

Uniform Guidelines *for* State Highway Safety Programs



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Highway Safety Program Guideline No. 13

OLDER DRIVER SAFETY

Each State, in cooperation with its political subdivisions, tribal governments and other stakeholders, should develop and implement a comprehensive highway safety program, reflective of State demographics, to achieve a significant reduction in traffic crashes, fatalities, and injuries on public roads. The highway safety program should include a comprehensive older driver safety program that aims to reduce older driver crashes, fatalities, and injuries. To maximize benefits, each State older driver safety program should address driver licensing and medical review of at-risk drivers, medical and law enforcement education, roadway design, and collaboration with social services and transportation services providers. This guideline recommends the key components of a State older driver safety program, and criteria that the program components should meet.

In this guideline, there are recommendations regarding specific partner groups. However, it is likely that there are other State, local, and non-government organizations that could help in achieving goals related to older driver safety because their missions are related to the safe mobility of older people. When older people can no longer drive safely, their mobility needs are often met by alternative means such as ride programs or transit services. Federal highway safety funds can be used for highway safety purposes—which might include programs to facilitate older persons' decisions about when to stop driving by increasing awareness of other transportation options. However, NHTSA funds cannot be used to provide services—such as transit services—whose primary purpose is not to improve highway safety. For details on recommended practices, please see Countermeasures that Work, 7th Edition, 2013 (www.ghsa.org/html/publications/countermeasures.html).

I. PROGRAM MANAGEMENT

Each State should have centralized data analysis and program planning, implementation, and coordination to identify the nature and extent of its older driver safety problems, to establish goals and objectives for the State's older driver safety program and to implement projects to reach the goals and objectives. State older driver programs should:

- Designate a lead organization for older driver safety;
- Develop resources;
- Collect and analyze data on older driver crashes, injuries, and fatalities;
- Identify and prioritize the State's older driver safety problems;

- Encourage and facilitate regular collaboration among agencies and organizations responsible for or impacted by older driver safety issues (e.g., Department of Transportation road and transit entities, State Unit on Aging, State Injury Prevention Director, State Office of EMS, Non-Governmental Organizations related to aging or aging-related diseases);
- Develop programs and specific projects to address identified problems;
- Coordinate older driver safety projects with other highway safety projects;
- Increase awareness of older driver transportation options, such as ride programs or transit services;
- Integrate older driver safety into the State strategic highway safety plans and other related activities, including impaired driving, occupant protection, and especially driver licensing programs; and
- Routinely evaluate older driver safety programs and services and use the results in program planning.

II. ROADWAY DESIGN FOR OLDER DRIVER SAFETY

Traffic engineering and roadway design can challenge or ease a driver's mobility in any community. It is possible and desirable to accommodate normal aging through the application of design, operational, and traffic engineering countermeasures. The needs of older road users must be considered in new construction, as well as in spot improvements, to keep older drivers safe. The Federal Highway Administration (FHWA) has developed guidelines (http://safety.fhwa.dot.gov/older_users/) for accommodating older road users, and the guidelines need to be implemented on State and local roadways. Each State also has a process by which it seeks user input for its Strategic Highway Safety Plans. It is reasonable for State DOTs to collaborate and seek partnerships and planning/funding through other sources, such as the Highway Safety Plans, which come from the Highway Safety Office, or from the State Units on Aging, though it should be noted that there are strict limits on how funding from these sources may be used. State DOTs should:

- Consider Older Driver safety as an emphasis area in the Strategic Highway Safety Plan (SHSP) if data analysis identifies this as an area of concern;
- Develop and implement a plan for deploying the guidelines and recommendations to accommodate older drivers and pedestrians; and
- Develop and implement a communications and educational plan for assisting local entities in the deployment of the guidelines and recommendations to accommodate older drivers and pedestrians.

III. DRIVER LICENSING

Driver licensing is a critical element in the oversight of public safety as it relates to older drivers. The driver licensing authority (DMV) can legally restrict or suspend an individual's license, and for that reason, it is the primary audience for these recommendations. It is important that DMVs continue to make individualized determinations of fitness to drive – that is, determinations based on the review and assessment of individuals' capabilities to safely operate vehicles. However, it is reasonable for States to use age as a trigger for additional screening in execution of public safety roles and obligations. There are three areas within driver licensing that are important to driving safety: policies; practices; and, communications.

Recommended driver licensing policies that each State should implement to address older driver safety are:

- In-person renewal should be required of individual drivers over a specified age if the State determines through analysis of crash records that there is a problem with older driver crashes;

- Medical review policies should align with the Driver Fitness Medical Guidelines (Driver Fitness Medical Guidelines) published by NHTSA and the American Association of Motor Vehicle Administrators (AAMVA); and
- All medical and emergency medical service providers who provide a referral regarding a driver in good faith to the driver licensing authority should be provided immunity from civil, criminal, and administrative liability.

Recommended driver licensing practices that each State should implement to address older driver safety are:

- Consider licensing restrictions as a means of limiting the risks presented by individual drivers while allowing for the greatest autonomy possible;
- Establish a Medical Advisory Board (MAB), consisting of a range of medical professionals, to provide policy guidance to the driver licensing agency to implement;
- The medical review function of the DMV should include staff with medical expertise in the review of medically-referred drivers;
- The DMV should regularly conduct analyses and evaluation of the referrals that come through the medical review system to determine whether procedures are in place to appropriately detect and regulate at-risk drivers;
- Train DMV staff, including counter-staff, in the identification of medically at-risk drivers and the referral of those drivers for medical review; and
- Provide a simple, fast, and if possible, very low cost or free way for individuals to convert their driver licenses to identification cards.

To be effective in identification of medically at-risk drivers, the State should implement a communications program, through the DMV to:

- Make medical referral information and forms easy to find on the DMV Web site;
- Provide outreach to and training for medical providers (e.g., physicians, nurses, etc.) in making referrals of medically at-risk drivers and in finding resources on functional abilities and driving;
- Provide outreach to and training for law enforcement in successfully identifying medically at-risk drivers and in making referrals of medically at-risk drivers to the DMV; and
- Provide information on transportation options and community resources to drivers who are required to submit to medical review of their licenses.

IV. MEDICAL PROVIDERS

State older driver safety programs rely on the identification of medically at-risk drivers by their medical providers, with the aim of limiting the impact of changes in functional abilities on the safe operation of a motor vehicle. Medical providers should know how to counsel the at-risk driver, and when confronted by a driver who refuses to heed advice to stop driving, to make a referral to the driver licensing authority. To facilitate this process, State older driver safety programs should:

- Establish and implement a communications plan for reaching medical providers;

- Disseminate educational materials for medical providers. Providers should include physicians, nurses, occupational therapists, and other medical professionals who treat or deal with older people and/or their families;
- Facilitate the provision of Continuing Medical Education (CME) credits for medical providers in learning about driving safety; and
- Facilitate referrals of medically at-risk drivers to the driver licensing authority for review.

V. LAW ENFORCEMENT

Law enforcement plays an important role in identifying at-risk drivers on the road. States should ensure that State and local older driver safety programs include a law enforcement component. Essential elements of the law enforcement component include:

- A communications plan for reaching law enforcement officers with information on medically at-risk drivers;
- Training and education for law enforcement officers that includes emphasis on “writing the citation” for older violators, identifying the medically at-risk driver, and making referrals of the medically at-risk driver to the driver licensing authority; and
- An easy way for law enforcement officers who are in the field to make referrals of medically at-risk drivers to the driver licensing authority.

VI. SOCIAL AND AGING SERVICES PROVIDERS

At the State level, there are agencies that are responsible for coordinating aging services. These agencies should be collaborating with the State DOT-Transit offices in the planning for and provision of transportation services for older residents. State Highway Safety Offices should:

- Collaborate with State Units on Aging and other social services providers on providing support related to older drivers who are transitioning from driving;
- Collaborate with State DOT-Transit offices and local planning organizations to provide information at the local level on how individuals can access transportation services for older people; and
- Develop joint communications strategies and messages related to driver transitioning. States are encouraged to review and use strategies outlined in Countermeasures That Work..

VII. COMMUNICATION PROGRAM

States should develop and implement communication strategies directed at specific high-risk populations as identified by crash and population-based data. States should consider a range of audiences, including families and friends of at-risk drivers. Communications should highlight and support specific policies and programs underway in the States and communities. The programs and materials should be culturally-relevant, multi-lingual as necessary, and appropriate to the target audience. To achieve this, States should:

- Establish a working group of State and local agencies and organizations that have an interest in older driver safety and mobility with the goal of developing common message themes; and
- Focus the communication efforts on the support of the overall policy and program.

VIII. PROGRAM EVALUATION AND DATA

Both problem identification and continual evaluation require effective record-keeping by State and local governments. The State should identify the frequency and types of older driver crashes. After problem identification is complete, the State can identify appropriate countermeasures. The State can promote effective evaluation by:

- Supporting detailed analyses of police accident reports involving older drivers;
- Encouraging, supporting, and training localities in process, impact, and outcome evaluation of local programs;
- Conducting and publicizing statewide surveys of public knowledge and attitudes about older driver safety;
- Evaluating the effectiveness of educational programs by measuring behavior and attitude changes;
- Evaluating the use of program resources and the effectiveness of existing countermeasures for the general public and high-risk populations;
- Ensuring that evaluation results are used to identify problems, plan new programs, and improve existing programs; and
- Maintaining awareness of trends in older driver crashes at the national level and how this might influence activities statewide.