Aging Drivers over 65 years old

- 32.2 million drivers
- Expected to triple over the next 20 years
- 16% of all fatal motor vehicle crashes
- 8% of all motor vehicle injuries
- 5 older drivers are killed every day
- 15 older drivers are injured daily
Number of Fatalities

Source: Fatality Analysis Reporting System, NHTSA

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Motor Vehicle Fatalities</th>
<th>Total Fatalities In Crashes Involving Drivers Age 70 And Older</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>43,510</td>
<td>4,807</td>
</tr>
<tr>
<td>2006</td>
<td>42,708</td>
<td>4,571</td>
</tr>
<tr>
<td>2007</td>
<td>41,259</td>
<td>4,463</td>
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<tr>
<td>2008</td>
<td>37,423</td>
<td>4,217</td>
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<tr>
<td>2009</td>
<td>33,808</td>
<td>3,976</td>
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<tr>
<td>2010</td>
<td>32,885</td>
<td>4,056</td>
</tr>
</tbody>
</table>
Percentage of Older Driver Fatalities

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>11.05%</td>
</tr>
<tr>
<td>2006</td>
<td>10.70%</td>
</tr>
<tr>
<td>2007</td>
<td>10.82%</td>
</tr>
<tr>
<td>2008</td>
<td>11.27%</td>
</tr>
<tr>
<td>2009</td>
<td>11.76%</td>
</tr>
<tr>
<td>2010</td>
<td>12.33%</td>
</tr>
</tbody>
</table>

Source: Fatality Analysis Reporting System, NHTSA

Percentage Of All Traffic Fatalities Accounted For By Crashes Involving Drivers Age 70 And Older
Safe Mobility for Life

Need to keep older drivers mobile

– Personal costs resulting from mobility loss, including depression and decline in health

– Societal loss to economic activity among the wealthiest generation the world has ever seen
Welcome 2013

• The BABY BOOMERS arrive
• MVA response

Assessment & Evaluation

Remediation

Education and Public Awareness

Alternative Transportation
Older Drivers

- Good Drivers
- Law Abiding
- Self Restrict
- Vision and Physical Deterioration
- Multi Medications
- Fragility
Dementia:

- 10% prevalence among 65 year olds in general population
- 40% prevalence among 85 year olds in general population
- NOBODY KNOWS WHAT THE PREVALENCE IS AMONG THE DRIVING POPULATION
Addressing Older Drivers Issues

• NHTSA Medical Guidelines

• Legal Issues over Age Discrimination

• MVA Programs

• Research and Screening
NHTSA Medical Guidelines

Kim Snook

Director, Office of Driver Services
Iowa
NHTSA Medical Guidelines


OR:

Enter “medical guidelines” in the search box on the NHTSA.gov website homepage
NHTSA and AAMVA established the Driver Fitness Working Group (DFWG) in 2005
Aim: to develop evidence-based medical guidelines for drivers
2006 – DFWG organises the “Challenging Myths” conference in Austin, TX
2006 – 2008
- Limitation of number of medical conditions
- Research
- Development of guidelines
Physicians’ role in driver safety

✓ In most cases the physician is incapable of assessing the impact of a medical condition on driver fitness
✓ The physician should not be required to state if a driver is fit or unfit to drive
✓ Can identify potential problems and provide a diagnosis
✓ Off-road evaluations are poor predictors of on-road performance
✓ Most physicians have no knowledge or even awareness of road safety considerations in their practice
Guidelines

- Promote road safety
- Provide rationale for medical standards
- Research that may be used to justify medical standards when the standard is challenged
- Provide guidance to jurisdictions that are developing their own standards
- Allow for adaptations that recognise special circumstances
- Voluntary but describe best practices
- Informative
NHTSA/AAMVA Driver Fitness Medical Guidelines (2009)

- Chapter 1 – Recommendations
  - Medical Guidelines for DMVs
    - Supported by scientific evidence
  - Medical Guidelines for Clinicians and other Health Care Providers
  - Recommendations for Drivers with At-Risk Conditions

- Chapter 2 – Physical Impairment
- Chapter 3 – Vision
- Chapter 4 – Medical Conditions
- Chapter 5 – Temporary Conditions
✓ Appendix A – References for Chapter 4
✓ Appendix B – Example Medical Examiner Form for a Driver Licence by a Physician
✓ Appendix C – Alternative Viewpoint on Assessing Driver Fitness
Types of Restrictions

- Left outside mirror
- Left and right outside mirrors
- No driving when headlights are required
- Special Permit
- Medical Report required at renewal
- No interstate or freeway driving
- Maximum speed of 35 mph
- Limited mileage radius of residence
Legal Issues Over Age Discrimination

Jack Joyce Esq.

"Justice For All"
Age Discrimination?

AGE FOCUSED LICENSE REGULATION AND LEGAL FOOTING
Current Regulations By Age

- 19 States (including DC) adjust renewal period by age.
- 19 States impose other requirements by age.
- Total of 29 States impose alternative provisions by age.

Age Discrimination

• Discrimination claims are brought under the 14th Amendment of the U.S. Constitution; the Equal Protection Clause.
Age Discrimination

• When considered by a Court, one of three tests is applied depending on the nature of the claim:
  – Strict Scrutiny,
  – Intermediate Scrutiny, and
  – Rational Basis Test.
Three Levels of Review

• STRICT SCRUTINY – Reserved for matters of race, national origin, speech. Burden of proof on Gov’t to show compelling interest, narrowly tailored, and least restrictive means.

• Challenger almost always prevails.
Three Levels of Review

- **INTERMEDIATE SCRUTINY** – Burden of proof on the Gov’t to show the law is *substantially related to important Gov’t interest*. Sex/gender discrimination is usually reviewed at this level.

- Challenger usually prevails.
Three Levels of Review

- RATIONAL BASIS TEST – Burden of proof on the complainant to demonstrate the action is NOT rationally related to any legitimate Gov’t interest.

- Challenger rarely prevails.
Age Discrimination

- Most likely to be reviewed under Rational Basis Test.
- NOT suspect classification.
- Driver License is considered a privilege, not a right or liberty interest.
- AGE is tested in numerous acceptable public venues; Presidency, benefit delivery, public health, and licensure.
- Screening NOT a direct challenge to licensure.
Age Discrimination

- Properly implemented cognitive screening for older driver population will not be successfully challenged in litigation.
- Purpose to preserve mobility when SAFE.
- Used as a SCREEN not as an ASSESSMENT.
- In the context of other age-tested aspects of licensure, public health issue (dementia prevalence,) and public policy consensus (AAAFTS Licensing Policy Workshop Recommendations, June 2008.)
MVA Programs

Kim Snook
Iowa’s Older Drivers

2007 Percentage of Iowa Drivers 65 and Older by County

- **Under 10%**
- **10% to 14%**
- **15% to 19%**
- **20% to 24%**
- **25% & Up**

In some Iowa counties, more than 1/4 of all drivers are already 65 or older.

In 53 Iowa counties, persons 65 or older represent 20% or more of the licensed drivers.
Iowa’s Older Drivers

2012 Percentage of Iowa Drivers 65 and Older by County

In some Iowa counties, more than 1/4 of all drivers are already 65 or older.

In 67 Iowa counties, persons 65 or older represent 20% or more of the licensed drivers.
CHOICES NOT CHANCES

✓ Seminar includes a video exclusive to Iowa.

JUMP AT THE CHANCE
to schedule a FREE CHOICES NOT CHANCES seminar (speaker, video and helpful materials) for your group. Contact the Iowa Department of Transportation’s Office of Driver Services at 319-447-0643.

CHOICES NOT CHANCES seminars will show you:
• how to prepare for the license renewal process;
• how vision and medical changes relate to aging and driving;
• how you can be a safer driver; and
• how you may qualify for a special license.
Local Drivers License Examiners Presenting at Community Sites

- License renewals
- Safe driving tips
- Medical requirements
- Drive Test requirements
- Vision requirements
- Restricted licenses
- Physical Conditions
- Driving with family
Issuing a Restricted License

- Determine during in-person renewal or re-exam process:
  - Medical Report?
  - Vision Report?
  - Driving Test?
  - Other added restrictions?
  - Re-exam?
DUI or Medical Condition?

- Observe balance & fine motor skills
- Standardized Field Sobriety Tests have not been validated for individuals over age 65
- Make observations while driver is out of vehicle
  - Can the driver effectively communicate for 10 or more minutes?
Driving Retirement

✓ Plan for driving retirement
  ▪ List places that you will need to visit (doctor, church, friends, grocery store, etc)
  ✓ Consider alternatives – call instead of visiting friends
  ▪ List alternate means of transportation in your area
Do You Have a Program?

- Not hard to do
- Don’t work alone, partner with other agencies
- Get a safe driving message to older drivers
Types of Restrictions

✓ Left outside mirror
✓ Left and right outside mirrors
✓ No driving when headlights are required
✓ Special Permit
✓ Medical Report required at renewal
✓ No interstate or freeway driving
✓ Maximum speed of 35 mph
✓ Limited mileage radius of residence
Iowa’s Examiners Training

- Sensitivity Training
- AARP, AAA, AOTA CarFit Program
- AAMVA’s International Driver Certification Program
Re-Exam Turns into a Complex Problem
Here is a video of a police chase and traffic stop that involved a diabetic driver
Research and Screening

Jack Joyce Esq.
Definitions

• **SCREENING** - A low-cost, non-invasive method for identifying likelihood of disease among an observed population.

• **ASSESSMENT/DIAGNOSIS** - Determination or identification of disease in an individual.
Screening’s Role

TOWARD LICENSE RENEWAL

SCREEN

Medical Review Process
Why Is Functional Screening Important?

• With an aging population, an increasing number/proportion of drivers will suffer diminished capacity
Why Is Functional Screening Important?

- Fatal crash involvement by older drivers is rising, while overall motor vehicle fatalities are falling.
Why Is Functional Screening Important

• Existing (referral) methods of catching functionally impaired drivers are haphazard; and once referred for medical review, there are no standardized tools to quantify functional status (except vision) for potentially at-risk drivers, which negatively impacts licensing outcomes.
Why Is Functional Screening Important?

Screening results help target the right drivers for more in-depth assessment, permitting better allocation of limited resources.
Why Focus on Cognitive Abilities?

• Current mechanisms exist for detecting drivers with impaired vision or physical impairments

• Epidemiological trends/projections underscore an increasing prevalence of (older) drivers with dementia

• Cognitive loss (especially dementia) robs the driver of his/her capacity to self-regulate; and self-regulation is the cornerstone of our existing system of ensuring driver competence

• Case-control research shows strongest validity as crash predictors for measures of cognitive ability
**Evidenced Based**

**ie.: 2003 Maryland Pilot Older Driver Study (MaryPODS)**

- ~2,000 drivers 55+ completed functional measures at MVA offices
- Sample was a representative cross-section of MD older drivers
- Police-reported crashes were the validation criteria
- Prospective and retrospective crash experience was analyzed
- Sponsored by NHTSA and NIH/NIA

**Key goals:**
1. identify significant predictors of crash risk for the ‘normal’ older driver population;
2. examine the feasibility of including standardized measures of functional ability in the MAB’s medical review process; and
3. update the NHTSA/AAMVA Guidelines for a Model Driver Screening and Evaluation Program.

**Key findings:** Cognitive abilities (measures) emerging as significant crash predictors were visual search with divided attention (Trail-making Part B); visual information processing speed with divided attention (UFOV subtest 2); visualizing missing information (MVPT/VC); and working memory (cued/delayed recall). Feasibility analysis was positive. AAMVA support led to development of Guidelines document.
Safe Driving BASICS™: Program Flow

GETTING STARTED
Scan license or other ID

Most sensitive measures for:
Early dementia / MCI

ROUTE PLANNING
Maze navigation test

VISUAL SEARCH 'A'
Trail-making: numbers only

VISUAL SEARCH 'B'
Trails: letters + numbers

VISUALIZE MISSING INFORMATION
MMVT: visual closure

VISUAL ATTENTION 1
UFOV® Subtest 1

VISUAL ATTENTION 2
UFOV® Subtest 2

Most sensitive measures for:
Normal cognitive aging

Early fail = Exit
Safe Driving BASICS™
Refer for medical evaluation

Early pass = Continue with
Safe Driving BASICS™

<1 minute
5 minutes
12-15 minutes

CUMULATIVE AMOUNT OF TIME REQUIRED TO COMPLETE SDB COGNITIVE SCREENING PROGRAM

PASS FULL SCREEN
Cognitive status is not a factor in determination of license status.

FAIL FULL SCREEN
Marker(s) for cognitive impairment indicate an elevated crash risk and need for in-depth assessment to determine license status.