EDUCATION ABOUT ALTERNATIVES

At present, little is being done to educate citizens generally, and older drivers in particular, about alternatives to operating their own vehicles. Many elderly persons reject public transit in the belief that it is only for the poor, disabled, or others who are or are perceived to be disadvantaged. Pride and fear are both influential in such rejection. In many rural areas fixed-route systems do not exist, demand-responsive vehicles are limited, and volunteer drivers are scarce. For most older drivers walking and biking are not feasible. Existing land use patterns favor the private automobile.

Recommendations

The Task Force recommends the following actions to educate older citizens about the alternatives and encourage their use:

1. Recommendation to the 117th Legislature **Resolved** that the Maine Department of Transportation develop a systematic program to educate Maine citizens, especially the elderly, about alternative transportation. The following media should be considered for this program: lectures, slide shows, videos, promotional brochures, and radio and television. The program should be offered to senior centers, housing project occupants, meal sites, AARP chapters, Retired Teacher Association units, nursing home residents, and other groups of aging citizens. It should also be offered to health care providers, Bureau of Motor Vehicle personnel, law enforcement officers, religious organizations, service clubs, and the general public. The Maine DOT should regularly update and improve the program.

THE AGING PROCESS

There is a great need to teach persons who work with older citizens about the aging process, and how it affects the mobility of the elderly. Physical, psychological, cultural, emotional and other factors play a part in this growing problem. The Maine Gerontological Society should be enlisted to tackle this subject. The State organizations of professionals (police, physicians, psychologists) should be asked to help get the message to their members, through newsletters, and meetings. The Bureau of Motor Vehicles should train its employees to understand the attitudes, perceptions, and apprehensions of all clients, especially the elderly. Such instruction should also be part of the regular curriculum at the Maine Criminal Justice Academy. Family members are particularly important and will undoubtedly be the most difficult to reach. Education and training programs implemented now may prevent higher social costs in the future.

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APPENDICES

- Appendix A Enabling Legislation
- Appendix B List of Task Force Members
- Appendix C Accounting of Contributions
- Appendix D Conference Program
- Appendix E Summary of Recommendations by Chapter
- Appendix F Public Hearings, Report to the White House Conference on Aging

Appendix A
Enabling Legislation

STATE OF MAINE

APPROVED

JUN 9 '93

BY GOVERNOR

CHAPTER

297

PUBLIC LAW

IN THE YEAR OF OUR LORD
NINETEEN HUNDRED AND NINETY-THREE

H.P. 1057 - L.D. 1409

An Act to Amend Certain Motor Vehicle Laws

Emergency preamble. Whereas, Acts of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, Maine's participation in the International Registration Plan is required by the Federal Government; and

Whereas, participation in the International Registration Plan offers administrative efficiency benefits to both State Government and motor carriers; and

Whereas, realizing the benefits of the International Registration Plan at the earliest date possible is desirable; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

PART A

Sec. A-1. 29 MRSA §1, sub-§18-B is enacted to read:

18-B. Trolley trailer. "Trolley trailer" means a trailer equipped with permanent seats that face forward, are parallel to each other and have devices at each end to prevent a passenger from falling from the trailer when it is in motion. A "trolley trailer" has a maximum seating capacity of 24 passengers.

mills for the 5th year and 4 mills for the 6th and succeeding years. The minimum tax is \$5 for a motor vehicle other than a bicycle with motor attached, \$2.50 for a bicycle with motor attached, \$15 for a camper trailer other than a tent trailer and \$5 for a tent trailer. The excise tax on a stock race car is \$5.

(1) On new registrations of automobiles, trucks and truck tractors, the excise tax payment must be made prior to registration and is for a one-year period from the date of registration.

(2) Vehicles registered under the International Registration Plan are subject to an excise tax determined on a monthly proration basis if their registration period is less than 12 months.

For motor vehicles being registered in the International Registration Plan, the excise tax must be prorated for the number of months in the registration. If the registration period is for more than 12 months, for the number of months in excess of 12 the next mill rate is used.

Sec. B-7. Effective date. This Part takes effect July 1, 1993.

PART C

Sec. C-1. Task Force to Study the Safe Mobility of Maine's Aging Population established. The Task Force to Study the Mobility of Maine's Aging Population, referred to in this Part as the "task force," is established to review transportation alternatives for an aging population, licensing provisions for the driving population, highway travel considerations for an aging population and educational programs to improve driving performance and confidence.

Sec. C-2. Task force membership. The task force consists of 15 members appointed as follows:

1. One member of the Senate appointed by the President of the Senate and one member of the House of Representatives appointed by the Speaker of the House of Representatives. Members of the 116th Legislature appointed to the commission continue to serve as legislative members until the task force concludes its study;

2. One representative of the Bureau of Elder and Adult Services in the Department of Human Services appointed by the Commissioner of Human Services;

3. One representative of the Department of Transportation appointed by the Commissioner of Transportation;

4. One representative of the office of the Secretary of State appointed by the Secretary of State;

5. One representative of the Maine Highway Safety Commission appointed by the chair of the commission;

6. The Director of the Bureau of Highway Safety or the director's designee;

7. One Maine citizen 65 years of age or older appointed by the Governor;

8. One member of the general public appointed jointly by the President of the Senate and the Speaker of the House of Representatives;

9. One gerontologist appointed by the Governor;

10. One representative of companies providing insurance in the State appointed by the Governor;

11. One representative of area agencies on aging appointed jointly by the President of the Senate and the Speaker of the House of Representatives;

12. One representative appointed jointly by the President of the Senate and the Speaker of the House of Representatives from a list of 3 persons submitted by the American Association of Retired Persons;

13. One representative appointed jointly by the President of the Senate and the Speaker of the House of Representatives from a list of 3 persons submitted by the American Automobile Association; and

14. One representative appointed jointly by the President of the Senate and the Speaker of the House of Representatives from a list of 3 persons submitted by the Maine Transit Association.

Sec. C-3. Appointment; notification. All appointments to the task force must be made no later than 30 days following the effective date of this Part. The Executive Director of the Legislative Council must be notified by all appointing authorities once the selections have been made.

Sec. C-4. Convening of task force; selection of chair. When appointment of all task force members is completed, the Executive Director of

the Legislative Council shall call the first meeting of the task force no later than 15 days following the completion of appointments. The task force shall select a member as chair.

Sec. C-5. Duties of task force. The task force shall review transportation alternatives for an aging population, licensing provisions for the driving population, educational programs to improve driving performance and highway travel considerations for an aging population. In conducting the study, the task force shall meet at convenient times and locations and may:

1. Hold informational sessions for discussions with knowledgeable persons;

2. Conduct, summarize and analyze the results of a literature search;

3. Conduct, tabulate and analyze the results of a survey of the public or affected persons and groups;

4. Procure and analyze relevant data;

5. Conduct legal research and prepare opinions on legal questions within the scope of the study;

6. Determine and summarize the legislative actions or governmental programs undertaken in other jurisdictions related to issues within the scope of the study; and

7. Form subcommittees to include persons not appointed to the task force but with expertise in an area of study.

Sec. C-6. Report of task force. The task force shall present any recommended legislation to the Executive Director of the Legislative Council by November 1, 1994 and a report of its findings to the joint standing committee of the Legislature having jurisdiction over human resources matters and the joint standing committee of the Legislature having jurisdiction over transportation of the First Regular Session of the 117th Legislature by January 15, 1995.

Sec. C-7. Staff assistance. If funds are available and subject to section 9 of this Part, the task force may contract with a consultant to serve as the primary staff for accomplishing the task force's duties and providing clerical assistance. The chair of the task force shall manage the consultant's work.

Sec. C-8. Compensation. All members of the task force serve without compensation.

Sec. C-9. Funding. The Legislative Council may accept on behalf of the task force grants and other sources of outside funding to hire staff and carry out the task force's activities. Before acceptance of funds, the Legislative Council shall examine whether accepting funds from a source will risk the appearance of undue influence or actual undue influence on the study. If the Legislative Council determines that accepting funds from the source will cause this risk, the Legislative Council may not approve the funding source. The Legislative Council shall administer any outside funds acquired for the conduct of the study. Administration of these funds includes authorizing the Executive Director of the Legislative Council to approve or disapprove any contract for assistance to the study in accordance with guidelines adopted by the Legislative Council. Expenditures may not be incurred that have an impact on the General Fund. Expenditures may not be incurred by the task force unless outside sources of funding have been received by the Legislative Council.

Sec. C-10. Effective date. This Part takes effect July 1, 1993.

PART D

Sec. D-1. Allocation. The following funds are allocated from the Highway Fund to carry out the purposes of this Act.

	1993-94	1994-95
SECRETARY OF STATE, DEPARTMENT OF THE		
Administration - Motor Vehicles		
Positions	(1.0)	(1.0)
Personal Services	\$19,714	\$27,346
All Other	4,064	4,352
Capital Expenditures	2,650	
Provides funds for a Title Examiner position, general operating expenses and a work station to deal with additional title applications.		
DEPARTMENT OF THE SECRETARY OF STATE		
TOTAL	<u>\$26,428</u>	<u>\$31,708</u>

Emergency clause. In view of the emergency cited in the preamble, this Act takes effect when approved, except as otherwise indicated.

Appendix B

List of Task Force Members

**TASK FORCE TO STUDY THE SAFE MOBILITY
OF MAINE'S AGING POPULATION
(P.L. 1993, Chapter 297)**

**Membership
(Revised List)**

Chair

Katherine Freund
c/o Southern Maine Agency on Aging
307 Cumberland Avenue
P.O. Box 10480
Portland, Maine 04104
775-6503 (W)
775-7152 (H)
775-7319 FAX

Members

Senator John J. O'Dea
P.O. Box 249
Orono, Maine 04473
866-4034

Representative Theone Look
P.O. Box 40
Jonesboro, Maine 04648
434-2861

John W. Clark
Executive Vice-President
Independent Insurance Agents of Maine
432 Western Avenue
Augusta, Maine 04330
1-800-439-1875 (W)
623-1875 (W)

Sandy Bergwall
57 Applegate Lane
Falmouth Foreside, Maine 04105
781-2565

Elizabeth Forsythe
Bureau of Elder & Adult Services
State House Station 11
Augusta, Maine 04333
624-5335

Senator Robert R. Gould
RFD 3, Box 464
Belfast, Maine 04915
338-3907

Richard Pushard
Public Affairs & Traffic Safety
American Automobile Association
Marginal Way, Box 3544
Portland, Maine 04104
780-6848 (W)
780-6914 (fax)

Joseph Kott
Senior Transportation Planner
Greater Portland Council of Governments
233 Oxford Street
Portland, Maine 04101

Joan M. LeBlanc
RFD #1, Box 230
Milbridge, Maine 04658
546-2371 (W)
546-7286 (H)

Roxanne Andrews
Technical Assistance Specialist
Central Maine Area Agency of Aging
320 Water Street
Augusta, Maine 04333
1-800-639-1553 (W)
622-9212 (W)

Ernest C. Marriner
RR 1, Box 1815P
North Monmouth, Maine 04265

Robert O'Connell
Bureau of Motor Vehicles
State House Station 29
Augusta, Maine 04333
287-2386

Richard E. Perkins, Director
Bureau of Highway Safety
State House Station 42
Augusta, Maine 04333
624-8756

Bruce Ibarguen
Engineer of Traffic
Department of Transportation
State House Station 16
Augusta, Maine 04333
287-3775 (W)
623-2526 (fax)

Appendix C
Accounting of Contributions

FUNDING FOR THE TASK FORCE TO STUDY THE SAFE MOBILITY OF MAINE'S AGING POPULATION		
SOURCE	CONTRIBUTION	VALUE
David Plimpton & Cush Anthony	Professional facilitation for all Task Force meetings and the February Conference	\$12,000
Southern Maine Area Agency on Aging	Telephone, postage, stationary, office space for the Task Force Chair, scholarships for low income seniors	\$ 4,830
Greater Portland Council of Gov'ts.	Telephone, postage, stationary, office space for the Task Force Chair, graphics for the Conference	\$ 850
American Association of Retired Persons	Guest speaker from Washington for Conference	\$ 1,400
	Print final report	\$ 3,000
National Highway Traffic Safety Adm.	Guest speaker from Washington for Conference	\$ 1,400
National Mobility Institute	Guest speaker from Boston for Conference	\$ 1,000
Scientex Corporation	Guest speaker from Pennsylvania for Conference	\$ 1,600
Liberty Mutual Research Center	Guest speaker from Boston for Conference	\$ 1,000
Maine Tomorrow	Guest speaker from Maine for Conference	\$ 500
USM Law School	Legal research by Marsha Osgood, law student	\$ 1,000
Sunnenblick, Reben, Benjamin & March	Legal advice by Howard Reben	\$ 1,000
Legal Service for the Elderly	Legal research by Andrew Stewart	\$ 1,000
Maine Department of Transportation	Printing brochures for conference; GIS mapping for Transportation Services	\$ 1,750
L&R Associates	Radio promotion	\$ 250
Muskie Institute	Scholarships for students	\$ 20
Maine Automobile Association	Photocopy services; cash gift for professional assistance writing final report; postage; printing report	\$ 1,500
Bureau of Elder & Adult Services	Cash gift for professional assistance writing final report	\$ 1,200
Sharon Blake	Cash gift	\$ 15
Secretary of State	Cash support for interactive television for public hearings	\$ 500
Narraguagus Bay Health Care Facility	Volunteer services	\$ 1,200
City of Bangor	City Council Chambers for Public Hearing	\$ 25
TOTAL:		\$36,940

Appendix D
Conference Program



TRANSPORTATION AS A LIFELONG NEED:

A STATEWIDE CONFERENCE AND PUBLIC FORUM

8:30 AM - 4:00 PM

FEBRUARY 25, 1994

LUTHER BONNEY AUDITORIUM
UNIVERSITY OF SOUTHERN MAINE
PORTLAND, MAINE

SPONSORED BY
THE TASK FORCE TO STUDY
THE SAFE MOBILITY
OF MAINE'S AGING
POPULATION

AND THE
EDMUND S. MUSKIE
INSTITUTE OF PUBLIC AFFAIRS

MOBILITY FOR OUR FUTURE

Mobility is essential for the quality of life for all Maine citizens. As Maine's population ages, it faces new challenges in mobility. Older drivers are more likely to be involved in crashes per mile driven, and they are more vulnerable to injury. While visual and cognitive performances decrease with age, the design and maintenance standards for roadway infrastructure are only beginning to address the needs and capabilities of older drivers and pedestrians. In addition, only limited alternatives to the private automobile are currently available.

Created by the Legislature, **The Task Force to Study the Safe Mobility of Maine's Aging Population** is charged with the review of transportation alternatives, licensing provisions, highway travel considerations and educational programs for the aging population. The Task Force will make recommendations to the Legislature to improve the safe mobility of Maine's aging population.

To help carry out its mission, the Task Force is holding this conference as an opportunity to provide information from national leaders in the field of elder driver safety and to provide a forum for citizen involvement in the development of public policies.

For more information contact:
Katherine Freund

Southern Maine Area Agency on Aging
1 (800) 427-7411 or (207) 775-6503

Transportation as a Lifelong Need
c/o University of Southern Maine
Department of Conferences
8 High Street
Portland, Maine 04101

AGENDA

8:30-9:00 Registration

9:00-9:30 Welcome and Opening Remarks, Senator Joseph Brannigan, Chair, Joint Standing Committee on Transportation, and Katherine Freund, Chair, Task Force to Study the Safe Mobility of Maine's Aging Population

9:30-10:00 Keynote Address, National Overview, Dr. John Eberhard, Chair, Committee on Safety and Mobility of Older Drivers, National Highway Traffic Safety Administration

10:00-10:30 How Drivers Change as They Age, Thomas Ranney, Research Psychologist, Liberty Mutual Research Center

10:30-10:50 Break

10:50-11:20 Accommodating Older Drivers with Better Cars and Highways,

Dr. Loren Staplin, Research Psychologist, The Scientex Corporation

11:20-11:50 Transportation Alternatives to the Private Automobile, John Melrose, Maine Tomorrow

11:50-1:00 Lunch, Guest Speaker from AARP

1:00-1:30 Licensing Policies: The Experiences of Other States, Jackie Anapolle, National Mobility Institute

1:30-2:00 Senior Driver Highway Safety Program, Donn Maryott, Director, Senior Highway User Program, New York State Department of Motor Vehicles

2:00-3:00 Concurrent Breakout Sessions to Identify the Most Important Issues and the Most Acceptable Solutions

a) The Driver b) The Road c) The Alternatives

3:00-4:00 Reports from Breakout Sessions and Wrap-up

WHO SHOULD ATTEND ?

Senior citizens and their families, policy makers, state and local officials, members and staff of Regional Transportation Advisory Committees, representatives of Metropolitan Planning Organizations and Regional Planning Commissions, transportation and social service providers, medical professionals, sociologists, students, advocates for the elderly, representatives of the Area Agencies on Aging, people concerned with elder legal issues, law enforcement professionals, gerontologists, occupational therapists, and all involved with issues concerning Maine's senior citizens and mobility.

REGISTRATION FORM

Registration Deadline

FEB. 18, 1994

(limited at the door registration
as space allows)

(check one)

Senior Citizens & Students \$20 _____

General Public \$25 _____

Conference fee includes coffee
break and lunch. USM is
conveniently located at exit 6B
on I-295.

Name _____

Organization _____

Address _____

City _____

State/Zip _____

Phone _____

Need transportation
help _____

First & second
choice of afternoon sessions:
____ the Driver ____ the Road
____ the Alternatives

Send check and registration form to:
Transportation as a Lifelong Need
c/o University of Southern Maine
Department of Conferences

68 High Street
Portland, Maine 04101
Tel. (207)780-5960
Fax (207)780-5925



Appendix E

Summary of Recommendations by Chapter

Appendix E

Summary of Recommendations by Chapter

Chapter 3: Alternative Transportation

1. Recommendation to the 117th Legislature **Resolved** that the Maine Department of Transportation (MDOT) and public transportation providers should design and implement a data collection system to quantify and evaluate the amount of service provided to Maine's over 65 population, without regard to income. When collected, this information should be used to measure the scope of unmet transportation needs in the non-Medicaid eligible senior population. MDOT should also conduct a survey of all Maine citizens 65 years of age and older to ascertain their transportation needs and to gather information to assist the development of consumer-oriented transportation services.
Statement of Fact: A statement of fact should be developed to explain that it is necessary to measure both the need for transportation alternatives in the over 65 population, and the extent to which that need is currently met, in order to develop satisfactory services to address the gap. The information gathered should indicate the size and nature of the transportation need, as well as the effectiveness of existing services.
2. Recommendation to the 117th Legislature **Resolved** that MDOT, in consultation with the area agencies on aging and designated regional providers should develop and implement a centrally coordinated information and volunteer program. This program would make more efficient and effective use of existing public and private transportation services through the coordination of consumer information and development of new volunteer driver services. The volunteer driver program would serve the needs of those not covered by Medicaid or other existing programs. The service should include a toll free number providing schedule, route and fare information on all transportation services in the State. This program is intended to accomplish two things. First, it should bring together, in one easily accessible resource, all available information on alternative transportation, whether it is publicly or privately funded, fixed route or demand responsive. Second, it should develop and integrate volunteer services into traditional transportation services.
3. Recommendation to the 117th Legislature **Resolved** that the Legislature should create a study committee to investigate how to free volunteer drivers from fear of liability through providing liability insurance or other means; the study committee will report to the second regular session of the 117th Legislature.
4. The State of Maine, through MDOT or other appropriate State agencies, should promote research and demonstration projects to develop consumer-oriented transportation for the aging population. (Note: It is not the intent of this recommendation to redistribute funding currently used for the provision and planning of existing public transportation services.)

5. The State of Maine, through MDOT, should evaluate the feasibility of various funding sources for alternative transportation to meet the needs of Maine's aging population.

Appendix E
Summary of Recommendations by Chapter
(continued)

Chapter 4: Making Safer Roads

1. The Maine Department of Transportation, Federal Highway Administration, Regional Transportation Advisory Committees, Metropolitan Planning Organizations, and the regional planning commissions should collaborate to conduct three pilot projects to evaluate highway treatments intended to improve the safety and mobility of the aging population. Selected projects would represent urban, suburban and rural areas distributed in the northern, central and southern parts of the State. Each project would consist of treatments appropriate for the area. The projects would be implemented in areas of older population concentrations. Treatments may include signage, lighting, pavement markings, signalization, geometric design, and/or traffic operations. Work plans would be developed for each project identifying the particular treatment(s) to be used.
2. MDOT should continue to be involved in all national research on standards for the older driver. Furthermore, MDOT should support implementation of the research results.
3. Municipalities should be encouraged, by local ordinance, to prohibit or restrict land uses, and particularly private signs which interfere with the visibility of traffic control devices.
4. The Department of Public Safety, MDOT, and Bureau of Motor Vehicles should develop and implement a public information and education program to improve the public's understanding of traffic operational features and devices.
5. The Department of Public Safety should develop and implement a program to address the unique needs of the aging population to encourage seat belt use.

Appendix E
Summary of Recommendations by Chapter
(continued)

Chapter 5: Pedestrian Safety

1. Recommendation to the 117th Legislature **Legislation** to amend the site location laws to require local and state government to consider pedestrian accessibility when undertaking site development. The planning process at all levels - federal, state and local - should actively consider the older pedestrian in transportation plans. Specifically, the Maine Department of Transportation (MDOT) should address this issue in the development of its 20 year multi-modal transportation plan required by the Intermodal Surface Transportation Efficiency Act (ISTEA); Metropolitan Planning Organizations (MPOs) and Regional Planning Commissions should address these needs in the development of regional plans; and localities should ensure that the site development process considers pedestrian accessibility to and circulation within all projects.
2. Additional proactive efforts should be made to include the older population in public participation processes; including the development of transportation plans and project-specific plans at all levels.
3. The road design standards used in the State should be reviewed by MDOT to assure that the needs of older pedestrians are addressed.
4. All entities responsible for the maintenance of pedestrian facilities should be encouraged to keep those facilities free of obstructions. The Maine Local Roads Center, a technology transfer arm of MDOT, could serve as a resource to provide local officials with information regarding the unique problems of the older pedestrian.
5. Local law enforcement agencies should be encouraged to enforce those laws that are applicable to pedestrian rights. Where such laws are lacking, local municipalities should be encouraged to enact new programs focusing on pedestrian rights.
6. A statewide pedestrian policy statement should be issued by MDOT. Consideration should be given for a statewide "pedestrian safety day".
7. Existing pedestrian public education efforts should be evaluated by the appropriate state agencies for their application to Maine. Innovative educational approaches should be considered and implemented.
8. The impact of various traffic laws on the older pedestrian, should be evaluated at all levels of government.

Appendix E
Summary of Recommendations by Chapter
(continued)

Chapter 6: Driver Licensure Issues

Medical Review Program Recommendations

Short Term

1. Recommendation to the 117th Legislature **Resolved** that the 117th Legislature urge appropriate organizations to inform the medical community about immunity. If there has been no substantial increase in reporting dementia by December 31, 1996, then the 118th Legislature should enact mandatory reporting of dementia.
2. Recommendation to the 117th Legislature **Legislation** directing the medical community, including vision care specialists, to report drivers suffering from visual impairments resulting in peripheral field loss, double vision and diminished visual acuity which affect driving safety to the Secretary of State.
3. Recommendation to the 117th Legislature **Legislation** to add a provision that a member of the Medical Advisory Board shall be a physician with knowledge and interest in geriatrics.

Intermediate

4. Law enforcement officer training on the detection of functional impairments that affect driving and the reporting of potentially impaired drivers to the Secretary of State.
5. The Secretary of State incorporate information concerning the effects of the aging process and medical conditions on driving within the driver license examination manual.

Driver Improvement Program

Intermediate

1. The Secretary of State develop and implement a system to monitor problem drivers at periodic intervals. Problem drivers are defined as those with multiple accidents, driving offenses and adverse reports.
2. The Secretary of State distribute or make available informational materials regarding programs, training and educational activities designed to improve driving skills.

Long Term

3. Recommendation to the 117th Legislature **Legislation** directing the Secretary of State to institute a program which employs behind the wheel training and education for problem drivers.
4. Law enforcement officer training on the methods of reporting problem drivers to the Secretary of State.

Additional Recommendations

Short Term

1. Recommendation to the 117th Legislature **Legislation** directing the Secretary of State to administer a vision screening test at every driver license renewal beginning at age 40.
2. Recommendation to the 117th Legislature **Legislation** requiring driver license renewals at six year intervals to age 65, at four year intervals to age 75 and at two year intervals thereafter.
3. Encourage the Secretary of State to implement a graduated driver's license program similar to that recommended by AARP.

Intermediate

4. The Secretary of State explore development of a vision screening test that is designed to measure dynamic visual acuity, contrast sensitivity and night vision.

Appendix E
Summary of Recommendations by Chapter
(continued)

Chapter 7: Education and Training

Driver Re-Training

1. The Maine Bureau of Highway Safety and Bureau of Motor Vehicles should facilitate and encourage training by such actions as:
 - maintaining and making available to drivers a schedule of AAA and AARP classes, using bulletin boards, mail inserts, brochures, and news releases; and,
 - publicizing the need for and the value of such training by providing resources to conduct the programs.
2. Enlist insurance companies and independent insurance agents to publicize the need for re-training. This can be done by using billing inserts and customer contact.
3. AARP should intensify its efforts to recruit and retain volunteer instructors, thereby enabling it to offer more classes.
4. AAA and AARP should explore the possibility of using Maine's Interactive Television system for their classes.
5. AAA and AARP courses should include an overview of alternative transportation (transportation other than the self-driven automobile).
6. Driver "self-assessment" tests should be more widely utilized. AARP publishes one and AAA has "Drivers 55 plus: Test Your Own Performance." DMV should encourage mature operators to take the test.
7. Encourage AAA and AARP to review their current curricula nationwide, to determine if there should be different instruction for the oldest drivers.
8. Expand existing courses to include some behind-the wheel time. Although this would be more expensive, a pilot project would be useful to determine the effectiveness. As an alternative, it may be feasible to obtain and use a driving simulation device, instead of behind-the-wheel time. AAA should investigate this.

9. Encourage participants who take driver improvement courses to check with their insurance carriers for companies which offer insurance discounts to drivers who have completed a retraining course.
10. Offer a service, probably on a fee basis, to test older driver skills. The environment should be non-threatening where the loss of a driver's license is not possible. After the test, the older driver would make his/her own decision about needed training, change of driving habits, or self-imposed driving restrictions. A private foundation or government grant should be sought by an appropriate sponsor (AAA, AARP or an Agency on Aging) to establish an experimental program of this type.

Education about Alternatives

1. Recommendation to the 117th Legislature **Resolved** that the Maine Department of Transportation develop a systematic program to educate Maine citizens, especially the elderly, about alternative transportation. The following media should be considered for this program: lectures, slide shows, videos, promotional brochures, and radio and television. The program should be offered to senior centers, housing project occupants, meal sites, AARP chapters, Retired Teacher Association units, nursing home residents, and other groups of aging citizens. It should also be offered to health care providers, Bureau of Motor Vehicle personnel, law enforcement officers, religious organizations, service clubs, and the general public. The Maine DOT should regularly update and improve the program.

Appendix F

Public Hearings Report to the White House Conference on Aging

**Task Force to Study the Safe Mobility
of Maine's Aging Population**
(P.L. 1993 Chapter 297)

PUBLIC HEARINGS AND PUBLIC COMMENT

There will be three public hearings for the draft report of the **Task Force to Study the Safe Mobility of Maine's Aging Population**. They will occur on three successive Fridays at various locations throughout the State. The First hearing will be carried on interactive TV. The schedule below contains exact times and locations.

The Task Force will make recommendations to the Legislature after considering all public comment. Anyone who cannot attend the public hearings who would like to comment on the draft report may submit comments in writing until Friday, October 14, 1994. Please mail or deliver all written comments to:

Katherine Freund, Chairperson
c/o Southern Maine Area Agency on Aging
307 Cumberland Ave., P.O. Box 10480, Portland, Maine 04104
(207) 775-6503 phone; (207) 775-7319 fax

PUBLIC HEARING SCHEDULE		
DATE & TIME	*LOCATION	INTERACTIVE TV
9/23/94; 10:00AM to 11:45 AM	Portland	Yes (broadcast site)
9/23/94; 10:00AM to 11:45 AM	Saco	Yes (receiving site)
9/23/94; 10:00AM to 11:45 AM	Machias	Yes (receiving site)
9/23/94; 10:00AM to 11:45 AM	Lewiston/Auburn	Yes (receiving site)
9/23/94; 10:00AM to 11:45 AM	Farmington	Yes (receiving site)
9/23/94; 10:00AM to 11:45 AM	Presque Isle	Yes (receiving site)
9/30/94; 10:00AM to 11:45 AM	Augusta	No
10/7/94; 10:00AM to 11:45 AM	Bangor	No

***Addresses:**

Portland Payson Hall, Room 304, University of Southern Maine
Saco Main St., Saco Island, Saco-Biddeford Center
Machias Torrey Hall, Room 4, U of M at Machias
Lewiston/ Auburn 51-55 Westminster St., Room 159, Lewiston Auburn College
Farmington Robert's Learning Center, ITV Studio, first floor, U of M at Farmington
Presque Isle Pullen Hall, Room 213, U of M at Presque Isle
Augusta State Office Building, Room 113
Bangor Bangor City Hall, 73 Harlow St., City Council Chambers, third floor

**Task Force to Study the Safe Mobility
of Maine's Aging Population**
(P.L. 1993 Chapter 297)

Report to the
White House Conference on Aging
on
Public Hearings for the Draft Report of the
Task Force to Study the Safe Mobility of Maine's Aging Population

RECOMMENDATION: Improved transportation alternatives.

The need for transportation alternatives is the most consistent issue to emerge from the public hearings for the draft report of the Task Force to Study the Safe Mobility of Maine's Aging Population. Other prominent themes were the need for fairness in driver licensing policy, dependence upon the private automobile, and the need for more effective screening of cognitive and visual capabilities.

The public hearings were held on three successive Fridays in late September and early October 1994 at locations around the state. The September 23 hearing was carried on interactive television through the University of Southern Maine. Times, dates, and locations of the hearings appear in the table below. The Task Force also encouraged written testimony from organizations and private citizens who could not personally attend the hearings.

PUBLIC HEARING SCHEDULE		
DATE & TIME	*LOCATION	INTERACTIVE TV
9/23/94; 10:00AM to 11:45 AM	Portland	Yes (broadcast site)
9/23/94; 10:00AM to 11:45 AM	Saco	Yes (receiving site)
9/23/94; 10:00AM to 11:45 AM	Machias	Yes (receiving site)
9/23/94; 10:00AM to 11:45 AM	Lewiston/Auburn	Yes (receiving site)
9/23/94; 10:00AM to 11:45 AM	Farmington	Yes (receiving site)
9/23/94; 10:00AM to 11:45 AM	Presque Isle	Yes (receiving site)
9/30/94; 10:00AM to 11:45 AM	Augusta	No
10/7/94; 10:00AM to 11:45 AM	Bangor	No

The hearings received considerable attention in the media. Newspapers throughout the state published articles, letters to the editor, editorials, even political cartoons. Photocopies of available press clippings are attached. In the electronic media, both television and radio news programs and radio talk shows covered the Task Force's hearings.

Each hearing began with a brief presentation by Task Force members of what the Task Force learned during its one year effort to study the safety and mobility of Maine's aging population. The fifteen member Task Force was established by the Maine Legislature to "review transportation alternatives for an aging population, licensing provisions for the driving population, highway travel considerations for an aging population and educational programs to improve driving performance and confidence."

The overwhelming majority of testimony at the hearings came from seniors, themselves, while written testimony included more letters from professional organizations and concerned members of the public, as well as seniors. Written and verbal testimony from the hearings and public comment period falls into four categories:

1. Testimony from seniors concerned about fairness in licensing policies
2. Testimony from seniors needing alternative transportation
3. Testimony from professional organizations
4. Testimony from the general public

Many seniors who came to hearings seemed worried that a task force conceived to look at mobility issues would concentrate only on licensing issues. Over and over again, seniors pointed to younger drivers as the "real problem." They were also concerned that in a rural state such as Maine, loss of a driver's license would mean isolation. Many seniors were skeptical of any information which indicated their ability to drive safely deteriorates with age.

Another group of seniors wrote (since they had trouble getting to the hearings) that there are no transportation alternatives for people who can no longer drive. They expressed hope that the Task Force would do something about the problem.

Among professional organizations, testimony came from physicians, osteopaths, optometrists, the Area Agencies on Aging, the Alzheimer's Foundation, and the Maine Center for the Blind and Visually Impaired. Testimony about mandatory reporting of drivers with dementia was mixed, with the Maine Osteopathic Association and the Alzheimer's Foundation testifying for mandatory reporting, and the Maine Medical Association and the Alzheimer's Project testifying that the difficulty of diagnosing dementia is too much of an obstacle to overcome to enact mandatory reporting. The Maine Optometrists Association and especially the Center for the Blind and Visually Impaired offered compelling testimony for improved vision screening.

Testimony from the general public came from people who were either concerned about family members, or who had been involved in accidents or close calls with older drivers. Members of the public who were seriously injured by older drivers also submitted testimony.

Across all categories, all age groups, and all points of view, however, the one consistent theme to emerge was the need for better transportation alternatives to the private automobile.