Driver Licensing Policies and Practices: Gearing Up for an Aging Population

Project Summary Report
(Also see the online database at
http://lpp.seniordrivers.org/lpp)

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FINAL PROJECT REPORT

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ABOUT THE SPONSOR

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1. Introduction

In 2006 the AAA Foundation for Traffic Safety (AAAFTS) identified Senior Safety and Mobility as a priority research area. The decision to do so not only recognized the tremendous impact that aging baby boomers will have on the safety of the nation's roadways and the demands on its transportation system, but also the unique role that AAAFTS can play in helping both the public and private sectors respond to these challenges.

Even before designating senior safety and mobility an emphasis area for long-term research, AAAFTS was actively involved in advancing the field. Its early collaboration with the Beverly Foundation, focusing on the transportation and mobility needs of older non-driving adults, identified key components of successful alternative transportation programs and helped create additional programs across the country. Subsequent research efforts have focused on programs to extend seniors' safe driving years, and to successfully transition to transportation alternatives when driving is no longer an option.

More recently, AAAFTS hosted the North American License Policies Workshop. The goal of the Workshop was to synthesize present knowledge regarding driver screening, assessment and license renewal policies, and to develop consensus recommendations for improving driver licensing policy and practice. Workshop attendees also prioritized research needs for accomplishing these objectives (Molnar and Eby, 2008).

The present project has built on these activities and laid a foundation for future AAAFTS senior safety and mobility initiatives. Responding to recommendations from the License Policies Workshop, the focus of this project was to document current policies and practices for improving the safety of older drivers, and to identify model programs that might be implemented in other states or provinces. Specific project objectives were to:

1. Identify North American "best practices" for driver license agencies, directed towards helping older drivers stay safely behind the wheel.

2. Describe and document the identified practices in a searchable database, paying special attention to available or potential evaluation data and keys to successful replication in other settings.

3. Develop recommendations for future programmatic activities, including identification of specific programs for evaluation and/or replication.

The databases described below are available at: http://lpp.seniordrivers.org/lpp/.

2. Background

A number of recent reports have documented policies and programs intended to enhance the safe mobility of older adults. Perhaps the most directly relevant of these is "A Guide for Reducing Collisions Involving Older Drivers" (Potts, Stutts et al., 2004). This report is Volume 9 of the NCHRP Report 500 series developed to provide guidance to states for implementing the AASHTO Strategic Highway Safety Plan. The AASHTO series of reports is unique in that it attempts to identify strategies that have been evaluated and proven effective or that demonstrate promise for reducing crashes. Strategies are categorized as proven, tried or experimental, based on the extent to which they have been implemented and their effectiveness evaluated by means of properly designed studies.

In the case of the AASHTO Older Driver Guide, only three of the 19 recommended strategies were classified as proven. One of the most useful features of the Guide was not the strategies themselves, which were often quite broad, but the examples of specific efforts being undertaken across the country in support of the strategies. Thus, under the general strategy of encouraging external reporting of impaired drivers to licensing authorities, the Oregon Department of Motor Vehicles' At-risk Driver Program was cited and a Website was provided for further information about the program.

Other recent works that have fed into the current effort include a 2005 NCHRP Synthesis Report on "Improving Safety for Older Road Users" (Stutts, 2005); a University of Michigan Transportation Research Institute report entitled "Promising Approaches for Enhancing Elderly Mobility" (Molnar, Eby and Miller, 2005); NHTSA's recently updated "Countermeasures That Work Guide" (Goodwin et al., 2008); and the Government Accountability Office's April 2007 report to the U.S. Senate Special Committee on Aging, examining steps taken by states to prepare for the increase in the older driver population (GAO, 2007). Also of particular relevance to the current project was the March 2006 "Challenging Myths and Opening Minds: Aging and the Medically At-Risk Driver Forum" hosted by the American Association of Motor Vehicle Administrators (AAMVA) and Canadian Council on Motor Transport Administrators (CCMTA), (see http://www.aamva.org/Events/Materials/2006ChallengingMyths.htm for further information).

As the above listing of documents suggests, there is no shortage of policies, programs, activities, and materials developed with the older driver in mind. These range from small local endeavors to statewide and even national policies and programs, and address areas as diverse as driver licensing and training, law enforcement, vehicle modification, education and awareness, roadway engineering, and alternative transportation. The vast majority of these

programs have not been adequately evaluated. What has differentiated the current project from these other undertakings is a particular focus on driver licensing policies and programs for older and medically-at-risk drivers; the level of detail collected and provided; and the fact that the information has been documented in a searchable database that will be made available on a Website and updated as new information becomes available.

Although the initial focus of the project was on identifying driver licensing "best practices" for addressing the safety and mobility needs of older and medically-at-risk drivers, it quickly became apparent that there was also a need to better document *current policies and practices*, that is, to establish a common baseline across all states in key areas such as driver license renewal requirements, medical advisory board practices, and reporting of potentially at-risk drivers. While some information has been assimilated and presented elsewhere (for example, in the detailed and voluminous "Summary of State Medical Advisory Board Practices" report by Lococo et al. and NHTSA and the American Medical Association's "Physician's Guide to Assessing and Counseling Older Drivers"), there is no single "one-stop shopping site" where individuals can go online to readily access such information. Thus, the scope of the project was expanded to include both a database of current state and provincial licensing policies and practices, and a companion database of "Noteworthy Initiatives" (beyond basic policies) states and provinces have undertaken to improve safety for older and medically-at-risk drivers.

The primary target audience for the two databases and planned Website is state and provincial driver license agencies. Other potential users include researchers, legislators and other policymakers, health care professionals, aging services providers, and other members of the traffic safety community, as well as the public at large. By documenting this information and making it available online in easily searchable databases, the goal is to encourage more widespread attention to issues of older driver safety and mobility, and to begin building the foundation for more systematic evaluations of the most promising policies and practices, similar to what FHWA has undertaken with regard to its roadway engineering countermeasures.

3. Project Approach

Overview

As noted above, the original intent of the project was to create a single database of North American "best practices" related to licensing of older and medically-at-risk drivers. However, there were some important shifts in project scope between inception and completion. Most importantly, the decision was made to develop a second database of current policies and practices, not only to provide context for the identified "best practices," but also to serve as a snapshot in time of state licensing policies and practices of particular importance to older and medically-at-risk drivers. Although there are a number of Websites already documenting such information, at least for the U.S. states (see Appendix A), most are fairly narrowly focused on driver licensing renewal requirements, and none are presented as searchable databases. And while reports such as the AMA Physician's Guide and Lococo et al.'s "Summary of State Medical Advisory Board Practices" are more comprehensive in scope, their information is not as accessible to this project's primary target audience of state driver licensing officials. There is also no avenue for regular updating of the information presented. For the current project, the goal was to create a database of information on a broader range of topics, and to make it readily available online in a searchable database that could also be updated as needed.

A second shift that occurred fairly early in the project was a move away from trying to identify "best practices" to simply identifying "Noteworthy Initiatives" or programs. The rationale for this change was fairly straightforward; the literature review revealed (and subsequent data collection activities confirmed) that very few policies, programs and initiatives undertaken by state motor vehicle departments have been formally evaluated. Consequently, it is difficult to pass judgment on which programs qualify as "best practices." At the same time, there are many seemingly good things being done, and to ignore these because of a lack of evaluation data would leave little to recommend. Especially if a goal of the project is to expand DMV involvement in efforts to promote older driver safety and mobility, this shift in terminology and broadening of eligible programs appeared worthwhile. It also allowed an expanded focus on identifying programs that appear especially worthy of evaluation.

A third and final shift in the scope of the project was to exclude Canada from the data collection activities, and to concentrate instead on obtaining input data from all 50 U.S. states plus the District of Columbia. This decision was made well into the project, and reflected the increased effort required to obtain baseline data from all U.S. states, as well as the fact that additional time was needed to secure Canadian participation in the effort. Nevertheless, key

steps were taken towards capturing the Canadian data, so that it might be incorporated into the database and planned Website at a later time. There is now high-level support for adding Canadian data among Canadian officials and we expect a future update of the databases will include data from Canadian provinces and territories.

The following report sections provide a recap of work carried out to assemble information for inclusion in the two project databases, and the creation of those databases. A final section addresses issues pertinent to the Website development.

Survey Data Collection

Identification of Candidate Programs and Database Variables. As a starting point for identifying material that might be included in our driver licensing databases, we reviewed the published literature to identify a candidate listing of policies and programs. Our goal at this stage was not so much to catalog the particulars of each program, but rather to make a note of their existence for later follow-up. More detailed and current data was to be gathered from a mail survey and subsequent phone interviews with state and provincial DMV personnel. Also during this early stage of the project, we attended a two-day Aging Driver Mobility Forum held May 8-9, 2008 in Toronto, Canada. The Forum drew participants from North America and provided an opportunity to learn about potential Canadian activities as well as to introduce our project to members of CCMTA's Aging Driver Task Force and others who could assist our efforts.

The outcome of this initial project task was a listing of 48 candidate programs within six broad topic areas:

- Identifying at-risk drivers
- Driver assessment and remediation
- Driver education and awareness
- Support to non-drivers
- Comprehensive programming and collaborations; and
- Program evaluation.

Having this preliminary listing of policies and programs helped to ensure that we would not omit potentially good programs due to incomplete responses to our survey.

The literature review was also pivotal in identifying information our surveys should gather for inclusion in the database of current practice standards. Thus, although we knew we wanted to update and consolidate information on license renewal requirements and Medical Advisory Board practices in each state or province, the literature review suggested other data items that might be useful complements to our identified Noteworthy Initiatives. Examples include

information on which states offer restricted licensing to drivers who otherwise might not qualify for license renewal, which states provide training to law enforcement on reporting at-risk drivers, and which have Websites with information especially for older or medically-at-risk drivers.

Development of Survey Instruments. The next step was the development of survey instruments for collecting the requisite data. Initially our focus was on creating a questionnaire that could be distributed electronically, with AAMVA's assistance, to state DMVs, but that could later be modified for distribution to Canadian jurisdictions. However, in order to minimize burden on survey respondents, we opted for a two-pronged approach that would take advantage of information already available to us from existing reports and Websites – in particular, the Lococo report and the AMA *Physician's Guide*, which at the time was itself being updated and revised. Pulling from these sources, we were able to develop a "Validation Survey" that contained currently available information for each state with respect to vision requirements for licensure, renewal requirements and procedures, physician and family/friend reporting of at-risk drivers, and medical advisory board practices. The existing state information was first entered into a database, then converted to a tabular printout, in rich text format, that would allow respondents to quickly review the information and only insert corrections where required. A sample copy of the Validation Survey, with information for Alabama, is contained in Appendix B.

The remaining elements identified for inclusion in the database of standard policies and practices were incorporated into a five-page, 19-item questionnaire (also included in Appendix B). Like the Validation Survey, the "Survey of State Driver License Agency Practices of Special Importance to Medically At-risk and Older Drivers" was also designed to be completed electronically. With the ultimate goal of a searchable database in mind, responses to questions were presented as categories with respondents either instructed to "check one" or "check all that apply." However, text boxes were also available for any additional comments or clarifications the respondent might want to add.

A final page on the Questionnaire explained the project's goal of featuring descriptions of "Noteworthy Older Driver Initiatives" on the planned Website and provided examples of the types of programs and initiatives that might be included. Respondents were asked to provide brief descriptions of up to four programs, and told that we would be following up on selected programs at a later time. They were also asked to provide their contact information (e-mail address and phone).

Survey Pilot Testing and Distribution. With assistance from AAMVA, the state validation and survey questionnaires were sent to members of its Driver Fitness Working Group for piloting. Participating states included Iowa, Florida, Maryland, Oklahoma, Oregon, and Wisconsin. A draft cover letter for the survey was attached. Members of the Working Group were asked to complete the surveys for their own states, noting any problems with any of the questions and any suggestions for improving any aspect of the two surveys. They were also asked to let us know how much time was required to complete each survey, and specifically whether they experienced any problems in opening and using the attached survey documents. Following this piloting, some minor revisions were made to the wording and ordering of several survey questions.

The initial electronic mailing of the surveys to the remaining 45 states (and the District of Columbia) followed, with AAMVA again assisting by adding a separate cover letter affirming their collaborative role in the project and requesting support in completing the surveys. The surveys and cover letter were sent to the head of driver licensing in each state, with a request that they be completed either by the head or by a staff member responsible for policies and procedures for determining fitness to drive. Again, since the validation survey contained state-specific information (i.e., there were 51 separate validation surveys), individual e-mails needed to be sent to each state. The project Principal Investigator (Stutts) was copied on the e-mail, and respondents were asked to return their completed surveys directly to her. A telephone number was also provided for any questions respondents might have about the surveys.

Although some states responded right away, many follow-ups were required to generate responses from all jurisdictions. Most of these were handled electronically, so that copies of the surveys could be re-sent. Later, once contact had been established, follow-ups were also made by phone. Appendix C contains a table listing the names of the persons completing the surveys. Responses were eventually received from all but one state (Mississippi).

Documentation of Noteworthy Initiatives

As has already been described, the questionnaire contained a final section where respondents were invited to list their candidate Noteworthy Initiatives for inclusion in the database and Website. As questionnaires were returned, such identified activities were noted. Potential Noteworthy Initiatives were also identified from responses to the survey itself, especially from information provided in the "comment" fields. For example, in response to our "yes/no" question about whether law enforcement officers in the state receive training in identifying and reporting medically-at-risk drivers, the comment might be made that medical review staff regularly participate in law enforcement training opportunities across the state. Though not identified as a specific Noteworthy Initiative, this could be added to the list for possible follow-up. Our literature review also helped to ensure that important activities were not overlooked.

About half of the returned surveys contained at least one Noteworthy Initiative recommendation. Although no formal system was in place for screening the recommended initiatives for inclusion in the database, we tried to include a mix of program types from a variety of states and to emphasize unique activities with the potential for improving safety and mobility for older drivers. We also required that the licensing agency be involved in the program (although this could be as a partnering agency rather than assuming primary program responsibility). If a suggested activity was not selected for inclusion in the database, it was generally because it was something that would already be reflected in the current policies and practices database (e.g., "our state requires older drivers past the age of 65 to renew in person"), or because there were, in our opinion, better examples of the activity from other states.

Once we had decided which initiatives to pursue, the next step was to interview someone from the state to obtain more detailed information about the program. This was typically accomplished via telephone interview, usually with the person completing the survey (for whom we had contact information), but sometimes with someone else more directly involved with the program. The following categories of information were sought:

- Title
- Type of initiative
- Description
- Responsible agency
- Partnering agencies/organizations
- Start and end date (or whether ongoing)

- Website for additional information, if available
- Related materials or references
- Status of any evaluation and/or availability of data to conduct an evaluation
- Keys to success (i.e., information that might be helpful to other states wanting to replicate the initiative)
- Name and contact information of person who can be contacted for further information about the initiative

Drawing from this initial telephone interview, project staff prepared a draft write-up of the initiative and circulated this draft to the state contact(s) for their review and edits. Once this edited draft had been returned, a revised version was prepared and, if needed, re-sent for final review and approval. In some cases, states needed to submit the final version through appropriate channels for approval. A few of the states shortened the process by volunteering to prepare their own write-ups, following the above outline.

Database Creation

As completed surveys were received, responses were entered into a Microsoft Access database. Separate data entry "tables" were created to accommodate the different sections of the survey, e.g., a table containing all of the state requirements for driver licensing, and one for Medical Advisory Board practices. Each state appeared as a separate record (or row) in the table, and each variable as a separate field (or column). Tables could be linked or combined using state abbreviation as the common variable or "key."

To the extent possible, data entries were categorized to facilitate the planned query feature of the Website. However, this was not always possible. An example would be state visual field requirements for licensure, which includes entries of "120 degrees binocular," "140 degrees binocular, 105 degrees monocular," "70 degrees temporal, 35 degrees nasal monocular," and many variations thereof. Also, many respondents took advantage of the "comment" fields on the survey to provide additional qualifying information, for example, further requirements for reporting of at-risk drivers by family members or friends.

Quite often, some clarification of responses was required. These were generally obtained through follow-up phone calls to the person completing the survey (often in conjunction with following up on a potential Noteworthy Initiative), or in some cases via e-mail if the question was straightforward. Whenever there was any uncertainty about how a particular response

should be coded, a note was made on the printed copy of the survey form and a coding decision reached through discussion and mutual agreement of the project principals (Stutts and Wilkins).

The finalized Noteworthy Initiative descriptions were also entered into a Microsoft Access database, with separate fields for each of the information categories (title, type, description, etc.) listed above. A separate "search term" field was added later, to supplement the "type" field and facilitate querying the database for particular types of programs.

Preparation of Final Project Deliverables

The final deliverable to AAAFTS was the database of current policies and practices for the 50 responding jurisdictions, along with 40 Noteworthy Initiative descriptions, gathered from 23 states. In addition, project staff prepared a (draft) site map for the Website, with recommendations for major sections and subsections and the variables that should appear in each.

4. Project Results

In addition to this Project Summary Report, the deliverables for this project included a Microsoft Access database of current state driver licensing policies and practices, and a separate database of documented Noteworthy Initiatives. The intent was to make both available as searchable, web-based documents for access by driver licensing personnel, researchers, health professionals, aging services providers, and other members of the traffic safety community, as well as the public at large. This section describes each of the two databases in more detail and provides examples of how they might be used by their intended audiences.

Driver Licensing Policies and Practices Database

The Driver Licensing Policies and Practices database (DLPP) contains information gathered from 49 U.S. states plus the District of Columbia. While some of the information is similar to that which may be found on various Websites, such as those identified in Appendix A, the DLPP database is more detailed and broader in scope. Appendix D contains a listing of field names, field descriptions, and response categories for the *over 100 variables* recorded in the database. The data fields appear under the following major headings:

- Licensing requirements (vision requirements for licensure, license renewal requirements)

- Identifying and reporting at-risk drivers (by physicians, family/friends, law enforcement)

- Medical Advisory Board practices

- Conditional or restricted licensing

- DMV training and outreach (for license examiners and staff, physicians, and law enforcement)

- DMV public information and awareness (for older and/or medically at-risk drivers).

This information can be accessed and searched in a variety of ways. For example, someone may simply want to find out what license renewal requirements are in place in their state, or whether their state offers conditional or restricted licensing (e.g., a restriction to daylight driving only, or only driving within a defined area). The database will provide answers to these questions. It will also allow persons to search for information *across* states, for example, identify which states allow drivers to meet vision standards using bioptic telescopic lenses, or which have forms available for physicians to use when reporting an at-risk driver. It is the latter feature

which should be especially useful to DMV practitioners as well as researchers and other members of the traffic safety community.

While it was not within the scope of the current project to perform descriptive analyses of the DLPP data, the following examples, which are drawn from recommendations contained in the AAA Foundation's summary report for its North American License Policies Workshop (Eby and Molnar, 2008), illustrate its potential usefulness.

Example 1: Workshop participants noted that licensing personnel at the counter can play a key role in screening, but that counter personnel need training in how to screen. The DLPP database could be searched to find out which states provide training and/or guidelines on how to observe for potential medical impairments. Among these, which cover the topic of medical conditions that can affect driving ability? Which states cover medications that can affect driving ability? Which states do both?

Example 2: One of the policy recommendations from the Workshop was for states to provide civil immunity for physicians who report an at-risk driver, to remove the fear of lawsuits as a barrier to reporting. The DLPP database could be searched to find out which states already provide civil immunity for physicians who report. Some of these might have good advice on how they were able to bring about the law. One could also look at which states have other conditions in place that make it easier for physicians to report (e.g., immunity from lawsuits *plus* an easy-to find reporting form on the web, *plus* a clear note on the form saying the state has immunity, *plus* physician outreach). Even some states that have immunity don't have the other steps in place, so the immunity law may not be as helpful as it could be.

Similar inquiries could be made for family and friends reporting. There are large differences in how the states handle this, notably with respect to confidentiality and ease of reporting.

Example 3: The Workshop report recommended that all states have a medical advisory board, and that the board advise on competency for individual drivers as well as medical policy. Using the DLPP database, one could find out how states currently match up with this recommendation. Which states have boards that only review individual cases? Which states have boards that only provide policy guidance? And which states without

medical advisory boards have alternative systems in place for meeting these particular needs?

Example 4: The Workshop report recommended that licensing agencies view their responsibilities along a continuum, with identification of at-risk drivers at one end and assistance in transitioning to alternative transportation options at the other end. While not all state DMVs may see this as their role or something they have the resources to do, the DLPP database makes it easy to find out which states provide information on alternative transportation at branch offices, and which include the topic in their training for field examiners.

Given the large number of data fields, and the possibilities for combining information across fields, the number of questions that might be addressed through queries of the DLPP database is almost unlimited. And again, while some of the data may exist elsewhere, a key advantage is that all of this information is contained within a single searchable database, available online for anyone to access.

It must be noted that, although we made every attempt to verify the information received in response to our surveys, including cross-checking with other sources and follow up telephone calls and e-mails, in the end we were dependent on the information provided. This information was influenced, among other things, by how our questions were worded and interpreted by the respondent, as well as how *we* interpreted some of the written responses and comments. The issue of database validity is important, and is addressed further in the Discussion chapter of this report.

Noteworthy Initiatives Database

The Noteworthy Driver Licensing Initiatives (NI) database both stands alone and enriches the DLPP database. As already described, respondents to the questionnaire were asked to identify any special initiatives undertaken by their office to improve safety and mobility for older drivers. Project staff followed up via phone interviews, and brief descriptions of each initiative were prepared. The descriptions include the following fields:

- Title
- Type of initiative
- Description

- Responsible agency
- Stakeholders or partnering agencies/organizations
- Start and end date (or whether ongoing)
- Website for additional information, if available
- Related materials or references
- Status of any evaluation and/or availability of data to conduct an evaluation
- Keys to success (i.e., information that might be helpful to other states wanting to replicate the initiative)
- Name and contact information of person who can be contacted for further information about the initiative

A total of 40 Noteworthy Initiatives were identified and documented for inclusion in the NI database. Table 1 provides a summary listing of the initiatives. The initiatives represent contributions from 23 states, with a maximum of four initiatives selected from any one state.

Table 1
Summary of 40 State Driver Licensing Noteworthy Initiatives

State	Initiative Title	Initiative Type
Alaska	Mature Driver Information (flyer & Web page)	Public information & awareness
Arizona	Driver License Prohibition for Persons Adjudged Incapacitated	Driver licensing & renewal; Judicial; Medical review process & standards
California	California 3-Tier Pilot Driver Assessment Program	Driver screening & assessment
California	Senior Driver Ombudsman Program	Advocacy; Public information & awareness
California	Older Californian Traffic Safety Task Force	Comprehensive programming
California	Web Resources for California's Older Drivers	Public information & awareness
Hawaii	Hawaii Driver Licensing Training Video (copyrighted)	Examiner/staff training
Illinois	Super Seniors Program and Rules of the Road	Community outreach; Public information & awareness
Iowa	Choices, Not Chances Public Awareness Campaign	Public information & awareness
Iowa	Department-wide Sensitivity Training	Examiner/staff training
Iowa	Tailored Drive Tests	Driver licensing & renewal; Restricted licensing
Iowa	"CarFit" Training for License Examiners	Examiner/staff training; Community outreach
Kansas	"Local Drive" Road Test Program	Driver licensing & renewal; Restricted licensing

Kansas	Driver Review Outreach	Public information & awareness; Examiner/staff training
Maine	Maine Functional Ability Profile Booklet	Physician education & reporting; Medical review process & standards
Maryland	Tiered Driver Functional Assessment	Driver screening & assessment
Maryland	Maryland Research Consortium	Comprehensive programming
Massachusetts	Shifting Gears – Safe Driving for Elders	Community outreach
Minnesota	Local Drive Option for On-Road Test	Driver licensing & renewal; Restricted licensing
Minnesota	Interface Between Driver Evaluation & Driver Rehabilitation Specialists	Medical review process & standards; Driver rehabilitation
Nebraska	"How Safe is Your Driving" (included with all driver license renewal notices)	Public information & awareness
New Jersey	New Case Management Procedures for Driver Medical Review	Medical review process & standards
New Jersey	AMA Guide Physician Training	Physician education & reporting
New York	New York DMV Office for the Older Driver	Comprehensive programming
North Carolina	NC Senior Driver Safety Coalition	Comprehensive programming
North Carolina	NC Coordinator for Older Driver Initiatives	Comprehensive programming; Advocacy
Oklahoma	Handicapped Parking Permits Linked to Driver Medical Review	Medical review process & standards
Oregon	Oregon Medically At-risk Driver Program	Physician education & reporting
Oregon	Oregon Safe Mobility Outreach	Public information & awareness
Pennsylvania	Revisions to Medical Regulations	Medical review process & standards
Pennsylvania	Driver Medical Re-examination Program	Driver licensing & renewal
South Dakota	Local Law Enforcement Training to Assist Families Concerned about an At-Risk Driver	Law enforcement training & reporting
Utah	Medical Standards Based on Functional Ability	Physician education & reporting; Public information & awareness; Medical review process & standards
Utah	Guidelines for Placing Restrictions on Driver's Licenses	Examiner/staff training; Restricted licensing
Virginia	Training for Driver License Quality Assurance Staff	Examiner/staff training; Driver rehabilitation
Virginia	Law Enforcement Training to Increase reporting of Medically At-Risk Drivers	Law enforcement training & reporting
Washington	Court and Law Enforcement Liaison from Department of Licensing	Law enforcement training & reporting; Judicial
Wisconsin	Law Enforcement Training for Reporting of Medically At-risk Drivers	Law enforcement training & reporting

| Wisconsin | Encouraging Physician Reporting of Medically At-risk Drivers | Physician education & reporting |
| Wisconsin | Promoting Awareness of Aging Driver Issues | Public information & awareness |

The initiatives span a range of program areas and activity types. Table 2 below summarizes the types of initiatives documented, and the number falling into each category. The total number is more than 40, since some of the initiatives encompass more than one type. As might be anticipated, the greatest number of identified initiatives were categorized as public information and awareness activities (10 of the 40), followed by medical review process and standards (7 of the 40). Only two of the initiatives entailed driver screening and assessment (the two large research projects carried out in Maryland and still ongoing in California). Two smaller initiatives underway in Minnesota and Virginia involve driver rehabilitation. But what is clear from the table is that a wide variety of activities are ongoing, providing ample opportunities for states to share and benefit from one another's experiences.

Table 2
Summary of Noteworthy Initiative Program Types

Initiative or Program Type	Number of Programs
Advocacy	2
Community outreach	3
Comprehensive programming	5
Driver licensing & renewal	5
Driver screening & assessment	2
Driver rehabilitation	2
Examiner/staff training	6
Judicial	2
Law enforcement training & reporting	4
Medical review process & standards	7
Physician education & reporting	6
Public information & awareness	10
Restricted licensing	4

As a feature of the NI database, key words describing each activity were also identified and listed in a separate field. This feature allows users to search for particular types of activities or programs, in addition to those identified above. For example, one can search the database

for all programs involving significant inter-agency collaboration, all those addressing alternative transportation; or all having a Website feature or print materials available for access. As with the DLPP database, the NI database is also searchable by state, so that individuals can find out what (if any) special initiatives might be underway in their own state (and whether there are other activities that might be added in the next database update).

In addition to being searchable, another feature of the NI database is that it contains "hot links" to any identified documents or Websites. This feature immediately expands the amount of information available. Thus, users won't just be reading *about* a brochure developed by the Wisconsin DMV to educate physicians about reporting of at-risk drivers, they are able to view the brochure themselves. Or if a program description makes reference to CarFit, and the reader is unfamiliar with the CarFit program, she can immediately jump to a Website to learn about it.

Again, some cautionary remarks are in order. First, we do not presume the NI database to be an exhaustive accounting of all the good things driver licensing agencies across the country are doing to help keep older drivers safe and mobile. While we managed to obtain survey responses from all but one of our DMV contacts, we cannot assume that all good activities were brought to our attention. There was also some level of judgment in deciding which identified activities to follow up on, both from a desire to have as many states as possible represented in the database, as well as not wanting just a few states to dominate it. (Some states, like Iowa and California, could doubtlessly have contributed many more examples of good driver licensing practices than the four slots allotted them). Also, a few states (notably Michigan and Florida) were unable to provide final approvals for their identified NIs in time to include in this initial rendition of the database. Finally, some programs have been excluded due to the lack of a direct link with a DMV, even though they have a strong licensing component. As an example, Missouri recently evaluated a curriculum designed to educate physicians about dementia and driving, including when and how to report to the DMV (Meuser et al., 2006); but since the DMV was not involved in this project, it was not documented in the database. In sum, we see the current database as a "snapshot in time" of what some state DMVs are doing to assist older and medically-at-risk drivers, but one that definitely has potential for continued expansion.

5. Discussion

Project Overview

The goal of this project was to document current driver licensing policies and practices for improving safety of older drivers, and to identify model programs for more widespread implementation by state licensing agencies. The impetus for the project was a workshop hosted by the AAA Foundation for Traffic Safety in December 2007. In the Proceedings for the Workshop, the following statement was made concerning participants' efforts to arrive at consensus on 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 participants had heard about best practices carried out in certain states and provinces, highlighting the need to share these practices more widely and effectively" (Eby and Molnar, 2008, p.10).

To help meet the need for more widespread dissemination of driver licensing best practices, the final product for the project was to be a searchable database of identified programs and activities, which could then be transformed into a web-based resource for use by licensing officials, researchers, policymakers, aging services providers, and others in the traffic safety community.

The current project went beyond these original goals to also produce a searchable database of current policies and practices containing information for 49 states (all but Mississippi) plus the District of Columbia. Information for both the Driver License Policies and Practices (DLPP) and Driver Licensing Noteworthy Initiatives (NI) databases was obtained through a combination of written questionnaires and follow-up telephone interviews. The questionnaires were initially distributed electronically by AAMVA (American Association of Motor Vehicle Administrators) to the directors of driver licensing in each state; however, they were often passed on to the head of driver services or medical review for completion. Thus, another product for the project was a database of state driver licensing contacts especially knowledgeable about programs and activities having to do with older and medically at-risk drivers (Appendix C). The databases are available at: http://lpp.seniordrivers.org/lpp/.

Ultimately, the goal of this project is to encourage more states to implement licensing policies and programs that improve safety and mobility for older and/or medically-at-risk drivers.

By identifying a network of individuals responsible for initiating programs in their own states, and facilitating the sharing of experiences and lessons learned, this project should facilitate that process.

Database Strengths and Uses

The Driver Licensing Policies and Practices and Noteworthy Initiatives databases created under the current project have a number of strengths. These include the wide breadth of information provided in a single "one-stop-shop"; the accessibility of the data; and the special benefits that arise from having both baseline policy and special program data available simultaneously. As an example of this last strength, the NI database tells us that Utah's Website makes it very easy for family members to report an at-risk driver; there is an easy-to-find form on the Website, and the form clearly explains that reports will be confidential. From the DLPP database, we can find out how many other states have similar Web forms and confidentiality provisions.

Two other examples illustrate how the databases can be useful for answering questions that come up at DMV offices on a daily basis, as well as for long term planning needs. With regard to the former, licensing officials who want to develop a form for physicians or law enforcement to use when making an initial report of an at-risk driver can search the DLPP database to learn which states have a form available, and then go directly to the Websites where those forms reside to find out what information is included on the form and where it is posted. And with regard to long term planning, the identified Noteworthy Initiatives can be perused to provide inspiration, as well as "nuts & bolts" specifics, on programs and activities to implement in the future. As a bonus, there is even a contact person identified for additional first-hand information about the program.

The Noteworthy Initiatives database includes both "Cadillac" programs that require significant staff and budget, as well as a surprising number of more modest undertakings. Although they were all deemed successful and worthy of replication in other states, only a very few of the initiatives have been formally (or even informally) evaluated. Those that have been evaluated generally tend to be the more costly undertakings, such as the driver screening and assessment programs in place in Maryland and California. For researchers, the NI database offers a plethora of programs in need of evaluation.

And finally, the DLPP database, in particular, reminds us that in many areas considerable work remains to be done. For example, the 2007 License Policies Workshop hosted by AAAFTS clearly identified contrast sensitivity as the single measure of visual function

most strongly associated with driving safety. However, when asked if they tested drivers for contrast sensitivity when renewing their license, not a single state responded affirmatively. The database also clearly reveals wide variability in requirements – with respect to visual acuity and visual fields requirements, bioptic telescopes, and confidentiality and immunity provisions for physician reporting, to name just a few – further reinforcing the need for research.

Database Limitations and Challenges

The creation of a database clearly presents challenges, and this was especially true for the DLPP database created under the current project. One of the greatest challenges, already mentioned in the Results, is the need to ensure that the data presented is correct. This is especially a problem when the data are collected via surveys or interviews, rather than assimilated from published documents, public records, or other verifiable sources. It is also more likely to be a problem when the issue is vague, or when it is not especially familiar to the respondent. Both conditions could have affected the validity of the information reported in the database of driver licensing policies and practices.

The topic of legal immunity from civil lawsuits for physicians who report a driver they believe to be unfit to drive is a case in point. From the outset, we were aware that this topic might pose difficulties, because we had found an unusually high level of conflicting information from some of our reference sources (AMA Guide, Lococo report, Websites). Many of the survey respondents we contacted and talked with by phone were unaware of laws in their state governing physician immunity when reporting, especially if no recent legislation on the topic had been passed, if no legal challenge had been made to existing statutes. In a few cases, the response that was eventually coded was based on the absence of knowledge of legislation granting immunity, which could bias our results in favor of no civil immunity.

Another challenge in creating the DLPP database arose from our goal of searchability. In order for our database to be searchable, the number of response categories needed to be as small as possible – ideally yes/no, a single numeric value, or a small number of defined categories. But some question responses were very difficult to categorize, and state circumstances do not always "fit" neatly into categories. Often we needed to compromise between having a database that was searchable, and having one that could accommodate states' uniqueness in addressing the issues at hand.

An example of a data field we chose not to try to categorize was visual field requirements for licensure. Although several states cited values of 140 degree or 120 degree binocular fields, and some others had no visual field requirements, the remaining responses

were more or less unique, citing different requirements for binocular and monocular vision, for persons with only one functional eye, for temporal and nasal fields (both binocular and monocular), and/or for vertical and horizontal fields. Thus, we were left with no way to appropriately categorize these data.

In designing the surveys, we tried to be mindful of the ways the data might ultimately be presented and used. However, we could not always predict which questions would pose problems to respondents, and which might have yielded better responses if presented or phrased differently. As is frequently the case in research, and certainly in research involving surveys, much was learned in hindsight.

The issue of "user friendliness" presented challenges in its own right, since what is considered "friendly" by one user may be decidedly "unfriendly" to another. A case in point: questions which include "check all that apply" responses, such as our question about "what types of driving conditions or restrictions can be imposed," which was followed by a rather long list of potential restrictions. The true database person is likely happiest seeing this information presented as a series of "yes/no" fields, e.g., can the DMV impose restrictions for daytime driving only, for non-Interstate roadways, for only driving a certain distance from home, etc. However, another user more interested in finding out what restrictions are in place in a given state, may not want to have to perform individual queries on all these fields, and may prefer to have the information summarized in a single field (e.g., state x offers these restrictions, but not these others). Our questions on the validation survey regarding age-based requirements for licensure could similarly be presented as a series of separate fields (for searching on which states have a particular restriction in place) or as a single combined variable (for easily finding out what age-based restrictions are in place in a given state, and how that state compares with other states).

A final challenge in creating the DLPP database was the need to obtain data from all U.S. states. This is a challenge we were almost able to meet (minus one state). However, it is a challenge that will need to be faced each time the database is updated; otherwise, the validity of the data will suffer. The need for regular updates of the DLPP database, as well as expansions to the database of Noteworthy Initiatives, is addressed in the final report section below.

Recommendations for Next Steps

The current project has produced a database of current driver licensing policies and practices affecting older and medically-at-risk drivers, with information from 49 U.S. states plus the District of Columbia. Variables in the database address a broad range of topics including

state driver license renewal requirements, reporting of at-risk drivers, medical advisory board functions, examiner and staff training, restricted licensing, driver referral practices, public information and awareness activities, assistance with mobility options, and availability of data for program evaluation. In addition, 40 Noteworthy Initiatives have been documented in a separate database which can be searched by program type, key words, or state. And as an added bonus to compiling the two databases, contact information has been compiled for a network of driver licensing personnel knowledgeable about programs and activities in the field.

The following "next steps" are intended to move the project forward toward meeting the AAA Foundation for Traffic Safety's larger goal of promoting effective policies and options for keeping seniors safely mobile:

- Ensure that links to the Website are provided from other key driver and highway safety Websites, such as the AAMVA, CCMTA, NHTSA, Governor's Highway Safety Association, National Conference of State Legislators, American Medical Association, American Occupational Therapy Association, and Insurance Institute for Highway Safety sites.

- Partner with AAMVA, CCMTA, and others to help publicize the Website. Create a flyer with information about the Website for distribution at conferences and other relevant gatherings.

- Incorporate Canadian data into the database, so that it becomes a true "North American" compendium of licensing policies and practices (but allow for separate searches on just U.S. or Canadian practices).

- Develop a plan for regular maintenance and updating of the Website. Database updates should be scheduled at regular intervals, preferably on an annual basis (e.g., March 1 of each year, so as not to be confused by legislation and policy changes becoming effective the first of the year). This will allow for tracking of changes in policies and programs over time, an important side benefit from this type database and Website. (Some special programming may be needed at the outset to facilitate this process.)

- Notwithstanding the above, the Website should invite continuous corrections to the database and additions to its Noteworthy Initiatives. The Webmaster should upload these changes at least bi-annually, if not more frequently. Some quality control will need to be in place for reviewing and editing submissions for NIs.

- And finally, AAAFTS should use the information in the databases to provide direction to its own research and programmatic efforts. The results section of the report offered some examples of how the two databases might be used for this purpose. The NI descriptions, in particular, argue strongly for more research devoted to evaluating the policies and practices currently in place. It also identified key areas, such as driver rehabilitation and judicial outreach, where few good programs appear to exist, and where greater attention might be focused.

In summary, the current project has identified many promising initiatives, both large and small, being undertaken by driver licensing agencies across the U.S. to improve safety and mobility for older and medically at-risk drivers. It has also defined the baseline where states presently stand with respect to important policies and practices affecting this growing segment of our driving population. The challenge now becomes one of using this information to encourage greater action and attention to these issues – by state DMVs, but also by researchers, policymakers, health professionals, aging services providers, and other members of the broader highway safety community.

6. REFERENCES

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APPENDIX A

Available Web-Based Resources for Information on State Driver Licensing Laws

AAA Exchange
Senior Licensing Laws

Governors Highway Safety Association
Mature Driver Laws

Insurance Information Institute
State Drivers License Renewal Laws Including Requirements for Older Drivers

Insurance Institute for Highway Safety
U.S. Driver Licensing Procedures for Older Drivers

Dr. Richard J. Shuldiner
Vision and Driving: State Rules/Regulations/Policies

APPENDIX B

Data Collection Instruments:

**Validation Survey
Questionnaire**

Sample Validation Survey

Topic Area	Information on File	Enter Any Corrections or Comments Here
State or Province	**Sample State**	
VISION REQUIREMENTS FOR LICENSURE		
Visual acuity requirement for licensure without restrictions (other than corrective lenses)	20/40	
Minimum visual acuity required for licensure (better eye or both eyes together, with restrictions)	20/60	
Additional requirements (if any) for licensure with minimum visual acuity	(None)	
Can bioptic telescopes be used to meet vision standards (with or without added requirements or restrictions)?	Yes	
Are bioptic telescopes allowed for driving (with or without added requirements or restrictions)?	Yes	
Minimum visual field requirements for licensure, in degrees	110 horizontal, 80 vertical binocular	
RENEWAL REQUIREMENTS AND PROCEDURES		
Standard length of license renewal period	4 years	
License renewal period for older drivers, if different from standard	Same	
Is in-person renewal required?	Yes	
In-person renewal requirements for older drivers, if different from standard	Same	
Is visual acuity tested during routine in-person license renewal?	Yes	
Are visual fields tested during routine in-person license renewal?	No	
Is contrast sensitivity tested during routine in-person license renewal?	No	
Is applicant asked to report medical conditions that might affect driving when renew?	No	
Do local examiners receive training and/or guidelines on how to observe for potential medical impairments?	No	
Other requirements for license renewal?	(None)	
Any age-based license renewal requirements?	No	
Type of age-based requirement: renewal frequency, in-person, vision test, road test, other	(None)	

Topic Area	Information on File	Enter Any Corrections or Comments Here
PHYSICIAN REPORTING OF AT-RISK DRIVERS		
Does your driver license agency permit physicians to report at-risk drivers?	Yes	
Are physicians required to report at-risk drivers?	No	
When physicians report (either by law or voluntarily), are reports confidential?	Yes, without exception	
Are physicians who report in good faith protected from civil damages?	Yes	
How do physicians report a potential medically at-risk driver?	Generate a letter	
FAMILY/FRIEND REPORTING OF AT-RISK DRIVERS		
Are reports about at-risk drivers accepted from concerned family members?	Yes	
Are reports about at-risk drivers accepted from friends or acquaintances?	Yes	
Are anonymous reports about at-risk drivers accepted?	No	
MEDICAL ADVISORY BOARD PRACTICES		
Does this state or province have an active Medical Advisory Board?	Yes	
If so, does the MAB advise the state/province on general policy regarding at-risk drivers?	Yes	
If so, does the MAB advise the state/province on driving privileges for individual drivers?	Yes	
If no active MAB, is there another mechanism for seeking medical input on general policy?	N/A; have active MAB	
If no active MAB, how is medical input obtained on general policy regarding at-risk drivers?	N/A; have active MAB	
If no active MAB, is there another mechanism for seeking medical input on individual at-risk drivers?	N/A, have active MAB	
If no active MAB, how is medical input obtained on individual at-risk drivers?	N/A; have active MAB	
Is there an appeals process for drivers whose privileges are revoked or restricted as part of the medical review process?	Yes	

Survey of State Driver License Agency Practices
of Special Importance to Medically At-Risk and Older Drivers

I. Identification and Reporting of Medically At-Risk Drivers

1. How do **physicians** make an *initial* report of a potential medically at-risk driver?
   (Check all that apply)
   ☐ Write a letter to the licensing agency
   ☐ Submit a special form to the agency
   ☐ Other (please describe):

   How do physicians obtain copies of the form used to report a medically at-risk driver? *(If no form is available, skip to next question)*

   (Check all that apply)
   ☐ Contact central office
   ☐ Contact branch office
   ☐ Download from Website
   ☐ Other (please describe):

   If "download from Website" is checked, please provide Website address for form below:

   Use space below to provide any additional comment about physician reporting:

2. Does your agency provide (or assist other agencies in providing) any education or training to encourage physician reporting of medically at-risk drivers?

   ☐ Yes
   ☐ No

   If yes, please describe:

3. How do **family and/or friends** report a potential medically at-risk driver? *(Check all that apply)*
   ☐ Write a letter to the licensing agency
   ☐ Submit a special form to the agency
   ☐ Other (please describe):
   ☐ Our agency does not accept reports from family and friends

   How do family members and/or friends obtain copies of the form used to report a medically at-risk driver? *(If no form is available, skip to next question)*

   (Check all that apply)
   ☐ Contact central office
   ☐ Contact branch office
   ☐ Download from Website
   ☐ Other (describe)

If "download from Website" is checked, please provide Website address for form below:

4. When family or friends report an at-risk driver, is their identity kept confidential?
   (Check all that apply)
   ☐ Yes, without exception
   ☐ Unless subpoenaed or admitted as evidence in review proceedings
   ☐ Unless requested by the driver
   ☐ No, reports from family and friends are not confidential

   Use space below to provide any additional comments about family/friend reporting:

5. Does **law enforcement** in your state receive training in identifying and reporting medically at-risk drivers?
   ☐ Yes
   ☐ No
   ☐ Don't know

   If yes, does your agency take a role in, or have input into, this training?
   ☐ Yes
   ☐ No

6. Is a form available for **law enforcement** personnel to report a potential medically at-risk driver?
   ☐ Yes
   ☐ No

   If yes, how do law enforcement personnel obtain copies of the form? (*Check all that apply*)
   ☐ Enforcement agency maintains copies of form
   ☐ Contact central or branch licensing agency office
   ☐ Download from Website
   ☐ Other (please describe):

   If "download from Website" is checked, please provide Website address for form below:

   Use space below to provide any additional comment about law enforcement reporting:

7. Once a driver has been reported, where do medical review staff refer those in need of more comprehensive evaluation and/or remediation? *(Check all that apply)*
   ☐ Driver's own physician
   ☐ Other specialty physicians
   ☐ Vision specialists
   ☐ Occupational therapists or other driver rehabilitation specialists
   ☐ Driving schools
   ☐ Medical review staff do not generally refer outside the agency
   ☐ Other (please describe)

II. Conditional or Restricted Licensing

8. Does your agency issue conditional or restricted licenses to **medically at-risk** drivers?
   (Note: Do not include routine requirements for corrective lenses, or restrictions that may be imposed for alcohol-related violations, excess points, etc.)

   ☐ Yes
   ☐ No ***(Skip to Section III)***

9. What types of driving conditions or restrictions can be imposed? (Again, please do not include restrictions that may be imposed for alcohol-related violations or other non-medical situations.)
   (Check all that apply)
   ☐ Daytime/daylight driving only
   ☐ Speed limit / non-Interstate
   ☐ Distance from home
   ☐ Length of time (e.g., 30 minutes for any given trip)
   ☐ Trip destination or purpose (e.g., to medical appointments, church, etc.)
   ☐ Passenger presence required
   ☐ Passenger presence prohibited
   ☐ Required vehicle equipment (mirrors, automatic transmission, etc.)
   ☐ Other *(please describe)*:

10. Are restricted or conditional licenses for medically at-risk drivers issued: ***(Check one)***
    ☐ ONLY as part of the medical review process (i.e., to drivers who have undergone formal medical review) ***(Skip to Section III)***
    ☐ Through medical review, but also as part of routine license renewals, as appropriate.
    ☐ ONLY by local offices, as appropriate (i.e., there is no centralized medical review process)

11. If restricted or conditional licenses are issued to medically at-risk drivers by local examiners, do the examiners***: (Check one)***
    ☐ Follow standardized guidelines for imposing license restrictions (e.g., a restriction to daylight driving only based on vision test performance)
    ☐ Follow standardized guidelines, but also have discretion in imposing additional restrictions where they feel a need exists
    ☐ There are no standardized guidelines for licensing restrictions imposed by local examiners. All licensing restrictions and/or conditions are imposed at the discretion of the examiner.

12. Can decisions by local examiners to *restrict* the license of a medically at-risk driver be appealed?
    ☐ Yes
    ☐ No

13. Can decisions by local examiners to *revoke* the license of a medically at-risk driver be appealed?
    ☐ Yes
    ☐ No

    Use space below to provide any additional comments about restricted licenses or the appeals process:

III. Field Office Outreach

14. Do license examiners in local field offices receive specialized training related to older and/or medically at-risk drivers?
    - ☐ Yes
    - ☐ No

    If yes, what topics are included? *(Check all that apply)*
    - ☐ Crash and injury rates or crash characteristics of older drivers
    - ☐ Medical conditions that may affect driving ability
    - ☐ Medications that may affect driving ability
    - ☐ Effects of normal aging on driving ability
    - ☐ Aging sensitivity training (e.g., what it is like to have cataracts or joint stiffness)
    - ☐ Uses and benefits of restricted or customized licensing
    - ☐ When and how to refer drivers for a comprehensive driving evaluation
    - ☐ How to counsel older adults who are unable to renew their license
    - ☐ Resource materials for older and/or medically impaired drivers and their families
    - ☐ Other (please describe):

15. Do local licensing offices provide information and/or assistance to older adults or their families with regard to: *(Check all that apply)*
    - ☐ Available classroom driver "refresher" courses, such as those offered by AARP or AAA
    - ☐ Available local resources for more in-depth assessment and/or remediation of driving skills?
    - ☐ Neither of the above

16. Do local licensing offices provide information about alternative transportation options available **within the community** and how to access them?   (Note: such information may be locally compiled or available from a central resource, such as a statewide Website that can be searched by county.)
    - ☐ Yes, information is always available to the driving public and publicized at local offices
    - ☐ Yes, information is made available to individuals as appropriate or upon request
    - ☐ No
    - ☐ Don't know

    Use space below to provide any additional comments about field examiner activities:

IV. General Public Awareness and Education Activities

17. Does your agency maintain or help sponsor a Website that includes information especially for older and/or medically at-risk drivers?   *(Check all that apply)*
    - ☐ Yes, we have a Website that includes information especially for medically-at-risk drivers
    - ☐ Yes, we have a Website that includes information especially for older drivers
    - ☐ No, our Website does not specifically address older or medically-at-risk drivers

    If yes, please provide the Website address(es) below:

18. Does your state's driver license handbook contain sections on: *(Check all that apply)*
    - ☐ Health and driving fitness
    - ☐ Aging and driving

☐ How to report an at-risk driver
☐ The decision to stop driving or surrender one's license
☐ Driving alternatives (e.g., information on state or local transportation resources)

19. Are older driver safety materials available at local field offices?
☐ Yes, all or most have materials available
☐ Yes, some offices have materials available
☐ No
☐ Don't know

20. Do local field office examiners give presentations to groups of older adults, e.g., at a senior center, church, or retirement community?
☐ Yes, often
☐ Yes, occasionally
☐ Seldom or never
☐ Don't know

Use space below to provide any additional comments about public education and awareness activities of your agency:

V. Program Evaluation Data
(Note: The following information is being gathered for research purposes only and will not be made available on the public Website.)

21. Does your agency maintain computerized data on: *(Check all that apply)*
☐ Numbers and types of restrictions on drivers' licenses
☐ Sources of referrals for medically at-risk drivers
☐ Reasons for referrals of medically at-risk drivers (e.g., medical condition or diagnosis)
☐ Outcomes (e.g., license status) of referrals for medically at-risk drivers
☐ None of the above

22. To your knowledge, has the effectiveness of any of your agency's policies or programs pertaining to older or medically-at-risk drivers been evaluated? (Please include both formal and less formal, "in-house" evaluations.)
☐ Yes
☐ No
☐ Don't know

 If yes, please provide a one or two sentence description below (what was evaluated, who carried out the evaluation, when):

Use space below to provide any additional comments about program evaluation activities and data:

Noteworthy Older Driver Initiatives

The Website will feature short descriptions of innovative ideas & programs from across North America. Is your state or province doing something for older or medically-at-risk drivers that others might want to know about? And even if not statewide, is a local area doing something especially well?

Please use the space below to describe any special initiatives undertaken by your agency, or by one of your local field offices, to improve safety and mobility for older drivers. Possible program areas include, but are certainly not limited to, the following:

License renewal requirements	*Community outreach*
Medical advisory board practices	*Staff training*
Driver screening and assessment	*Assistance with alternative transportation*
Specialized on-road testing	*Law enforcement training*
Driver referral and remediation	*Judiciary education*
Restricted licensing	*Collaborations with other agencies*
Physician education	*Uses of crash data*
Public education and awareness	*Comprehensive planning*

Just a couple sentences will do for now. We will follow up with a request for more information later for selected programs.

Noteworthy Activity #1

Noteworthy Activity #2

Noteworthy Activity #3

Noteworthy Activity #4

Thank You!

Please fill in your name and contact information below, save a copy of the survey for your files, and send as an attachment to an e-mail to:
jane_stutts@unc.edu

or print off and mail a copy of the survey to:
Jane Stutts, 104 Morgan Bluff Lane, Chapel Hill, NC 27517

Your Name:
Title:
E-mail address:
Phone number:

APPENDIX C
STATE RESPONDENTS TO QUESTIONNAIRES

State	Name and Title	E-mail	Phone
ALABAMA	Diane Woodruff, Driver License Supervisor, CDL/Medical Unit	diane.woodruff@dps.alabama.gov	334-242-2506
ALASKA	Kerry Hennings, Acting Director, Division of Motor Vehicles	kerry.hennings@alaska.gov	907-269-3771
ARIZONA	Stacey Stanton, DMV Head Lisa Ortega, Verifications & Special Programs	sstanton@azdot.gov lortega@azdot.gov	602-712-8152 623-925-5795
ARKANSAS	Anita Gottsponer, Manager, Driver Control	anita.gottsponer@rev.state.ar.us	501-682-7211
CALIFORNIA	Patrick Barrett, Driver Licensing Policy Manager	pbarrett@dmv.ca.gov	916-657-6217
COLORADO	Deb Jerome, Systems Administrator & Project Coordinator	djerome@spike.dor.state.co.us	303-205-5644
CONNECTICUT	Heather Amato, Legislative Program Manager	heather.amato@ct.gov	203-805-6016
DELAWARE	Kathleen Stevenson, Assistant Manager/Hearing Officer	kathy.stevenson@state.de.us	302-744-2552
DIST COLUMBIA	Joan Saleh, Driver Services Administrator	joan.saleh@dc.gov	202-727-5450
FLORIDA	Selma Sauls, Planner II	selmasauls@flhsmv.gov	850-617-2713
GEORGIA	Patsy Bailey, Customer Service Administrator	pbailey@dds.ga.gov	770-918-5819
HAWAII	Alan Miyamura, Chief Licensing Examiner & Inspector Dennis Kamimura, Licensing Administrator	amiyamura@honolulu.gov dkamimura@honolulu.gov	808-832-4161
IDAHO	Lynn Rhodes, Driver's License Program Supervisor	lynn.rhodes@itd.idaho.gov	208-334-8727
ILLINOIS	Retha Riemer, Assistant to Director of Driver Services Terry Montalbano, CDL Administrator	rriemer@ilsos.net	217-785-7547 (RR) 217-785-0963 (TM)
INDIANA	Dana Harvey, Medical/Vision Clerk	dmharvey@bmv.IN.gov	317-232-0901
IOWA	Kim Snook, Director of Office of Driver Services	kim.snook@dot.iowa.gov	515-237-3010
KANSAS	Martha L Bean, Public Service Administrator, Driver Review	martha_bean@kdor.state.ks.us	785-296-3601
KENTUCKY	Shanda Wells, Administrative Specialist	swells@ky.gov	502-564-0280
LOUISIANA	Danny Neal, Field Administrator	danny.neal@dps.la.gov	225-925-4089
MAINE	Sue Giles-Gagne, Medical Review Coordinator	sue.giles-gagne@maine.gov	207-624-9101
MARYLAND	Cheryl Forehand, Administrative Case Review Nurse	cforehand@mdot.state.md.us	410-768-7175
MASSACHUSETTS	Steve Evans, Director of Medical Affairs	steve.evans@state.ma.us	617-351-9835
MICHIGAN	Carol Reagan, Traffic Safety Specialist	reaganc@michigan.gov	517-241-3567
MINNESOTA	Joan Kopcinski, Driver Services Director	joan.kopcinski@state.mn.us	651-201-7666
MISSISSIPPI			

MISSOURI	Norma Hensiek, Manager, Driver License Bureau	norma.hensiek@dor.mo.gov	573-526-2555
MONTANA	Patrick McJannet, DOJ/MVD FOB Program Supervisor	pmcjannet@mt.gov	406-444-1779
NEBRASKA	Sara O'Rourke, Administrator	sara.orourke@nebraska.gov	402-471-3861
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APPENDIX D
Driver License Policies and Practices Database Description

Field Name	Field Description	Data Description
Licensing Requirements:		
Vision Requirements for Licensure		
Visual acuity for non-restricted license	Visual acuity requirement for licensure without restrictions other than corrective lenses	Text (e.g., 20/40, 20/60)
Absolute minimum acuity for licensure	Minimum visual acuity required for licensure, better eye or both eyes together, with or without added restrictions or conditions	Text (e.g., 20/100, 20/200)
Minimum acuity qualifications	Additional requirements for licensure if minimum vision standards not met	Text (e.g., report from eye specialist)
Bioptics for vision test	Can bioptic telescopes be used to meet vision standards for licensure?	Yes/No
Bioptics for driving	Are bioptic telescopes allowed for driving, with or without added restrictions or conditions?	Yes/No
Visual field requirements	Minimum visual field requirements, in degrees, for licensure	Text (e.g., 140 binocular, 70 monocular)
License Renewal Requirements		
Standard renewal cycle	Standard length of license renewal cycle	Text (# years)
Renewal cycle for older drivers	Length of license renewal cycle for older drivers, if different from standard	Text (# years, with age qualifications)
Standard in-person renewal frequency	Standard frequency of required in-person renewal	Text (e.g., every cycle, every other cycle)
In-person renewal frequency for older drivers	Frequency of required in-person renewal for older drivers, if different from standard	Text (e.g., same, every renewal ages 70+)
Visual acuity tested at renewal	Is visual acuity tested during routine in-person license renewal?	Yes/No, with qualifications
Visual field tested at renewal	Are visual fields tested during routine in-person license renewal?	Yes/No, with qualifications
Contrast sensitivity tested at renewal	Is contrast sensitivity tested during routine in-person license renewal?	Yes/No
Self-report medical conditions	Is applicant asked to report medical conditions during routine in-person license renewal?	Yes/No
Other license renewal requirements	Other routine requirements for license renewal	Text (e.g., written knowledge test, road test)
Age-based requirements	Age-based license renewal	Text categories (e.g.,

	requirements, if any	more frequent renewal, vision testing)
Renewal summary	Summary of license renewal requirements for older drivers	Text

Identifying and Reporting At-Risk Drivers:		
By physicians		
MD reporting permitted?	Does the driver license agency permit physicians to report medically at-risk drivers?	Yes/No
MD reporting required?	Are physicians required to report medically at-risk drivers?	Yes/No
MD report by letter?	Do physicians make an initial report of a potential medically at-risk driver by generating a letter?	Yes/No
MD report using form?	Do physicians make an initial report of a potential medically at-risk driver by completing a form?	Yes/No
MD report other means?	Do physicians make an initial report of a potential medically at-risk driver by any other means?	Text (e.g., By law, must report certain conditions to county health officer, who reports to DMV; use prescription form)
MD reporting form-central office?	If physicians use a form to report a medically at-risk driver, do they obtain it from the central driver licensing office?	Yes/No
MD reporting form-branch office?	If physicians use a form to report a medically at-risk driver, do they obtain it from the local branch driver licensing office?	Yes/No
MD reporting form-Website?	If physicians use a form to report a medically at-risk driver, do they access the form on a Website?	Yes/No
Other source for MD form?	If physicians use a form to report a medically at-risk driver, is there any other source for the form?	Text (e.g., Physician form available from local county health officer)
URL for MD reporting form	Website address for physician reporting form, if applicable (option one)	Web link
URL second option MD	Website address for physician reporting form, if applicable (option two)	alternative Web link or path to form

MD reporting confidential as full text	When physicians report a medically at-risk driver, either by law or voluntarily, are reports confidential? (full text)	Text (e.g., Driver may request under Freedom of Information Law, and reports may be admitted as evidence in judicial proceedings.; yes without exception
MD conf categorical	When physicians report a medically at-risk driver, either by law or voluntarily, are reports confidential? (CATEGORIES)	Text categories (e.g., (e.g., Yes without exception; Unless subpoenaed/admitted as evidence in review)
Civil protection for reporting MDs?	Are physicians who report a medically at-risk driver in good faith protected from lawsuits?	Text categories (e.g., Yes; No; Yes for mandated medical conditions; otherwise no)
DL agency educate MDs on reporting	Does the DMV provide, or assist other agencies in providing, education to encourage physician reporting of potential at-risk drivers?	Yes/No
If yes, comment on DL education for MDs	Comments on driver licensing outreach to physicians re: at-risk drivers, from active states	Text (e.g., New brochure on health professional reporting, plus nurse consultant whose main duty is outreach & training.)
By Family or Friends		
Family reporting accepted?	Are reports about medically at-risk drivers accepted from concerned family members?	Yes/No, with qualifications
Friend reporting accepted?	Are reports about medically at-risk drivers accepted from friends or acquaintances?	Yes/No, with qualifications
Anonymous reports accepted?	Are anonymous reports about medically at-risk drivers accepted?	Yes/No, with qualifications
Family/friend reporting confidential	When family/friends report an at-risk driver, is their identity kept confidential?	Text categories (e.g., Yes without exception; Unless subpoenaed/admitted as evidence in review)
Family/friends report by letter?	Do family and/or friends report a potential medically at-risk driver by generating a letter?	Yes/No
Family/friends report by form?	Do family and/or friends report a potential medically at-risk driver by completing a form?	Yes/No
Family/friends report-- other means?	Do family and/or friends report a potential medically at-risk driver by	Text (e.g., May also go through local police)

	any other means?	
Family reporting form-central office?	If family and/or friends use a form to report a medically at-risk driver do they obtain it from the central driver licensing office?	Yes/No
Family reporting form-branch office?	If family and/or friends use a form to report a medically at-risk driver, do they obtain it from the local branch driver licensing office?	Yes/No
Family reporting form-Website?	If family and/or friends use a form to report a medically at-risk driver, do they access the form on a Website?	Yes/No
Other source for Family reporting form?	If family and/or friends use a form to report a medically at-risk driver, is there any other source for the form?	Text (however no responses provided to this)
URL for family/friends reporting form	Website address for family and/or friends reporting form, if applicable (option one)	Web link
URL second option F/F	Website address for family and/or friends reporting form, if applicable (option two)	alternative Web link or path to form
Comment on F/F reporting	Additional comments by survey respondent about family or friend or anonymous reporting	Text (e.g., Family or friends reports must have two notarized signatures)
By Law Enforcement		
Law enforcement trained to report?	Does law enforcement receive training in identifying and reporting medically at-risk drivers?	Yes/No/Don't know
DL agency input in law enforcement training?	If yes, does the DMV participate in this law enforcement training?	Yes/No
Form for law enforcement to report at-risk?	Is a form available for law enforcement personnel to report potential medically at-risk driver?	Yes/No
Law enforcement form-at enforcement agency?	If law enforcement use a form to report a medically at-risk driver, is the form available at the law enforcement agency?	Yes/No
Law enforcement form-at central or branch DL office?	If law enforcement use a form to report a medically at-risk driver, is the form available at central or branch driver license offices?	Yes/No
Law enforcement form-Website?	If law enforcement use a form to report a medically at-risk driver, do they access the form on a Website?	Yes/No
Other source for law enforcement form?	If law enforcement use a form to report a medically at-risk driver, is there any other source for the form?	Text (e.g., available electronically with "TRACS" in suite of available forms)

URL for law enforcement reporting form	Website address for law enforcement reporting form, if applicable (option one)	Web link
URL second option law enforcement	Website address for law enforcement reporting form, if applicable (option two)	alternative Web link or path to form
Besides form, other way law enforcement might report?	Aside from any law enforcement form noted, is there any other means by which law enforcement might report?	Text (e.g., Checkbox on crash reports; Besides web form, Immediate Threat form at LE agencies
Comment on law enforcement reporting	Comments from survey respondent on law enforcement training & reporting	Text (e.g., NHTSA's Older Driver Law Enforcement course is basis for state's training).
Medical Advisory Board Practices		
Have active MAB?	Does this state/province have an active Medical Advisory Board?	Yes/No, with qualifications
If MAB, advise on policy?	If the state/province has an active MAB, does it advise on general policy regarding medically at-risk drivers?	Yes/No, with qualifications
If MAB, advise on individual cases?	If the state/province has an active MAB, does it advise on driving privileges for individual drivers?	Yes/No, with qualifications
If no MAB, ANY input re policy?	If the state/province does NOT have an MAB, is there another mechanism for seeking medical input on general policy for at-risk drivers?	Yes/No
If no MAB, how medically advised on policy?	If the state/province does NOT have an MAB, how is medical input obtained on general policy regarding at-risk drivers?	Text (e.g., input from past DMV staff physician, Input from state medical association & state physicians)
If no MAB, ANY input on individuals?	If the state/province does NOT have an MAB, is there another mechanism for seeking medical input on individual at-risk drivers?	Yes/No
If no MAB, how advised on individuals?	If the state/province does NOT have an MAB, how is medical input obtained on individual at-risk drivers?	Text (e.g., driver's own physician; driver evaluation specialists)
NEW general comment on Med Review	Additional comments by respondent concerning medical review process	Text (e.g., Medical Society identifies anonymous physicians to review individual cases.

Med review staff refer to drivers own MD?	Once a driver has been reported, where might medical review staff refer them for either required or optional further evaluation or assistance? drivers own MD?	Yes/No
Med review staff refer to other specialty MDs?	Once a driver has been reported, where might medical review staff refer them for either required or optional further evaluation or assistance? other specialty physicians?	Yes/No
Med review staff refer to vision specialists?	Once a driver has been reported, where might medical review staff refer them for either required or optional further evaluation or assistance? vision specialists?	Yes/No
Med review staff refer to OTs/driver rehab?	Once a driver has been reported, where might medical review staff refer them for either required or optional further evaluation or assistance? OTs/driver rehab specialists?	Yes/No
Med review staff refer to driving schools?	Once a driver has been reported, where might medical review staff refer them for either required or optional further evaluation or assistance? driving schools?	Yes/No
Med review staff refer to Other?	Once a driver has been reported, where might medical review staff refer them for either required or optional further evaluation or assistance? Other?	Text (e.g., State Highway Patrol for on-road testing; Geriatrics assessment)
Appeals process for med review?	Is there an appeals process for drivers whose privileges or revoked or restricted as part of the medical review process?	Text categories (e.g., Yes/No/Yes if revoked, No if restricted)

Conditional or Restricted Licensing		
Issue restricted licenses to medically at risk?	Can this state or province impose restrictions or conditions on the licenses of medically at risk drivers?	Yes/No
Possible restrictions-daytime/daylight?	If yes, do possible restrictions include daytime/daylight only?	Yes/No
Possible restrictions-speed limit/non-Interstate?	If yes, do possible restrictions include lower speed limit/non-Interstate, no freeways, no limited access	Yes/No

	highways?	
Possible restrictions-distance from home?	If yes, do possible restrictions include distance from home?	Yes/No
Possible restrictions-length of time?	If yes, do possible restrictions include length of time? (e.g., 30 minutes for any given trip)	Yes/No
Possible restrictions-destination/purpose?	If yes, do possible restrictions include trip destination/purpose? (e.g., to medical appointments, church, etc.)	Yes/No
Possible restrictions-passenger required?	If yes, do possible restrictions include passenger presence required?	Yes/No
Possible restrictions-passenger prohibited?	If yes, do possible restrictions include passenger presence prohibited?	Yes/No
Possible restrictions-required equipment	If yes, do possible restrictions include required vehicle equipment (mirrors, automatic transmission, etc?)	Yes/No
Describe any other possible restrictions here	If yes, are there other possible restrictions used? (list here)	Text (e.g., pacemaker, oxygen, medical supplies)
NEW restr licenses central or local or both	Who can make decisions about imposing restrictions/conditions on licenses of medically at-risk drivers?	Text categories (e.g., Medical review / central office staff; Both medical review staff & local examiners)
Level of discretion by local examiners for restricted	If local examiners can decide about restricted licenses, how much discretion do they have?	Text categories (e.g., Follow standard guidelines; Follow standard guidelines but have discretion)
Appeal for restricted DL decision by local examiner?	Can local examiners' restriction of the DL of a medically at-risk driver be appealed?	Yes/No
Appeal for revoked DL decision by local examiner?	Can local examiners' revocation of the DL of a medically at-risk driver be appealed?	Yes/No/Local examiners cannot revoke
Comment on restricted licensing decisions & appeals	Comments by respondent regarding restricted license decision process & appeals	Text (e.g., Branches can issue restrictions in very limited & specific situations)

DMV Education, Training and Outreach:		
For License Examiners and Staff		
Special training for local examiners on older/medical?	Do local examiners receive specialized training on older and/or medically at-risk drivers?	Yes/No
Local examiner training-older driver crash & injury data?	If yes, does the training address older driver crash & injury data?	Yes/No
Local examiner training-	If yes, does the training address	Yes/No

medical conditions affecting driving?	medical conditions affecting driving?	
Local examiner training-medications affecting driving?	If yes, does the training address medications which can affect driving?	Yes/No
Local examiner training-normal aging effects on driving?	If yes, does the training address the effects of normal aging on driving?	Yes/No
Local examiner training-aging sensitivity training	If yes, does it include aging sensitivity training (e.g. what it's like to have cataracts or joint stiffness?)	Yes/No
Local examiner training-uses/benefits of restricted DLs?	If yes, does the training include uses & benefits of restricted driver licenses?	Yes/No
Local examiner training-Referral for comprehensive driving eval?	If yes, does the training include when and how to refer drivers for a comprehensive driving evaluation?	Yes/No
Local examiner training-Counseling those unable to renew?	If yes, does the training include how to counsel those who are unable to renew their license?	Yes/No
Local examiner training-Resources for drivers & families?	If yes, does the training address resource materials for older and/or medically impaired drivers & their families?	Yes/No
Local examiner training-Other topics or clarifications	Comments by respondent regarding other examiner training topics or clarifications	Text (e.g., Local counter staff don't receive specialized training, but road test examiners do.)
Examiner observation training?	Do local examiners receive training or guidelines on how to observe for potential medical impairments?	Yes/No
For Older and/or Medically At-Risk Drivers		
DL Website with info especially for medically at risk?	Does the DL agency maintain or help sponsor a Website that includes information especially for medically at risk drivers	Yes/No
DL Website with info especially for older drivers?	Does the DL agency maintain or help sponsor a Website that includes information especially for older drivers	Yes/No
URL for DL Website with older/at-risk info	If yes, address for Website (option one)	Web link
URL second option for older/at-risk	If yes, address for Website (option two)	Alternative Web link or path to form
	Does state driver license handbook contain information on:	
DL Handbook includes Health & Driving Fitness?	Health and driving fitness?	Yes/No with qualifications

DL Handbook includes Aging & Driving?	Aging and driving?	Yes/No with qualifications
DL Handbook includes How to Report At-Risk Driver?	How to report an at-risk driver?	Yes/No with qualifications
DL Handbook includes Decision to Stop & Surrender License?	The decision to stop driving or surrender one's license?	Yes/No with qualifications
DL Handbook includes Driving Alternatives (resources)	Driving alternatives (resources)?	Yes/No with qualifications
Local field offices have older driver materials?	Are older driver safety materials available at local field offices?	Text categories (e.g., Yes, all or most have materials available; No; Don't know)
DMV staff give talks to older adults?	Do DMV staff give presentations to groups of older adults, e.g., at senior centers, churches, or retirement communities?	Text categories (Yes/Seldom or never/Don't know)
Comment on talks to older adults	Comments by respondent regarding talks to older adults	Text (e.g., Very active outreach through Super Seniors Program)
Local offices refer to classes like AARP or AAA	Do local offices provide information to older adults & families regarding classroom refresher courses, like those offered by AARP or AAA?	Yes/No
Local offices refer to in-depth assessment/remediation?	Do local licensing offices provide information or assistance to older adults and their families regarding available resources for more in depth assessment or remediation of driving skills?	Yes/No with qualifications
Local offices refer to local alternative transportation?	Do local licensing offices provide information about alternative transportation options available within the community and how to access them?	Text categories (e.g., Yes, info always available & publicized; Don't know)
Comment on field office referral	Comments by respondent regarding field office referral	Text (e.g., county level information available on DMV Website)

Data and Research Questions (not included on Website)		
Computerized data-numbers/types of restricted DLs?	Computerized data-numbers/types of restricted DLs?	Yes/No
Computerized data-Referral sources- medically at-risk drivers?	Computerized data-Referral sources- medically at-risk drivers?	Yes/No
Computerized data-Reasons	Computerized data-Reasons for	Yes/No

for referrals - med at-risk drivers?	referrals - med at-risk drivers?	
Computerized data-Outcomes of referrals - med at-risk drivers?	Computerized data-Outcomes of referrals - med at-risk drivers?	Yes/No
No computerized data	No computerized data	Checked or not checked
Evaluation research on older/at-risk driver policy	Evaluation research on older/at-risk driver policy?	Yes/No/Don't know