The History of Yellow Dot

In 2002, The Yellow Dot program was developed, through multi-disciplinary partnerships, in Connecticut. The program is designed to provide first responders with additional, important medical information about the driver of a vehicle involved in a crash. A one-page medical information sheet and a one-page instructional sheet were developed.

The medical information form, once completed by the participant, was stored inside a yellow folder and secured with a binder clip. A picture of the participant accompanied the information for ease of identification. This package was placed in the vehicle glove compartment. In addition, a sticker was placed on the back of the vehicle.

Since the initiation of the program, Yellow Dot has been implemented in at least nine other states. However, no state that we can find, has ever evaluated the program. In Georgia, the Yellow Dot program was discussed as part of the Older Driver Safety Program for the last several years. The ODTF and partners have talked about concerns around lack of evaluation. In addition, the ODTF has looked at for-profit versions of the program and declined to work with those entities.

Yellow Dot in Georgia: In 2014, ODTF partners at the Division of Aging Services sought public health input on implementing the program. The DAS Director has personal interest in piloting the program. They contacted Alabama, who has a nearly statewide program, and were given a list of individuals/groups from Georgia that had previously contacted them.

In the summer of 2014, the PC, Elizabeth Head, attended a meeting with DAS at the Alliant Medical group (Georgia Medical Care Foundation, or GMCF) offices to discuss Yellow Dot. The professionals at Alliant took information forms from other states and created a unique set of instruction and medical information documents for Georgia.

It was decided that, in Georgia, the program would encompass home medical emergencies as well as the originally intended motor vehicle crash/medical emergency situations. During this summer meeting, the group also discussed the importance of evaluating the program. The PC committed to researching any evaluations conducted for yellow dot to test the forms, efficacy, implementation, or other aspects of the program.

Based on this research, the group discussed the possibility of conducting focus groups to determine both end-user (older adult) and professional (EMS/Fire-fighters) thoughts and concerns about the program. A search by the PC, which included Google, Pubmed, and discussions with other states, found that there has been no evaluation of the forms or program components associated with Yellow Dot.