Iowa’s Older Driver Program

Presented by:
Kim Snook, Director of Driver Services
Iowa’s mission is not to take drivers off the road. There is no magical age when people must stop driving. In fact, we prefer to help. People should stay on the road as long as they can drive safely to retain their cherished independence and the quality of life that comes with self-sufficient mobility...
Seminar includes a video exclusive to Iowa.

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.
Partnering Up With Other Agencies

- Alzheimer Association, Generations on Aging, Law Enforcement, Regional Transit, RSVP, Visiting Nurses
Online Resources

Visit us online at http://www.iowadot.gov/mvd/ods/olderdrivers.htm
Iowa’s Restricted License Process
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
### Statistics

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Total Drivers</th>
<th>G Restriction</th>
<th>X Restriction</th>
<th>No Interstate or Freeway driving</th>
<th>Left &amp; Right outside mirror</th>
<th>Maximum speed of 35 mph</th>
</tr>
</thead>
<tbody>
<tr>
<td>70 to 74</td>
<td>103,821</td>
<td>229</td>
<td>847</td>
<td>51</td>
<td>5,556</td>
<td>4</td>
</tr>
<tr>
<td>75 to 79</td>
<td>76,757</td>
<td>505</td>
<td>1,093</td>
<td>103</td>
<td>7,544</td>
<td>10</td>
</tr>
<tr>
<td>80 to 84</td>
<td>54,299</td>
<td>760</td>
<td>1,293</td>
<td>189</td>
<td>7,241</td>
<td>13</td>
</tr>
<tr>
<td>85 to 89</td>
<td>32,006</td>
<td>900</td>
<td>1,260</td>
<td>248</td>
<td>5,890</td>
<td>11</td>
</tr>
<tr>
<td>90 to 94</td>
<td>10,619</td>
<td>527</td>
<td>695</td>
<td>151</td>
<td>2,538</td>
<td>24</td>
</tr>
<tr>
<td>95 to 99</td>
<td>1,386</td>
<td>130</td>
<td>158</td>
<td>32</td>
<td>425</td>
<td>5</td>
</tr>
<tr>
<td>100+</td>
<td>59</td>
<td>8</td>
<td>11</td>
<td>4</td>
<td>20</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>278,947</td>
<td>3,059</td>
<td>5,357</td>
<td>778</td>
<td>29,214</td>
<td>67</td>
</tr>
</tbody>
</table>

Total Restrictions = 38,475
Request for Re-Examination of:

Full Name
Address
Town
ZIP Code
DL Number
Date of Birth
County Name
Accident involvement? □ Yes □ No
Driver cited? □ Yes □ No
Date and Time of Incident:
Location of Incident:
Kind of Physical Defect (If any):
A reason for the re-examination must be given.
Summary (age alone not considered):
What actions of the driver led you to the impression of the need for re-examination?
The above-named person, upon request, is entitled to the name and address of the individual signing this request. No action will be taken if this form is not signed. Signing the form indicates agreement with this policy.
Signature
Date
Officer’s or Citizen’s Name
Department and Badge Number or Address
City
State
ZIP Code
Law Enforcement can get the outcome of the department re-exam by checking the box and completing the information below.
Name
Email
Telephone
AAA WHITE PAPER
Best Policies and Practices for Driver Medical Review:
A Review of the Evidence with Case Studies

Jane Stutts, Ph.D.
Jean W. Wilkins, Ph.D.

Prepared for AAA National
July 2011

AAA WHITE PAPER
Best Policies and Practices for Driver Medical Review:
A Review of the Evidence

Purpose and Objectives of the White Paper

AAA National commissioned preparation of this White Paper to assist it, and its member AAA Clubs, in advocating state and national driver licensing policies and practices that effectively balance safety and mobility for older drivers. Based on a review of the research evidence, the paper seeks to identify what works, what does not work, and what remains uncertain. The scope of the paper was initially focused on state medical advisory boards (MABs), but was expanded to include the broader process of driver medical review and its implications for state driver licensing agencies (DMVs), health professionals, law enforcement, and the community at large.

The White Paper does not address all aspects of fitness to drive. For example, it does not review research or draw conclusions about specific medical conditions, disabilities, or functional losses and driving competence. These topics have been well covered in recent reports and standards documents. Neither does the paper attempt to set forth a particular research agenda, although topics where research findings are unclear are identified as part of the review process. Rather, the focus of the paper is on offering practical guidance, primarily to driver licensing officials and policymakers, on steps they can take to improve their state’s driver medical review process and outcomes.
## Summary of Policies and Practices for Improving State Driver Medical Review

<table>
<thead>
<tr>
<th>Goal</th>
<th>Policies and Practices that Available Evidence Suggests:</th>
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<tbody>
<tr>
<td></td>
<td><strong>Works</strong></td>
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<tr>
<td>Improve DMV Efforts to Identify Potential At-risk Drivers</td>
<td>In-person license renewal</td>
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<tr>
<td></td>
<td>Visual acuity testing at license renewal</td>
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<td></td>
<td>Review of driver crash/violation data</td>
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<tr>
<td>Improve Physician Referral of Potential At-risk Drivers</td>
<td>Physician education and guidance</td>
</tr>
<tr>
<td></td>
<td>Form for physician reporting</td>
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<tr>
<td></td>
<td>Physician immunity for reporting or not reporting in good faith</td>
</tr>
<tr>
<td>Improve Law Enforcement Referral of Potential At-risk Drivers</td>
<td>Law enforcement education</td>
</tr>
<tr>
<td></td>
<td>Making it easy for law enforcement to report</td>
</tr>
<tr>
<td>Improve Family and Friend Referral of Potential At-risk Drivers</td>
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<td></td>
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</table>
## AAA Study

<table>
<thead>
<tr>
<th>Improve Assessment of Potential At-risk Drivers, Once Identified</th>
<th>Comprehensive standards for driver medical review</th>
<th>Comprehensive on-road driving assessments</th>
<th>Driver functional screening / tiered assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Note: These all appear under a single heading of “what works or is likely to work” in the body of the paper, but I’ve tried to categorize them into one or the other based on strength of evidence/consensus. Would appreciate comments from reviewers.)</td>
<td>Physician input to the review process</td>
<td>Use of case managers</td>
<td></td>
</tr>
<tr>
<td>Direct access to medical expertise</td>
<td>Automated records systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve Outcome Management for Identified At-risk Drivers</td>
<td>Restricted licensing</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Driver rehabilitation / remediation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counseling on meeting transportation needs</td>
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<td></td>
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</table>

Driver Medical Review White Paper, DRAFT, 7-17-11
**In-Person License Renewal.** Research evidence suggests that the single most effective policy state DMVs can enact to improve safety for older drivers is to require in-person license renewal. A 2004 study published in the Journal of the American Medical Association found that drivers ages 85 and older living in states requiring in-person renewal were 17% less likely to die in a motor vehicle crash, compared to drivers ages 85 and older in states not requiring in-person renewal. For drivers ages 75-84, there was a (non-significant) 7% decrease in fatalities (Grabowski, Campbell and Morrisey, 2004; also Morrisey and Grabowski, 2005). In this study, in-person license renewal was the only licensing policy to have any effect on older driver fatalities – requirements for vision testing, road testing, and more frequent renewal were not shown to improve safety for older drivers. Similar results were later reported by Classen, Lopez, et al (2007): in-person license renewal was found to be associated with fewer crash fatalities among drivers ages 65 and older, whereas reduced renewal cycles and added test requirements (vision, medical and road) were not.

**Visual Acuity Testing at License Renewal.** While vision is clearly important for driving, research studies carried out over several decades support at most a weak link between visual acuity and crash risk, and between required vision testing at license renewal and crash risk (e.g., Subzware, Desapriya, et al., 2009; Grabowski, Campbell and Morrisey, 2004; Grabowski and Morrisey, 2001; Ship, 1998; Levy, 1995; Nelson, Sacks and Chorba, 1992). Nevertheless, in its recently published Driver Fitness Medical Guidelines, NHTSA/AAMVA recommends that state DMVs test visual acuity at permit renewal for all drivers age 65 or older:
AAA Study – What Works:

• **Restricted Licensing.** In its 2003 investigative report of medical oversight of noncommercial drivers, the National Transportation Safety Board recommended that “Methods for timely and appropriate restriction of driving privileges” to be included as a key component of a comprehensive medical oversight program.

• Research has shown that drivers are generally accepting of such licensing restrictions, especially if the alternative is losing their driving privilege entirely.
AAA Study – What Works or Is Likely To Work:

- Comprehensive Standards for Driver Medical Review
- Physician Input to the Review Process
- Direct Access to Medical Expertise

“A Medical Advisory/Review Board is a necessary component of a medical review program. Each jurisdiction should have an MAV staffed with physicians to provide advice to DMV medical review department staff regarding licensees’ fitness to drive.” (Lococo and Staplin, 2005, p.3)
AAA Study – What Is Likely To Work:

• Medical Self-Report at License Renewal
• License Examiner Observational Training
• Review of Driver Crash/Violation Data
• Physician Education and Guidance
• Law Enforcement Education
• Making it Easy for Law Enforcement to Report
• Public Education and Awareness
AAA Study –
What Remains Unclear:

• Mandatory vs. Voluntary (or Discretionary) Physician Reporting
• Shorter License Renewal Cycle
• Age-based Road Testing
AAA Study – What Does NOT Work:

• General Age-based Testing
In some Iowa counties, more than \(\frac{1}{4}\) of all drivers are already age 65 or older.

In 53 Iowa counties, persons 65 or older represent 20% or more of the licensed drivers.
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.
Problems License Authorities Encounter

- **Physician Interaction**
  - Physicians not understanding license procedures and maintaining knowledge in research on at risk drivers
- **No Medical Advisory Boards / or limited access to medical information**
- **Legal issues….due to not licensing for medical reasons**
- **Determining driver ability at renewal**
  - Very short time frame to determine if customer is safe driver
What Do You Observe About This Driver?

This is video footage of a police chase that lasted more than 10 minutes due to a driver with a medical condition.
Education

- Agencies need to educate at risk drivers on driving with possible diminishing skills
- Future physician training
- AAMVA / NHTSA Driver fitness working group
- Law Enforcement education
Demonstration Project to Enhance Medical Review Practices in States
NHTSA Cooperative Agreement #  DTNH22-12-H-00402

IOWA

Enhanced Medical Referral and Evaluation Management System (EMREMS)

Kickoff Meeting
December 18, 2012
10:30 am
NHTSA HQ
CONCEPT

• In ONE database:
  – Capture all Referrals by source and type
  – Capture all resulting Medical Review processes
  – Capture all Diagnoses and Recommendations
  – Capture all Outcomes

• Reveal the relationships by characteristics

• Ease feedback to referral sources (i.e., LEOs)
• Underlying purposes:
  – Support greater feedback to Law Enforcement and other referral sources
  – Bolster the value and justification for in-person renewal of vulnerable drivers
  – Enhance the availability of information for operations and policy development
  – Enhance the responsivity of the medical review system
**LEO:** What happened to that guy I referred for medical review?

**Licensing:** How do counter referrals stack up against others?

**Courts:** How often do our referrals result in a restricted license?

**Administration:** Which referrals result in the longest processing?

**MAB:** What Medical Review outcomes result from which types of referrals?

**Administration:** What is the rate at which referrals from friends, family, or neighbors result in licensing intervention?
Cognitive Screening

Demonstration photos

- **Upper left:** Customer holds tablet PC in a waiting room or other office setting.
- **Upper right:** A prominent “Press Here to Begin” button launches the cognitive screening measures.
- **Lower left:** Instructions are presented using voice, text, and video examples for each measure.
- **Lower right:** The Route Planning Test, a measure sensitive to early dementia, is completed by tracing a path through a maze.
Older Driver Sensitivity Training

• All Driver Services Employees have received
  ➢ Hearing
  ➢ Memory
  ➢ Vision
  ➢ Dexterity

Expansion of Sensitivity Training to all DOT
In Iowa, we evaluate ways we can keep older drivers safer and driving longer.

- Education
  - Employees
  - Medical professionals
  - Law enforcement
  - General public