


2015 LIFESAVERS

Iowa's Older Driver Program

Presented by:
Kim Snook, Director of Driver Services

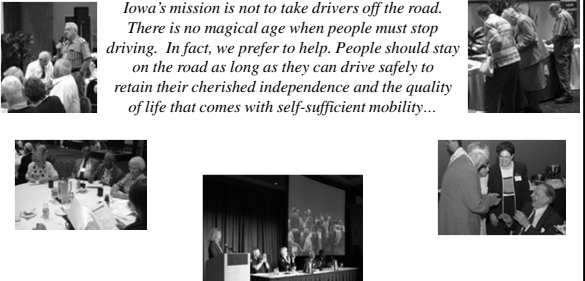


SMARTER | SIMPLER | CUSTOMER DRIVEN

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Aging Iowans – Remaining Safer and Mobile Longer

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...



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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
The need to driving safer and longer

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.

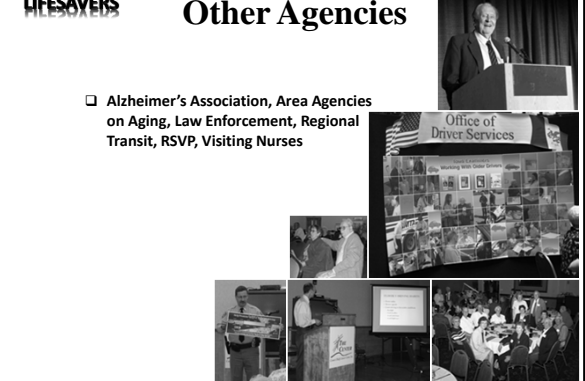



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Partnering With Other Agencies

□ Alzheimer's Association, Area Agencies on Aging, Law Enforcement, Regional Transit, RSVP, Visiting Nurses

Office of Driver Services



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Online Resources



Visit us online at <http://www.iowadot.gov/mvd/ods/olderdrivers.htm>

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Iowa's Restricted License Process



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Types of Restrictions

- Left and right outside mirrors
- No driving when headlights are required
- Special Permit
- Medical Report required at renewal
- Vision Report required at renewal
- No interstate or freeway driving
- Maximum speeds
- Limited mileage
- Radius of residence

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Statistics

Age Group	Total Drivers	G Restriction No driving when headlights required	X Restriction Explanation on back of card	No Interstate or Freeway driving	Left & Right outside mirror	Maximum speed of 35 mph
70 to 74	113,949	237	963	54	7,762	3
75 to 79	85,348	489	1,139	106	7,236	3
80 to 84	62,067	714	1,384	185	6,825	3
85 to 89	39,155	910	1,348	271	5,381	4
90 to 94	14,806	544	806	162	2,485	4
95 to 99	2,329	144	196	50	456	4
100+	121	11	10	2	28	0
TOTAL	317,775	3,049	5,846	830	30,173	21

Total Restrictions = 39,919

December 2014

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Iowa Department of Transportation

TO: Office of Driver Services
P.O. Box 2024
Des Moines, IA
50319-2024

Request for Re-Examination of:

Full Name _____
 Address _____
 City _____ State _____ ZIP Code _____
 DL Number _____ Date of Birth _____ County Name _____
 Assistant endorsement? Yes No Driver class? 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 (use above not condensed)
 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 this form indicates agreement with this policy.
 Signature _____ Date _____
 Officer's or Clinician's Name _____
 Department and Badge Number or Address _____
 City _____ State _____ ZIP Code _____
 Law Enforcement can get the outcome of the Department request by checking the box and completing the information below.
 Name _____ Email _____ Telephone _____

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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 (DMABs), 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 documents¹. 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.

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AAA Study

Summary of Policies and Practices for Improving State Driver Medical Review

Goal	Policies and Practices that Available Evidence Suggests:			
	Works	Likely to Work	Unclear – Further Research Needed	Not Likely to Work
Improve DMV Efforts to Identify Potential At-risk Drivers	In-person license renewal	Medical self-report at license renewal	Shorter license renewal cycle	General age-based testing
	Visual acuity testing at license renewal	License examiner observational training	Review of driver crash/violation data	Age-based road testing
Improve Physician Referral of Potential At-risk Drivers	Physician education and guidance	Form for physician reporting	Physician remuneration for reporting or not reporting in good faith	Mandatory vs. voluntary physician reporting
	Physician remuneration for reporting or not reporting in good faith	Law enforcement education	Making it easy for law enforcement to report	Reporting confidentiality
Improve Law Enforcement Referral of Potential At-risk Drivers	Law enforcement education	Making it easy for law enforcement to report	Public education and awareness	Immediate license suspension pending case review
	Making it easy for law enforcement to report	Public education and awareness	Reporting confidentiality	Immediate license suspension pending case review
Improve Family and Friend Referral of Potential At-risk Drivers	Public education and awareness	Reporting confidentiality	Reporting confidentiality	Immediate license suspension pending case review
	Public education and awareness	Reporting confidentiality	Reporting confidentiality	Immediate license suspension pending case review

Driver Medical Review White Paper, DRAFT, 7-17-11 Page 30

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AAA Study – What Works:

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 Morrissey, 2004; also Morrissey 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., Subzwari, Desapriya, et al., 2009; Grabowski, Campbell and Morrissey, 2004; Grabowski and Morrissey, 2001; Ship, 1998; Levy, 1995; Nelson, Sacks and Chorb, 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:

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AAA Study – What Works:

- **Restricted Licensing.** In a 2003 investigative report on 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.

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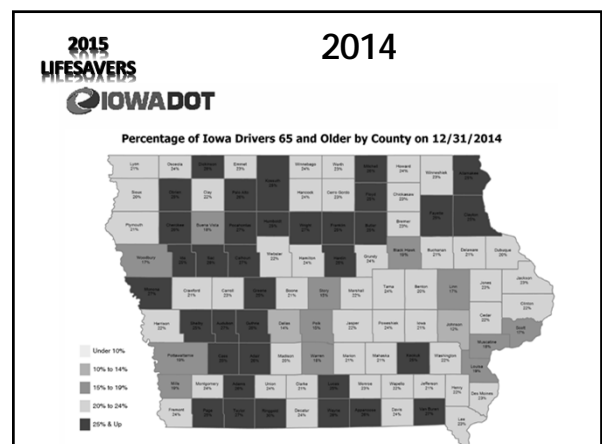
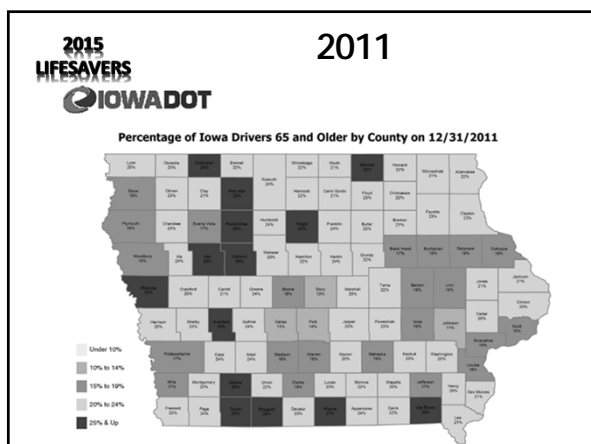
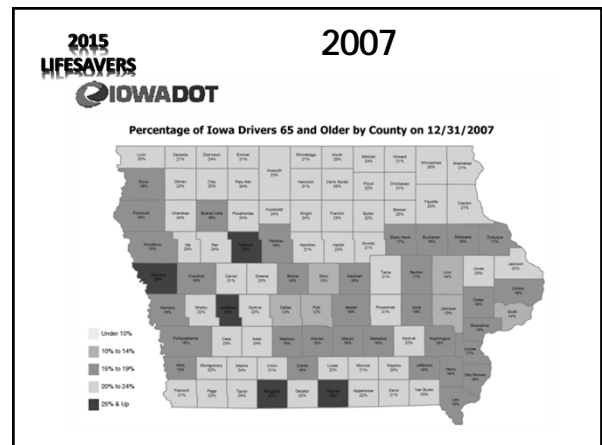
AAA Study – What Is Likely To Work:

- 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

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AAA Study – What Does *NOT* Work:

- General Age-based Testing



2015 LIFESAVERS **Problems License Authorities Encounter**

- Physician Interaction
 - Physicians not understanding license procedures and maintaining knowledge of 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



2015 LIFESAVERS **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

EDUCATE

2015 LIFESAVERS **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

2015 LIFESAVERS **Demonstration Project to Enhance Medical Review Practices in States**
NHTSA Cooperative Agreement # DTNH22-12-H-00402

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)

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2015 LIFESAVERS *Safe Driving* **BASICS**

Brief Auto-Screening Instrument for Cognitive Status

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 video, 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.

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2015 LIFESAVERS **Older Driver Sensitivity Training**

- All Driver Services Employees have received
 - Hearing
 - Memory
 - Vision
 - Dexterity

Expansion of Sensitivity Training to all DOT



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Summary

- In Iowa, we evaluate ways we can keep older drivers safer and driving longer.
- Education
 - Employees
 - Medical professionals
 - Law enforcement
 - General public