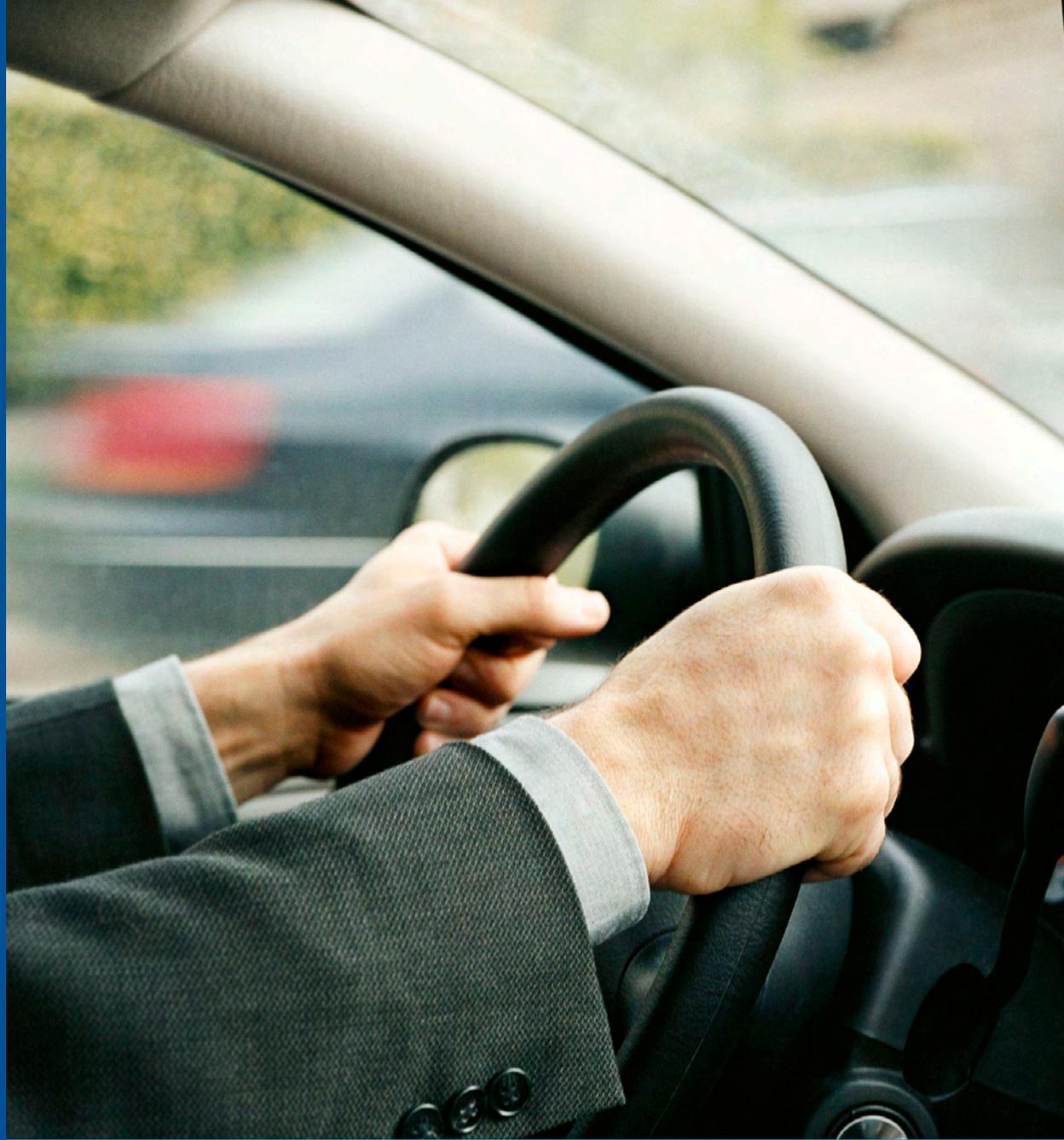Seniors face serious driving safety and mobility issues.

# 2008 North American License Policies Workshop Recommendations

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AAA Foundation for Traffic Safety

## ABOUT THE RESEARCHERS

Lisa J. Molnar and David W. Eby of the University of Michigan Transportation Research Institute and the Michigan Center for Advancing Safe Transportation throughout the Lifespan served as the organizers and "recommendations" editors for The North American License Policies Workshop.

## ABOUT THE SPONSOR

**FOREWORD**

**J. Peter Kissinger**

As we age, we are more likely to have functional limitations and more likely to require medications that can negatively impact safe driving, but we all age differently. Many older people recognize their limitations and stop or limit their driving, while others continue to drive even though they're not able to do so safely. It's a big problem now and it will be bigger in the future. It is projected by 2025, people aged 65 and older will account for 25 percent of drivers, up from 15 percent in 2005.  The number of traffic crashes will increase proportionately unless we, as a society, take action to reduce the traffic risks facing these individuals.

Seniors and their families face serious challenges in maintaining personal mobility, including determining whether they can improve their driving and thus their safety with an educational or training intervention, whether they have reached the end of their driving career, and—when they are unable to drive—how they can continue to be mobile. Moreover, some people also give up driving prematurely, when they can still drive safely under certain conditions or with adaptations. There is currently no uniformly accepted strategy or program for determining when and how to evaluate driving skills and abilities. Families are reluctant to take the keys from aging parents or grandparents for a variety of reasons, including the impact lack of mobility can have on mental health and quality of life.

Just as families are reluctant to "rock the boat," politicians and state agencies are often reluctant to tackle senior driving issues head-on because of political sensitivities and the power wielded by seniors. One of the fundamental roles of the Department of Motor Vehicles (DMV) is to ensure that drivers are capable of driving safely, and to restrict, suspend, or revoke licenses when drivers demonstrate that they are incapable or uninterested in driving safely. However, the DMV is also one of the state agencies that taxpayers deal with frequently; keeping costs down, keeping waiting lines short, and angering as few constituents as possible are very important. Add to that the tendency of some legislators to pass feel-good laws that are not based on scientific evidence or to use the DMV and license suspension as a way to collect everything from library fines to child support payments, and you have agencies that face numerous challenges.

Other groups are reluctant to enter the fray. For instance, not wanting to lose patients or breach doctor-patient confidentiality, clinicians often shy away from making strong statements questioning their patient's ability to drive, much less making referrals for driver testing. Anecdotally, it appears that law enforcement officers are more reluctant to give tickets to seniors; thus even though a senior may have a history of driving problems, this may not be reflected in his or her driving record. In short, a host of factors have led to the present situation, where we have a rapidly growing aging population and yet have ineffective policies and practices to identify and deal with seniors who have functional impairments that limit their ability to drive safely, while treating everyone fairly.

To ensure that seniors can remain mobile after they stop driving and to improve safety for all members of society, we need model systems of licensing and we need to have alternatives to driving in one's own car, when that is no longer possible. Consequently, in 2006, our Research and Development Advisory Committee selected "senior safety and mobility" as a priority areas for long-term research emphasis. Issues surrounding the licensing of older drivers are considered an important component of efforts in this area.

To inform policy makers in the licensing community about what is known on a range of relevant issues, and to guide the development of a robust long-term research agenda in our ongoing research program of senior safety and mobility, AAAFTS sponsored a two-day workshop with experts in traffic safety and other relevant disciplines in Washington, DC. The "North American License Policies Workshop," had three primary objectives:

- Synthesize the present state of knowledge regarding older driver safety as it relates to the ability of aging drivers to continue to drive safely, methods or criteria for screening or assessing drivers, and interventions (including but not limited to licensing actions) appropriate for drivers identified as "high risk."

- Develop a consensus-based set of recommendations that could be used by policymakers and stakeholders to inform the development of licensing policies based upon the best available science. As envisioned, these recommendations would focus on specific criteria that could be used to identify high-risk drivers and appropriate measures or interventions for such drivers.

- Identify the most important knowledge gaps and research needs related to older driver safety—particularly with regard to questions of licensing—and recommend specific lines of research that AAAFTS could pursue over the next several years to address them.

A key part of planning the workshop was to ensure that it built on the body of knowledge amassed in this area in recent years. To that end, findings from several past efforts were reviewed and incorporated into the framework of the workshop, and we commissioned 12 new papers and presentations relevant to older driver licensing. These papers discuss the roles of license agencies, clinicians, law enforcement, and families, research needs, current state of practice, and best practices. The complete proceedings from the workshop and the set of commissioned papers can be found in Eby and Molnar (2008) available at www.aaafoundation.org/reports.

Participants in the workshop included authors of the commissioned papers and presentations, as well as a larger group of invited experts involved in older adult licensing policy, practice, and research (see Appendix). The workshop was organized around four breakout sessions, with three separate discussion groups running concurrently for each breakout session. The breakout sessions were screening and assessment, license renewal and physician reporting, interventions for "at-risk" drivers, and elements of model driver license systems.

**FINDINGS**

**General Themes**
A number of general themes emerged from the papers, presentations, and workshop discussion and provide a useful context for thinking about the specific recommendations endorsed by participants. Themes included:

- Driving is considered a privilege but mobility is a human right. In other words, people who cannot drive safely should not be allowed to drive, but there must be good options for them to get around once they stop driving.

- Licensing agencies should have a role in assisting older adults' transition from driving to other mobility options but the nature and extent of that role is still an open question. Current practices vary across jurisdictions and barriers may exist in terms of cost and feasibility.

- Screening and assessment represent different and distinct domains of driver evaluation. Screening is the first step in a multi-tiered process and should not be used to make final licensing decisions. Assessment provides the basis for identifying reasons for functional deficits, determining the extent of driving impairment, recommending license actions, and identifying options for driving compensation or remediation.

- Screening and assessment tools used in licensing settings must be valid and reliable, and also efficient, easily adopted, and cost effective. They need to balance scientifically sound means to identify potentially at-risk drivers against the practical limitations and cost of what is reasonable for a licensing agency to accomplish, while at the same time treating individuals in a fair and dignified manner.

- Appropriate members of the medical community, through medical advisory boards, should be involved in decisions on individual competency to drive.

- The issue of age-based driver screening or testing is complex and controversial. While certain declines are generally associated with aging, consensus is lacking on whether or at what age individuals should be required to be screened or tested. Regardless, it is generally accepted that final licensing decisions should be based on functional performance, not age, as there is wide variation in how individuals age.

- Data are lacking on the effectiveness of many screening methods, assessment programs, and associated licensing policies and practices, as well as interventions for at-risk drivers making it difficult to implement relevant policies and practices at this time.

- Randomized, controlled clinical trials and evaluations are considered the "gold standard" for research but are not always possible. Nonetheless, this is something to strive for in conducting research to evaluate best practices or interventions.

- There is an opportunity to build on and take advantage of research that has been conducted outside the US and assess its applicability to US licensing agencies.

- Licensing personnel at the counter can play a key role in screening; however, better screening tools and training are needed. Personnel must avoid "profiling" and they need the tools and training to be able to recognize behaviors and or characteristics that predict bad driving.

- The implementation of the REAL ID Act of 2005 will have important implications for many of the issues addressed in the workshop and will drive a number of changes in licensing policy and practice.

**Consensus-Based Recommendations**

The following high-priority policy recommendations, practice guidelines, and research needs were identified by the workshop participants. We considered there to be consensus whenever at least two of the three discussion groups for each breakout assigned a "high priority" rating to a recommendation. In most cases, the recommendations listed below were rated as high priority by *all three* discussion groups.

Policy recommendations:

- Base final licensing decisions on functional and medical fitness to drive (and not chronological age).

- To the extent possible based on available scientific research, develop and implement across jurisdictions empirically defensible criteria and guidelines on medical and functional fitness to drive.

- Enact standard reporting laws that provide civil immunity for clinicians and licensing personnel who report people they think may be medically unfit to drive. Such laws will help reduce one barrier to reporting – fear of lawsuits.

- Establish and fund active medical advisory boards, which should be an integral element of state licensing agencies, and should be involved in both case review and policy development.

- Expand the role of licensing agencies to include assisting at-risk drivers transition from driving themselves to the use of other community mobility options.

- Expand reimbursement for assessment and remediation services. Reimbursement is often limited or unavailable for full driving assessments and driver retraining, so we need to get private and government insurance entities to cover these preventive services.

Best practice guidelines:

Despite the fact that workshop participants were experts in older driver issues, it became clear in the discussions that a lot of the knowledge being shared was new to participants. It was the first time that many participants had heard about best practices carried out in certain states and provinces, highlighting the need to share these practices more widely and effectively.

- Provide standardized education and training for clinicians, police officers, and licensing personnel on fitness-to-drive issues.

- Develop specific guidelines for licensing agencies and clinicians on how to refer drivers for specialized driving assessments.

- Provide education and training to clinicians so that they fully understand existing laws, regulations, and policies related to reporting individuals who they think may be medically unfit to drive.

- Provide incentives for physician participation in medical advisory boards.

- Provide education and training to members of medical advisory boards on issues related to functional limitations and medical fitness to drive.

- Develop resources through community collaboration to support the transition from driving.

- Increase the number of qualified people who can provide driving assessments and rehabilitation services. This recommendation was motivated by the observation that current demand for these services far outstrips existing supply, and that this disparity will only grow worse unless action is taken.

Research needs:

The workshop identified specific areas in which research is needed. Chief among research needs is to develop better screening tools to identify which drivers should go through a full assessment and better assessment tools that are able to predict which drivers are likely to crash if they continue to drive.

- Design and test screening and assessment tools against objective measures using large-scale epidemiological studies across multiple jurisdictions.

- Translate research findings into specific, practical guidance for licensing agencies, clinicians, and other relevant organizations.

- Along with focusing on whether research findings are statistically significant, it is important to consider whether they are clinical meaningful. For instance, just

because a given screening tool identifies a subset of drivers with significantly higher risks of crashing, this increased risk may not be clinically important enough to take licensing action.

- Evaluate research outcomes within the context of how applicable and defensible they would be at the individual driver level.

- Continue work to determine effectiveness of interventions by expanding evaluation of programs and practices that are intended to promote older driver safety and mobility.

**Recommended Elements of Model Licensing Systems**
Currently, no state has a model system for driver licensing, although some states have elements of a model. The final breakout session built on findings from the earlier sessions and outlined elements of model licensing systems. These elements were then prioritized by the full group, and thus, in some ways, are the major findings from this workshop.

The model licensing system elements are listed below separately for policy and practice, in order of the number of votes (in parentheses). In this context, the Group believed all of the following recommendations were important. However, the numbers of votes does provide a measure of how the Group prioritized them.

*Policies*

- Driver assessment should not be age-determined, but triggered by decreasing functional ability, as measured objectively through screening (30)

- Safety (crash prevention) should serve as the primary basis for driver screening and assessment (24)

- Although it is not appropriate (or practical) to have age-triggered assessment, it is appropriate to have age-triggered driver screening, with screening only used to see if further testing should be done, not to determine license actions that can have much wider ramifications (22)

- In-person driver license renewal should be required for drivers of all ages (21)

- A medical advisory board with broad representation should be involved in both decisions on individual competency to drive and policy development relative to licensing (21)

- Voluntary reporting of at-risk drivers to licensing authorities is important, as is immunity for those reporting (17)

*Best Practices*

- It is important to have multi-tiered systems encompassing both screening and assessment (27)

- A model system requires valid driver screening tools (23)

- High quality data systems to support licensing decisions (driver records and crash databases) should share information across states (21)

- Validated road course tests for assessing driving performance are needed (16)

- Education and training should be made available for licensing personnel, practitioners, and the public (16)

- Agency responsibilities should be viewed along a continuum, with identification of at-risk drivers at one end and assistance in transitioning to alternative transportation options at the other end (11)

- Validated driver simulation measures for assessing driving performance are needed (10)

## Summary

Currently, no state has a model system for driver licensing, although some states have elements of a model. It is our hope that the workshop papers and the deliberative process used to come up with these findings and recommendations will move us a step closer to having model systems. Nevertheless, workshop participants recognized that there is a long way to go.

The workshop participants identified a variety of best practices that could be implemented in licensing agencies now. These include creating strong, well-funded medical advisory boards and enacting laws that allow for voluntary reporting with civil immunity. It is not enough to just enact new laws; educating clinicians, license personnel, law enforcement, and the public on proper procedures for reporting potentially unsafe drivers is key.

Licensing personnel at the counter can also play a key role in screening, but only if in-person renewal is required. Although better screening tools are needed, providing training on how to use existing tools is something that can be done now. Some licensing agencies are already making a difference with counter-level screening.

Licensing agencies should have a role in assisting older adults' transition from driving to other mobility options. At a minimum, when someone fails a driving test and is required to surrender his or her license on the spot, it is important that procedures are in place to get the person home, and it would be beneficial if the agency had a list of alternative transportation options in the community, so the person is not left at such a delicate time feeling that he or she is at the end of the road. (See "Getting Around: Alternatives for

Seniors Who No Longer Drive," available at www.aaafoundation.org/reports under the 2007 listings).

In addition, the Group strongly believed that more should be done to routinely identify and share best practices. Consequently, the Foundation has begun working on a project that will catalog best practices for driver license agencies. The project will result in a Website of best practices in North America; the Website will be released in early 2009 and will be updated as license agencies move toward model systems of licensing.

More information, including the 12 commissioned papers, is included in the full workshop proceedings, available at www.aaafoundation.org/reports under the 2008 listings.

## REFERENCES AND RESOURCES

D.W. Eby & L.J. Molnar (eds.). (2008). *Proceedings of the North American License Policies Workshop*. Washington DC: AAA Foundation for Traffic Safety.

To help bridge the connection between DMVs and mobility options after one gives up driving, see the AAA Foundation's supplemental transportation programs Website called "STP Exchange" HTTP://WWW.STPEXCHANGE.ORG/HOME/INDEX.CFM.

# APPENDIX

## Workshop Participants

| Name | Affiliation | Role |
|---|---|---|
| Michel Bédard | Lakehead University | Discussant |
| Keli Braitman | Insurance Institute for Highway Safety | Discussant |
| David Carr | Washington University at St. Louis | Presenter/Paper Author |
| Neil Chaudhary | Preusser Research Group | Discussant |
| Sherrilene Classen | University of Florida | Paper Author |
| Lori Cohen | AARP | Discussant |
| Peter Delahunt | Posit Science | Discussant |
| Ann Dellinger | Centers for Disease Control and Prevention | Discussant |
| Anne Dickerson | East Carolina University | Facilitator |
| Bonnie Dobbs | University of Alberta | Presenter/Facilitator |
| Jamie Dow | Société de l'Assurance Automobile | Presenter |
| David Dunn | British Columbia Automobile Association | Discussant |
| David Eby | Univ. of MI Transportation Research Institute | Workshop Manager |
| Dan Foley | US Department of Health and Human Services | Discussant |
| Barbara Freund | Eastern Virginia Medical School | Discussant |
| David Hennessy | California Department of Motor Vehicles | Discussant |
| Peter Kissinger | AAA Foundation for Traffic Safety | Discussant/Sponsor |
| Jim Langford | Monash University | Presenter |
| Richard Marottoli | Yale University | Presenter/Paper Author |
| Dennis McCarthy | University of Florida | Discussant |
| Thomas Meuser | University of Missouri | Presenter/Paper Author |
| Kit Mitchell | Institution of Highways and Transportation | Discussant |
| Lisa Molnar | Univ. of MI Transportation Research Institute | Workshop Manager |
| Scott Osberg | AAA Foundation for Traffic Safety | Discussant/Sponsor |
| Cynthia Owsley | University of Alabama | Discussant |
| Elin Schold-Davis | American Occupational Therapy Association | Presenter |
| Dannielle Sherrets | AAA National | Discussant |
| Kathy Sifrit | National Highway Traffic Safety Administration | Discussant |
| Nina Silverstein | University of Massachusetts, Boston | Presenter/Author/Facilitator |
| Kim Snook | Iowa Department of Motor Vehicles | Presenter |
| Carl Soderstrom | Maryland Department of Motor Vehicles | Presenter |
| Loren Staplin | TransAnalytics | Presenter/Paper Author |
| Jane Stutts | University of North Carolina | Discussant |
| Brian Tefft | AAA Foundation for Traffic Safety | Note Taker/Sponsor |
| Gudmundur Ulfarsson | Washington University at St. Louis | Discussant |
| Bill Van Tassel | AAA National | Discussant |