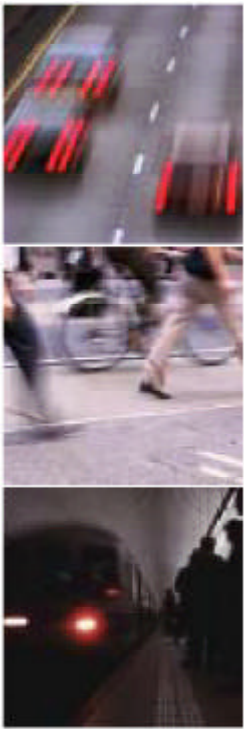


Alan M. Voorhees Transportation Center

Edward J. Bloustein School of Planning and Public Policy



# Safe Mobility at Any Age Policy Forum Series

Summary Proceedings  
February 18, 2004 Forum

Proceedings prepared and published by:

**Alan M. Voorhees Transportation Center**

Edward J. Bloustein School of Planning and Public Policy

and

**New Jersey Foundation for Aging**


March 2004

# SAFE MOBILITY AT ANY AGE POLICY FORUM SERIES

## SUMMARY PROCEEDINGS

February 18, 2004 Forum

**Proceedings prepared and published by:**

Alan M. Voorhees Transportation Center  
Edward J. Bloustein School of Planning and Public Policy  
Rutgers, The State University of New Jersey  
33 Livingston Avenue – Suite 500  
New Brunswick, New Jersey 08901  
732/932-6812 x700  732/932-3714 (fax)  
Internet: [www.policy.rutgers.edu/vtc](http://www.policy.rutgers.edu/vtc)

And

New Jersey Foundation for Aging  
176 West State Street  
Trenton, New Jersey 08608  
609/421-0206  609/421-2006 (fax)  
Internet: [www.njfoundationforaging.org](http://www.njfoundationforaging.org)

## FOREWORD

The second policy forum in the **Safe Mobility at Any Age** series was held on February 18, 2004 at The Robert Wood Johnson Foundation in Plainsboro.

Speakers at the second of the six-forum series explored issues related to:

- The status of the Medical Advisory Board in New Jersey.
- Best practices in functional assessment and health screening.
- The American Occupational Therapy Association's (AOTA) older driver initiative.
- Driver rehabilitation and remediation programs in New Jersey.
- The AARP Driver Safety Program.

The forums are cosponsored by the Alan M. Voorhees Transportation Center and the New Jersey Foundation for Aging.

The topic of safe mobility is timely and has far-reaching policy implications related to public health, public safety, community development and personal autonomy across all age groups. The forums are planned to target and focus attention on different aspects of this multi-sided issue, bringing together policy and regulatory experts from inside and outside of New Jersey to aid the discussions. This forum series is laying the foundation for and will culminate in recommendations for future policy and legislative initiatives.

Over 50 attendees participated in the second forum, sharing their perspectives and providing feedback and comments. The session confirmed that the topic has broad policy implications and that there is strong interest in continued participation at the future forums.

Key issue areas to be discussed at the third through fifth sessions will include:

- ❑ Safety perspectives addressing roadway design and signage, pedestrian safety, vehicle design, and adaptive devices to enhance driver ability (topics to be covered in April 29, 2004 forum.)
- ❑ Community mobility options, exploring issues with volunteer recruitment, screening, insurance, consumer utilization and satisfaction.
- ❑ Regulatory practices and compliance issues related to driving licensure.

The sixth and final forum meeting will engage participants in a discussion of systemic and integrated policy reforms aimed at ensuring safe mobility at all levels. We strongly urge all participants to attend each of the planned meetings because Safe Mobility at Any Age touches many aspects of our professional and personal lives. Sharing a broad range of expertise will help to inform participants and engage us all in finding the best set of recommendations for family members, as well as community, transportation and health care professionals.

Our hope is that this policy series stimulates attention on safe mobility issues from a broad range of practitioners and interest groups; that this consortium of interests recognizes the benefit of sharing perspectives; and that together, New Jersey can develop best practices through policy and legislation that move in the direction of safer mobility at all ages.

With this in mind, we present the Summary Proceedings of the second policy forum. We hope you find them interesting and professionally useful.



Grace Egan, MS  
Executive Director  
New Jersey Foundation for Aging



Martin E. Robins  
Director  
Alan M. Voorhees Transportation Center

## **ACKNOWLEDGMENTS**

The New Jersey Foundation for Aging  
and the Alan M. Voorhees Transportation Center  
wish to acknowledge the following entities for their generous support

**Stephenson-Klotzburger Foundation**

**Thomas and Theresa Berry Foundation**

## TABLE OF CONTENTS

Summary Proceedings.....	1
Status of the Medical Advisory Board in NJ.....	1
Best Practices in Functional Assessment & Health Screening.....	2
American Occupational Therapy Association (AOTA) Older Diver Initiative.....	4
Driver Rehabilitation & Remediation Programs in NJ.....	5
AARP Driver Safety Program.....	6
Participant Discussion.....	7
Speaker and Moderator Biographies.....	9
February 18 <sup>th</sup> Forum Agenda.....	11
List of Participants.....	12
Appendix 1 – Presentation Slides.....	14

## SUMMARY PROCEEDINGS

### Welcoming Remarks

Calvin Bland, Chief of Staff and Special Advisor to the President and CEO of The Robert Wood Johnson Foundation, gave welcoming remarks. Mr. Bland said this topic is of particular importance to his organization, in that a focus toward “aging in home and community” requires us all to be considering these issues.

Discussion across different professions, such as the design of these policy forums, is a way to develop practical and needed solutions to reach improved “aging in home and community.”

Grace Egan, Executive Director of the New Jersey Foundation for Aging, polled the professions represented in the room and by a show of hands, approximately one third represented senior service advocates, one third were transportation professionals, and the remaining third represented health care providers. Ms. Egan reviewed the highlights from the first forum illustrated by several slides, which covered the purpose of the safe mobility forums, the status of research into New Jersey’s mature drivers, key health factors that contribute to an increased risk of crashes, and the products and policy outcomes identified by the Maryland Consortium. The agenda for the second session is to focus on the role of the medical review board and valid testing tools.

### Medical Advisory Board in New Jersey

Kathy Higham, Manager of the NJ Motor Vehicle Commission’s (MVC) Driver Review Unit, began by making clear that, by law, the MVC staff cannot discriminate based upon age, and that requests for a medical review or a re-examination cannot be made anonymously. Given the lack of anonymity, it is usually a combination of physician and family who will request a medical review. Other sources for requests, most commonly, are received from the courts or from physicians in hospitals or rehabilitation centers.

There is some discussion underway in New Jersey for restricted licenses that limit driving, for example, to daylight hours only, or within a certain geographic location. Another area MVC is upgrading is medical reviews. The MVC wants to add another four physicians to the Medical Advisory Board (MAB), which now has eight physicians. With a larger board, MVC could proactively request medical reviews. For instance, when license holders with certain longstanding medical conditions or who have had a time-limited suspension come up for renewal, MVC can request a review. By law, drivers who suffer blackouts, convulsions or seizures face an automatic one-year license suspension. Ms. Higham noted that the American Medical Association’s position on ethical responsibility directs physicians to report unsafe drivers to the MVC. The MAB reviews the medical

information about a driver, will review medical test results, and can recommend reinstatement or request further or other testing.

### **Best Practices in Functional Assessment and Health Screening Identifiers of High-Risk Drivers: An Occupational Therapy Perspective**

Wendy Stav, PhD, OTR/L, CDRS, who directs the National Older Driver Research & Training Center at the University of Florida, provided an overview of assessment options, discussed what government wants, explored the realities of safety thresholds, and introduced the attendees to her newly formed national center.

Assessments for the older driver should include vision, cognition, motor performance, reaction time, and roadway knowledge. Dr. Stav noted that along with these assessments, we must recognize there are differences between older drivers and rehabilitative clients, and that there is no standardization across tools or results.

Dr. Stav then reviewed the kinds and quality of various tests currently in use. For example, for vision, the standard “Snellen Chart” (Eye Chart) is most common. But this test does not assess areas of vision that are important for driving, such as periphery acuity and visual depth perception. She reviewed the OPTEC series test, the Keystone Vision Tester, Perimetry Testing and Visual Perception tests.

Dr Stav reviewed the available cognitive assessment tools, identifying the “Trails A and B” as a good and standard test. She said the “ACLS Leather Lacing” tool was a longstanding and very superior cognition assessment tool, but one not generally used today. The “Digit Symbol” tool identifies shifting attention, while the “Stroop” evaluates selective attention by presenting the names of colors, such as red, blue or green, that are printed in a different color than the word describes. The UFOV, or “useful field of vision,” is a tool that carries a per/test fee and therefore can be expensive for unlimited use, particularly at a high-volume venue such as a department of motor vehicles. Other tools for cognition include map skills and problem solving scenarios.

Motor/Sensory assessments include the “Functional Quick Screen,” manual muscle testing, a dynamometer, a diadochokineses which tests bilateral movement, posture and stature assessment, and proprioception/kinesthesia of the lower extremity -- a natural result of aging in which a loss of awareness of lower limbs occurs. Dr. Stav noted that evidence of this motor/sensory deficit occurs about once a month in Florida – someone drives into a building, claiming that they had their foot on the brake when, in fact, it was on the accelerator.



Reaction time assessments break down into three different aspects: a combination of sensory awareness, cognitive processing and execution of a motor response.

Driver/vehicle fit is an important aspect peculiar to elder driving, and is not typically a consideration for the general rehabilitating population. The ergonomic perspective of stature and posture gains importance as we age. The elderly are commonly small drivers in large vehicles, and injury can be prevented through proper positioning and appropriate use of vehicle safety features. This is addressed with regard to seat, seat belt, mirrors, air bag, and foot pedals.

The key point that Dr. Stav made regarding assessments and clinic testing is that these will *NOT* produce a definitive answer whether or not a person can drive safely. Clinic testing, however, *WILL* provide a picture of how the client will likely perform in the vehicle.

Federal and state governments are looking for a “silver bullet”-- cheap, reliable, fast and non-biased tests. Dr. Stav notes that validated tools cost money to test, and therefore are not “cheap,” and that using untrained non-professionals will not result in reliable use of the tools. She cautioned the forum attendees that there are examples of equally non-reliable computerized tests as well.

Dr. Stav briefly outlined a study she conducted as part of the Elder Mobility Project to address the realities of safety thresholds in South Florida. Funded by the Florida Department of Transportation, the study included a comprehensive program of education, assessment, feedback and counseling, and mobility management. Entering 323 healthy elderly drivers in a voluntary program\*, results from all assessments were collected. It should be noted that, while crashes are rare occurrences, safety thresholds do not capture “near misses” or “causing accidents,” which may be a much richer source of information concerning functional abilities. Some of the conclusions are that increased age does not necessarily relate to decreased performance, and that the discrepancies are significant between “normal” and safe performance (e.g. corrective lenses are “normal” for many drivers.) As with all good research, the study, Dr. Stav notes, raises more questions such as:

- Are older driver stereotypes correct?
- Have we identified the wrong assessments?
- Are the tools valid to assess driving?
- Are the tools sensitive enough? Or too sensitive?
- Are these large segments of the older population really at risk?
- Do we need a paradigm shift from crash risk to driving performance?

---

\* Most participants were self-referred: 74 percent participated after reading newspaper ads; 6 percent were referred by physicians, traffic court judges or law enforcement.)

Dr. Stav concluded her remarks with an update on the National Older Driver Research and Training Center (NODRTC). The center is funded by the Centers for Disease Control and the Federal Highway Administration. It houses a multidisciplinary team, with 10 members representing occupational therapy, computer engineering, public health and transportation safety, and nine support staff of grant writers, budget preparers, and computer and administrative support. Dr. Stav also spoke of the Florida Safety Resource Center, which is being developed to link people online with a mobility counselor to deal with the loss of their driver's license and to access social services. All options will be online, and include food, medication delivery, library services, crisis counseling, transportation and social services. The website is run by the University of Florida. <http://fssrc.phhp.ufc.edu/index.php>

### **Older Driver Initiative**

Maureen Peterson, MS, OTR, FAOTA, of the American Occupational Therapy Association (AOTA), introduced the forum attendees to the Older Driver Consensus Conference, which was held in December 2002. It was sponsored by a grant from the National Highway Traffic Safety Administration (NHTSA) to help occupational therapists and other health professionals meet the growing demands of older drivers, and to create an action blueprint for AOTA to identify strategies to close the gaps between the anticipated needs for professional staff experts and the existing shortage of driver rehabilitation and testing specialists.

Occupational therapy is the focus (as distinct from physiotherapy, for instance) because OTs work with clients to engage in meaningful "occupations" - everyday activities with family, community and leisure that give meaning to a person's life. They also are trained to address basic functional assessment issues.

Driving is defined by occupational therapists as an *instrumental activity of daily living* tied closely to both the perception and the reality of independence. Occupational therapy works towards independence or identifying alternative solutions/adaptations. The Older Driver's Consensus Conference identified several steps geared towards educating occupational therapists, promoting awareness of driving as within the scope of general practice skills, increasing awareness of the needs of older drivers, promoting working with older drivers as a viable practice area, developing fieldwork opportunities and continuing education materials, and gaining funding. A cooperative agreement exists between NHTSA and the CDC to develop a good practices guide. Ten different projects are underway and are to be completed in 2004 after review by the AOTA Older Driver Advisory Panel. Included are an online professional in-service course on community mobility and the elderly, available 24/7, between 5-7 hours of instruction with AOTA continuing education credits (CEUs) awarded. Other education modules on older drivers are being prepared, as well as a tool kit of resources, including web-based materials. A microsite of older driver resources is to be available in June 2004.

## **Driving Rehabilitation- The NJ Context**

New Jersey has six Certified Driving Rehabilitation Specialists( CDRS) who work in seven geographically dispersed rehabilitation centers. Beth Rolland, Claire McLaughlin and Jennifer Palistis, three OT/ CDRS outlined the training and function of Certified Driving Rehabilitation Specialists (CDRS.)

A CDRS evaluates the potential to drive, assesses performance on the road, and provides training if necessary behind the wheel. The range of clients includes new drivers with congenital conditions, drivers with disabilities acquired through illness or accident, and drivers whose skills are diminishing due to the affects of aging, dementia or Alzheimer's disease.

Extensive training, national testing and continuing education, demonstration of skills and fieldwork currency are required for the certification. CDRS are required to maintain a level of service consistent with the Code of Ethics and Practice Standards of the national organization, and to maintain all privacy standards as outlined by HIPAA.

A pre-driver evaluation includes a clinical assessment of driving and medical history, physical condition, vision and cognitive/perceptual skills. This is followed by a behind-the-wheel evaluation of skills on the road in various traffic environments. Physical skills are assessed and either low- or high-tech adaptive equipment can be provided. Visual skills include lane positioning/tracking, parked car/obstacle corrections, turn positioning, space management and mirror use. Scanning and anticipatory skills, parking, three-point turns and blind-spot checks, visual/divided attention and peripheral awareness are assessed. Cognitive and behavioral skills are evaluated in terms of attention and processing speed, problem solving, judgment, planning skills, decision-making and interaction with other drivers.

There are several possible outcomes arising from such an evaluation, as well as various therapeutic interventions for vision or driver training, and physical or occupational therapy. CDRS can recommend driving with physician approval, or a ban on driving either permanently or for a specified period before re-evaluation.

When a prohibition on driving is recommended, CDRS will assist the client and family members with adjustments and explore community resources for alternative transportation.

## AARP Driver Safety Program

Mr. Nat Giancola introduced the AARP defensive driving course, “55 Drive Alive,” now called the Driver Safety Program, which he stressed can be taken at any age and will result in a reduced insurance premium. He said New Jersey has 160 volunteers who last year assisted in graduating 12,000 drivers. Nationally, 600,000 people took the course last year. At a cost of \$10 per person, with a resulting reduction in insurance costs, Mr. Giancola identified the program as a valuable driver-training tool. He presented a 10-minute video and literature on the program, noting that further information is available at [www.aarp.org](http://www.aarp.org).

## Guest Commenters

Two participants presented additional comments to the forum prior to the question and answer session.

Herb Hoebler, suggested the idea for a ***voluntary elder corps***, an intergenerational concept modeled on the Peace Corps. Just as college graduates joined the Peace Corps, graduates could serve for a year in the “Elder Corps.”

Dr. Errol Rummel, Director of Low Vision Care Center, a neuro-optometric clinic at the Bacharach Rehabilitation Center in Pomona, New Jersey, pointed out the value of ***neuro-optometry*** as a key assessor of visual issues related to driving as they focus on neurological impairment through head injury. Of the 400 neuro-optometrists in the country, only two are registered in New Jersey. He noted that vision problems such as glaucoma, stroke, side vision enhancers, macular degeneration, double vision and extreme light sensitivity can all affect driving ability.

## PARTICIPANT DISCUSSION

Participants shared the following comments and questions during the facilitated discussion that followed the speaker presentations.

- The speakers were asked to rate which of the various assessment tools identified during the morning session was best. Noting that there is no perfect tool, the questioner was seeking opinions about the newer neuropsychological assessment tools, as opposed to the historical use of physical assessment tools, especially given that there appears to be an increase in cognitive declines from the larger aging and well elderly population. The panel responded that the unified field of vision “UFOV,” Trails B and Digit Symbol are better cognitive assessment tools. The questioner noted that she is working on an assessment tool at the Kessler Institute that she is hopeful will deal successfully with some of the drawbacks of the individual assessment tools identified by the panel.
- A member of the audience inquired about the use of the special handicapped license plates and placards. Ms. Higham responded that the Motor Vehicle Commission is revising the application for handicapped placards and plates, and that they may be subject to medical review in the future. She noted that closer collaboration between the Medical Advisory Board and occupational therapists should assist in this effort.
- Questioned about video simulators, the panel responded that a simulator might be useful for training, but not as an assessment tool, as there are several features which do not accurately replicate the driving environment. For instance, video simulators have a flat screen, not a 360-degree view, causing some individuals to experience “simulator sickness.” It was noted that the University of Iowa has an \$80 million 360-degree simulator that was federally funded. It costs \$1,000 per hour of use. As well as the prohibitive cost for an individual assessment, the speaker noted that this simulator is not mobile, and had some early “bugs,” such as being unable to make right turns. The first inquirer noted that her “virtual reality simulator” under development at Kessler attempts to address these drawbacks.
- The panel was asked why New Jersey has such a limited number (six) of Certified Driver Rehabilitation Specialists. A panelist responded that conducting a one-on-one assessment, a comprehensive clinical evaluation and a behind-the-wheel evaluation is not cheap and that Medicare does not now cover the service. Ms. Peterson noted that the American Occupational Therapy Association plans to lobby for the Medicare coverage.

The following is a list of issues identified by forum participants on the comment sheets. The most prevalent topics center around keeping drivers safely on the road, and finding practical applications.

Interest areas:

- ❑ Need for effective consumer/public education
- ❑ Affordable evaluation assessment tool that is currently available
- ❑ Transportation provision/mobility counselor concept and pedestrian safety
- ❑ Driver assessment and evaluation programs/driver adaptations
- ❑ Access and resources for retesting, rehabilitation
- ❑ Addressing emotional implications of losing license/independence
- ❑ Automotive design
- ❑ Funding issues in New Jersey – how will driver centers be funded
- ❑ Low vision topics, macro-degenerative (eye doctor's responsibility to report) and diabetic retinopathy and side vision loss

Specific Issues:

- ❑ Policy implications
- ❑ Legislative mandates/trends across country
- ❑ Required vision retesting at license renewal
- ❑ Dealing with family of person who can no longer drive - attitude, guilt, fear, family dynamic
- ❑ Independent transportation networks/alternative transportation
- ❑ Funding – how to fund pilot programs for transportation, “Florida” type programs, managing costs
- ❑ Liability of professionals and New Jersey law
- ❑ Marketing programs
- ❑ Evaluation standards and providers
- ❑ Technical aspects of safety, human versus technical

## SPEAKER BIOGRAPHIES

**Kathy Higham**, is Manager of the Driver Review Bureau at the New Jersey Motor Vehicle Commission. The Driver Review Bureau consists of Commercial Driver Licensing Requirements, Bus Driver Application Unit, Reexamination and Medical Review Unit and Fatal Accident Review Unit. She has been with MVC since 1985, and worked previously in the Surcharge, Probationary Driver Unit and Training Unit, and served as Administrative Analyst for the Director, and as a Coordinator for the Driver Review Bureau. Prior to MVC, Kathy had 10 years of teaching experience. Because NJ has no age-related screening requirements, she often attends workshops or provides information for Mature Driver Programs regarding the physical, mental and cognitive changes that occur as we age.

**Dr. Wendy Stav** PhD, OTR/L, CDRS, is Director of the National Older Driver Research and Training Center at the University of Florida. Dr. Stav has been practicing occupational therapy for 13 years after earning a B.S. in occupational therapy from Quinnipiac University in 1991 and a PhD in occupational therapy from Nova Southeastern University in 2001. She has focused her work on driving during the past six years when she has developed driver assessment programs, examined medical reporting policies, researched driving assessments and studied occupational therapy practice related to driving. Dr. Stav is involved with her professional organization's older driver initiative by co-authoring the American Occupational Therapy Association's position paper on community mobility, participating in the establishment of specialty certification in Community Mobility & Driver Safety and serving on the Older Driver Advisory Panel. She collaborated as an AOTA representative with the American Medical Association on its older driver project as a contributor and reviewer of the new book, "A Physician's Guide to Assessing and Counseling Older Drivers." She also authored a book for occupational therapists titled, "Driver Rehabilitation: A Guide for Assessment and Intervention." Dr. Stav recently joined the faculty at the University of Florida to conduct research in the newly developed National Older Driver Research and Training Center.

**Maureen Freda Peterson** MS, OT/L, FAOTA, is Associate Executive Director for Professional Affairs at the American Occupational Therapy Association (AOTA). Maureen is a Masters-prepared OT with 30 years of experience and a Fellow of the American Occupational Therapy Association (FAOTA). AOTA has begun an Older Driver initiative in order to increase the capacity of OTs to meet the growing need in the area of assessment, remediation and transition for older drivers and community mobility as the number of seniors in our society continues to grow. AOTA has received funding from NHTSA and is also a sub-contractor to the

University of Florida's CDC appropriations to develop education and other tools to build this capacity. Maureen has lead for these projects within AOTA.

**Beth Rolland** is an Occupational Therapist and Certified Driving Rehabilitation Specialist with five years of experience in driving rehabilitation. She works at the Kessler Institute for Rehabilitation in Saddle Brook, NJ, and has experience with brain injury, neurological diagnoses and orthopedic conditions.

**Clare McLaughlin** is an Occupational Therapist and Certified Driving Rehabilitation Specialist with over 10 years of experience with driving rehabilitation. Clare works at Bacharach Institute for Rehabilitation, an acute rehabilitation facility in Pomona, NJ, specializing in the treatment of brain injury, neurological and orthopedic diagnoses.

**Jennifer Palasits** is an Occupational Therapist and Certified Driving Rehabilitation Specialist with two years of experience in the driving field. She works at Solaris Health System--JFK-Johnson Rehabilitation Institute in Edison, NJ, and has experience with inpatient rehabilitation, acute care, head injury and outpatient settings.

**Nat Giancola** is New Jersey State Coordinator of the AARP Driver Safety Program. He is a long-term educator, serving as a classroom teacher, principal and superintendent of schools. Currently, Nat is an Adjunct Professor at Kean University and an active volunteer with AARP, Passaic County Superior Court, Passaic County Senior Advisory Council, and William Paterson University.



## FORUM AGENDA

- 9:00      **Registration and Continental Breakfast**
- 9:30      **Welcome**  
Calvin Bland, Chief of Staff and Special Advisor to the President and CEO of The Robert Wood Johnson Foundation  
Grace Egan, Executive Director, New Jersey Foundation for Aging
- 9:40      **Status of the Medical Advisory Board in New Jersey**  
Kathy Higham, Manager, Driver Review Unit  
NJ Motor Vehicle Commission
- 9:50      **Best practices in functional assessment and health screening**  
Wendy Stav, PhD, OTR/L, CDRS  
Research Assistant Professor - Department of Occupational Therapy  
Research Coordinator for the National Older Driver Research and Training Center
- 10:35     **American Occupational Therapy Association (AOTA) Older Driver Initiative**  
Maureen Freda Peterson, MS, OT/L, FAOTA  
Associate Executive Director, Professional Affairs, AOTA
- 10:55     **Driver Rehabilitation & Remediation Programs**  
Beth Rolland, OTR, CDRS, Kessler Rehabilitation Institute  
Claire McLaughlin, OTR, CDRS, Bacharach Institute for Rehabilitation  
Jennifer Palasits, OTR, CDRS, JFK- Johnson Rehabilitation Institute
- 11:15     **AARP Driver Safety Program,**  
Nat Giancola, NJ State Coordinator  
AARP Driver Safety Program
- 11:30     **Question and Answer and Facilitated Discussion**
- 12:15     **Next Steps**

## LIST OF PARTICIPANTS

<u>First Name</u>	<u>Last Name</u>	<u>Affiliation</u>
Rosemarie	Anderson	Delaware Valley Regional Planning Commission
Morteza	Ansari	Keep Middlesex Moving, Inc.
Carolann	Auger	Somerset Co AAA
Rose	Berger	American Red Cross of Central New Jersey
Andrea	Boulton	MC Dept. on Aging
Sandra	Brillhart	Greater Mercer TMA
Alex	Cisneros	NJ Transit
Adele	Clark	Greater Mercer TMA
Flora	Davis	CWW
Maria	DiMaggio	NJHMFA.
Alexis	Eventoff	Alzhiemers' Assoc
Susan	Franson	Am Red Cross
Barbara	Geiger-Parker	NJ Brain Injury Assos
Nat	Giancola	AARP - Driver Safety Program
Caroline	Granick	Middlesex County Planning Department
Pearl	Greenstein	Society on Aging of NJ
Holly	Hardaway	Occupational Therapy Consultants, Inc.
Kathy	Higham	NJ Motor Vehicle Commission
Daniel	Impevatrize	Somerset Medical Center
Katherine	Klotzberger	
Geoffry	Lane, M.S.	UBHA/UMDNJ
Rina	Lubliner	Daughters of Israel Nursing Home
Jerry	Lutin	NJ Transit
Ashley	Marchowsky	Atlantic County Intergenerational Services
Christian	Marquez	Chilton Sports Med. & Rehab.
Lynne	Mason	St. Lawrenceville Rehabilitation Center
Dale	McCants	Interfaith Caregivers
Claire	McLaughlin	Bacharach Institute for Rehabilitation
Carrie A.	Monagle	St. Lawrenceville Rehabilitation Center
Richard	Nead	Kessler Institute for Rehabilitation
Patricia A.	Ott	New Jersey Department of Transportation
Jennifer	Palasits	JFK Medical Ctr, Johnson Rehab. Institute
Patricia	Polansky	NJ DHSS
Beth	Rolland	Kessler Institute for Rehabilitation
Errol	Rummel	Low Vision Care Center
Maria	Schultheis	Kessler Institute for Rehabilitation
Kathleen	Seaman	NJDHSS - Div of Aging & Community Services
Denise	Shalonis	Overlook Hospital
Ronnie	Siriani	NJ Transit
Karen	Smith	Somerset Medical Center
Wendy	Stav	University of Florida, NODRTC
Erin	Toomeg	Somerset County Office of Aging
George M.	Ververides	Middlesex County Dept. of Planning
Carl	West	NJFA, Mercer County Office on Aging
Erma Polly	Williams	New Jersey Division of Addiction Services
Edwin S.	Wills	Chilton Memorial Hospital
Jan	Wells	Voorhees Transportation Center
Pippa	Woods	Voorhees Transportation Center
Lynn	Thornton	NJ Senior Center Directors Assoc
Harriett	Bogdanoff	Community without Walls (CWW)

Andrea  
Rick  
Marco  
Herb

Lubin  
Remington  
Navarro  
Hoebler

Voorhees Transportation Center  
Voorhees Transportation Center  
Robert Wood Johnson Foundation  
Nassau Club

## APPENDIX 1

### PRESENTATION SLIDES

#### FUNCTIONAL ASSESSMENT AND HEALTH SCREENING

Grace Egan, MS  
Executive Director  
New Jersey Foundation for Aging

#### AOTA OLDER DRIVER INITIATIVE

Maureen Peterson, MS, OT/L, FAOTA  
Associate Executive Director, Professional Affairs  
American Occupational Therapy Association