

Oregon Legislature testimony, 3/25/19,
Yellow Dot Program Implementation in Georgia

Co-Chair Beyer, Co-Chair McKeown, members of the committee – thank you for allowing me to testify this afternoon: My name is Elizabeth Head and I am the Deputy Director for the Injury Prevention Program at Georgia Department of Public Health. My expertise is road safety for 55+ drivers and healthy aging. I will be talking with you today about Georgia's implementation of the Yellow Dot program.

Georgia started the implementation of Yellow Dot with a pilot in two counties. As a decentralized, 159 county state, implementation can be a challenge, so we ran the pilot with the goal of testing the program processes. The pilot lasted just over one year. More than 330 people received packets for both their home and vehicles. This translates to about 500 packets distributed during that time frame. Participants – both citizens, first responders, and medical providers were generally enthused about the program. Important lessons learned from the pilot included the need for ongoing training of first responders, community commitment (a champion is critical) and ownership of the program, and ongoing visibility of the program.

The statewide implementation of the program began in 2017. We chose a community implementation model. What this means is that we work with communities so that they can feel some ownership of the program. Thanks to some funding from our Governor's Office of Highway Safety, Department of Public Health, and Department of Human Services (state unit on aging), we're able to provide 1,500 packets per community when they complete some objectives around partnership, training, and program visibility. To date, the program exists in nine communities. There are ten additional communities working through the implementation process. Communities have received approximately 10,000 packets. We are thrilled to share that just four months after launching the program, Dunwoody Georgia documented their first save with the program. A Dunwoody citizen, Ms. Howard, did not show up to a holiday party, so friends and neighbors called the Dunwoody Police department for a wellness check. Upon arrival at the scene, the responding officer noted the Yellow Dot decal on the rear window of the vehicle and on the main entry of the home (Georgia's Yellow Dot Program is for both the home and vehicle). Upon making entry to the vehicle, the officer noted that the patient was diabetic. Based on this information, the officer called an ambulance and made entry to the home. He found the patient, unconscious in her bed. Patient blood pressure was in the teens. She had gone into a diabetic coma. Upon transport and a stay at the hospital, the patient was able to return home. This is Georgia's first documented Yellow Dot save. It demonstrated the utility of the program as an important tool for first responders, the ability of first responders to utilize and document their use of the program, and the ability of citizens to successfully complete the packet instructions.

Our main program recommendations to any group wanting to implement the program on a large scale are three-fold: 1) train first responders (EMS/transport, Fire, and law enforcement) on finding AND reporting Yellow Dot (this can usually be done through trip report narratives); 2) collect email addresses of citizens that want a reminder to update their forms – because this is a voluntary program at every level, updated forms are critical – in Georgia, our first responders are trained to look at the date on the form – if it's not up to date -it is up to the first responder what, if anything, they might use. ; and 3) program visibility is crucial – communities should do

press conference and media when the program is launched; partners should be diverse and talk about the program as part of other education and policy initiatives.

Post testimony question response: I would like to submit for review by the committee a response to some of the questions I heard after my testimony and phone participation were complete. Georgia will launch the collection of email addresses from willing participants later in 2019 or early 2020. When people receive packets, they will be able to provide an email address. We will then send two emails a year, reminding them to update their forms. At that time, we would also be able to discuss important point like ensuring removal of decals upon sale of a vehicle.

In Georgia, all sorts of agencies, both public and private, take leadership roles in the program. Our department of public health and department of human services (the state unit on aging) are the lead agencies for the program, with funding from the governor's office of highway safety. I would not recommend leaving packets on the DMV counters. Packets are not overly expensive; however, the cost does add up. Our partners have flyers with specified locations where packets can be picked up, like fire stations or police departments, or local faith-based organizations.

Finally, HIPAA is only a concern on medical information. The sharing of email addresses or basic contact information would generally not constitute a violation of HIPAA. Particularly when the participant provides the information of their own accord. Georgia has no known privacy concerns. The information in the yellow dot packet (e.g., address) could also be found on the vehicle registration, which is also, generally, kept in the vehicle glove compartment.

Thank you for your time and commitment to Yellow Dot.
Respectfully,
Elizabeth Head.