



APPROACHES TO SENIOR MOBILITY

DRIVER LICENSING AND EDUCATION

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Number of Older Drivers

- In 2005, older drivers (age 65 and older) made up 15 % of all licensed drivers in the U.S. (NHTSA Traffic Safety Facts 2006)
- By 2030, older drivers are expected to represent 25% of the driving population. (Insurance Information Institute, Older Drivers Topic Sheet, November, 2007)

Safety Concerns

- On a licensed driver basis, older drivers are among the safest on the road.
- When crash rates are calculated on the basis of miles traveled, older drivers are at an increased crash rate.
- The real safety concern is the older drivers increased likelihood of being injured or killed in a crash.
- The likelihood of being at fault in a crash has also been shown to increase with age.

(NCHRP, Volume 9: A Guide for Reducing Collisions Involving Older Drivers, 2004)

Safety Concerns

When older driver fatality rates were calculated based on vehicle miles traveled, the highest were found among the youngest and oldest drivers.

Challenges Faced by Older Drivers

Increase in crash rates may be linked to declining abilities related to driving, as well as medical conditions that can impair driving.

Challenges Faced by Older Drivers

- Many older adults compensate for decreased physical functioning by:
 - Reducing the amount of driving
 - Not driving at night
 - Avoiding rush hour and freeway driving
 - Driving only on familiar routes
- Many older adults voluntarily cease driving.
 - Vision problems are the most common reason given for driving cessation.
- Studies have shown that some older people with dementia continue to drive, even when their cognitive deficits have limited their ability to drive safely.

(Hopkins et al. 2004)

Need for Action

“Although many older adults compensate for the decreased physical functioning that typically accompanies the aging process, the majority of older drivers will continue to drive because many live in rural areas or suburban areas with limited access to public transportation.” (Cobb, 1998)

Safe Mobility

The overall goal is to enable older drivers to retain as much mobility through driving as is consistent with safety on the road for themselves, their passengers, and other road users. (USDOT, Safe Mobility for A Maturing Society,2000).

Can We Influence Older Driver Behavior?

YES.....Safe Mobility Strategies

- Vehicular and Environmental Design
- Adaptive Devices
- Driver Education and Training
- Identification, Assessment and Licensing
- Public Information

Safe Mobility Strategies

- Driver Education and Training
 - Assess driving capabilities and limitations
 - Sharpen skills
 - Voluntarily limit driving
- Public Information
 - Media
 - Website
 - Brochures and videos
 - Presentations
 - Conferences

Safe Mobility Strategies

■ Identification, Assessment and Licensing

- Accelerated renewal
- Vision screening
- In-person renewal
- Road test

Safe Mobility Strategies Require Partnerships

- State licensing agencies and federal transportation agencies
- Drivers themselves
- Medical community
- Family and friends
- Law enforcement and courts
- Social service agencies
- Community organizations (AARP, AAA, Alzheimer's Association, Area Agencies on Aging, senior citizen groups)
- Roadway design engineers
- Insurers
- Media – radio, television, internet, newspaper, magazines

Medical Community

- Identify physicians willing to provide medical review services (volunteer or paid).
- Work with medical association to pass mandatory physician reporting laws.
- Encourage voluntary reporting.
- Encourage use of AMA's Physician's Guide to Assessing and Counseling Older Drivers.
- Educate physicians and other medical providers on conditions that impair safe driving.
- Encourage use of Driving Rehabilitation Specialists.

General Community

- Encourage voluntary reporting by police, courts, social service, family and friends.
- Educate community on the challenges older drivers face.
- Allow drivers to voluntarily request retesting.
- Form older driver advisory group to develop strategies and implement efforts to improve older driver safety.
- Ask media to help “get the word out.”

Licensing Staff

- Train staff on medical issues that can affect safe driving.
- Develop policies and procedures concerning medical issues and retesting.
- Encourage use of “limited route” and “restricted” licenses.
- Promote distribution of education materials (brochures, etc) in field offices.
- Educate staff on the challenges older drivers face.

OREGON'S EXPERIENCE

1999

Legislation directed DMV to study effects of aging on driving ability and develop a comprehensive approach to licensing drivers.

Older Driver Advisory Committee

- Advisory Committee Participants (13 members)
 - Medical professionals, senior citizen advocacy groups, providers of services to senior citizens.
 - DMV was a non-voting co-chair.
- Tasks
 - Identify drivers at risk for being involved in age-related motor vehicle accidents.
 - Identify availability and effectiveness of remedial measures.
 - Identify prevalence and effect of degenerative processes.
 - Determine effectiveness of public education initiatives.
 - Make recommendations to the department.

Older Driver Advisory Committee

■ Meetings

- Eight day long sessions held in several locations around the state over a eight month period.
- Agendas included public comment time.

■ Public Participation

- Public participation through 8 town hall meetings held throughout the state.
- 200 people attended the public meetings. Many more shared their opinions with committee members and department.

Older Driver Advisory Committee

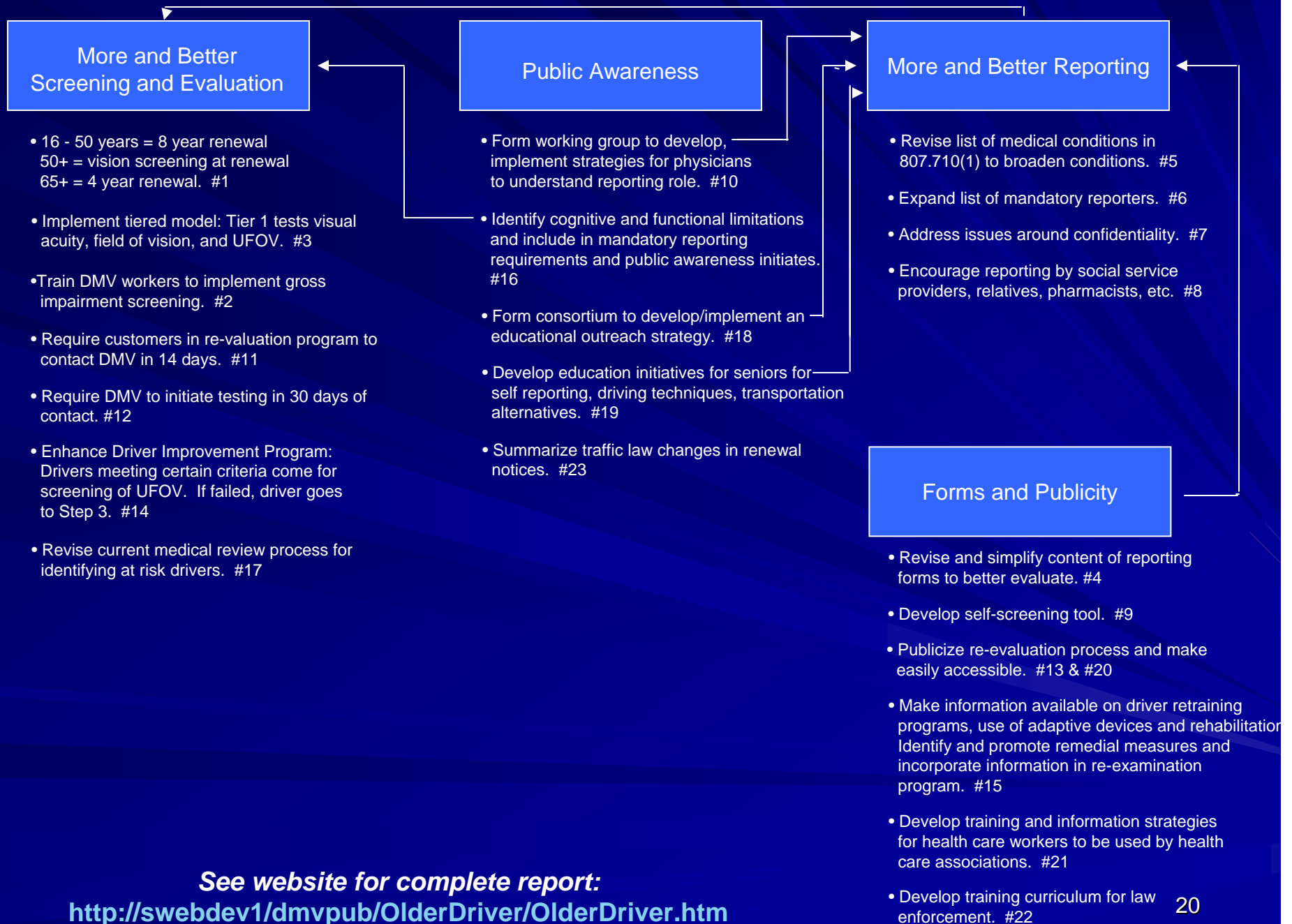
■ Becoming Informed

- Reviewed available research.
- Heard testimony from over 20 expert presenters in over 20 hours of testimony.
- Gathered citizens' input in four, all day Informational Workshops.

■ Collaboration and Consensus

- Many different interest groups and citizens participated in the final recommendations.
- Committee met in four all day meetings to finalize recommendations.

OLDER DRIVER COMMITTEE RECOMMENDATIONS - Oregon



Additional Public Input

■ Questions in Annual Survey

- 79% of Oregonians say that medically impaired drivers should be required to take tests to determine if they are still safe drivers.
- 77.6% of Oregonians believe that medical professionals should be required to report potentially unsafe drivers to DMV.

Recommendations Led to Law

- HB 3071 signed into law July 2, 2001 and went into effect on January 1, 2003.
- DMV directed to work with medical experts to identify who must report at-risk patients and what functional and cognitive impairments must be reported.

Medical Work Group Was Formed

- A 12 member multi-disciplinary Medical Work Group was developed.
- Specialty areas represented:
 - ↳ Cognitive Neurologist
 - ↳ Geriatric Psychologist
 - ↳ Ophthalmologist
 - ↳ Psychiatrist
 - ↳ Cardiologist
 - ↳ Naturopath
 - ↳ Clinical Nurse Specialist, Gerontology
 - ↳ Clinical Psychologist specializing in Dementia
 - ↳ Occupational Therapist
 - ↳ Pharmacist

Public Education

- Statewide public education campaign to educate medical providers, social service organizations and senior groups on new law.
 - 115 presentations, over 4600 attendees.
 - Developed brochures, training video and “Talk to Your Parents” audiotape.
 - New website “for medical professionals.”
 - On-going partnerships with medical and senior citizen groups.

What are other states doing?

- Missouri – comprehensive older driver intervention program.
- Iowa – information guides, brochures and older driver forum.
- Maryland – Safety and Mobility Research and Development Consortium.
- North Carolina – Older Driver Committee and workshops.
- Oregon – “For Medical Professionals” website.
- Massachusetts – elder driver quizzes and on-line courses.
- California – senior driver website.
- Virginia – older driver initiatives.

QUESTIONS ????????

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