Actions

1. *Develop a strategic training plan.* Any training program in this area is not a one time venture. Besides, determing the "what" or subject matter, the "when" or time must also be considered. How often the iterative training cycle needs to be should not be based strictly on budgetary considerations. All jurisdictions have training plans for their driver licensing staffs. This training needs to be fitted into those plans.

2. *Focus on the customer service aspects of the older driver.* Many jurisdictions have been focusing much of their training on the needs of their customers. The same techniques should be applied to the special needs of the elderly driver. There is probably no good way to inform someone their driving days are over, but there are certainly many bad ways to do so. In order to improve the delivery of the options for the older driver, training should be focused on how a staff member handle that interaction with the driver and the driver's family.

3. *Develop partnerships.* A licensing agency should never assume that it and it alone deals with the older driver. Whatever screening tools are used will probably require training beyond that available from the agency staff. Several States use specialists from sources such as rehabilitation hospitals to train their staffs in areas dealing with drivers with special needs. This practice will no doubt expand in the future.

4. *Evaluate the training program as well as the older driver program.* Aside from the routine administrative evaluation of the training course itself, States need to evaluate the effectiveness of their staff's interaction with the elderly driver and the results from that interaction.

IMPROVING THE ABILITY OF LAW ENFORCEMENT TO IDENTIFY AND REFER DEFICIENT DRIVERS

Raymond D. Cotton

Law enforcement has traditionally been assigned the critical role of removing deficient drivers from the roadways. As the population ages, special measures will be necessary to ensure the safety and mobility of older drivers. Current research identifies law enforcement as the single largest source for referring deficient drivers to licensing agencies. This should not seem that unusual because law enforcement personnel make thousands of driver contacts daily. During these contacts they are provided with a much greater opportunity to identify deficient driving behavior, as it occurs, than are other support functions.

Problem

Even though law enforcement personnel routinely observe deficient driving behavior, they often are unable to recognize drivers with cognitive or physical disabilities who should be referred for re-examination. Furthermore, in instances when deficiencies are detected, many law enforcement officers are ill-equipped, trained, or unable to process the referral.
The future challenge for law enforcement will be to better identify deficient drivers (this may include drivers with cognitive or physical disabilities) and establish procedures for referral of these drivers to the appropriate authorities for re-evaluation and/or re-examination.

One of the greatest challenges facing law enforcement, pertaining to the aging driver population, will be the detection of behavior that may be indicative of drivers using prescription drugs. The pervasive use of prescription drugs, and because the older population may have difficulty remembering when they've taken medications, may lead to more "drug impaired" drivers. The potentiating affect of multiple medications will further diminish the older driver's ability to perform driving tasks. Additionally, this population may share their medications with other drivers. Law enforcement should be prepared to curb the proliferation and abuse of these medications in their efforts to increase highway/public safety.

Most law enforcement agencies are balancing their resources between the war on crime and highway safety. Priorities are often established by community leaders and special interest groups. Unfortunately, highway safety (removing deficient drivers) does not always remain a priority for law enforcement when budgets are compromised. Although important, only a small portion of an officer's daily responsibilities can go to detecting and removing deficient drivers.

Needs

There are at least five (5) needs that should be met before law enforcement can improve its ability to detect and refer deficient drivers:

- *Research* Law enforcement must assess today's "state of the practice" in terms of policies, procedures, training, etc. for detecting and referring deficient drivers for re-examination.
- *Respond* Law enforcement must establish a set of prioritized tasks with respect to developing policies,

procedures, training and enforcement strategies directed at detecting and referring deficient drivers.

- *Re-educate* In service and basic recruit training is necessary to provide information about the characteristics of deficient drivers and the process of detecting and referring such drivers.
- *Report* Law enforcement must increase the public's awareness by reporting the issues associated with deficient driver behavior. Assistance from the general public may be a useful component in creating a network for referrals.
- *Refer* Each agency must enforce current laws, regulations and policies pertaining to deficient drivers and refer both resident and non-resident drivers with incompetencies to the appropriate authorities in a fair and impartial manner.

Actions

Improving the ability of law enforcement to detect and refer deficient drivers will be no easy task. However, improvements can be made by simply assessing current organizational priorities and determining effective procedures.

Law enforcement's ability to conduct research and analyze data is usually limited and therefore must be augmented by a review of the current available research. Developing methods to detect deficient drivers, i. e. drunk and drugged drivers, older drivers, younger high risk drivers, drivers with cognitive and/or physical disabilities will not necessarily require additional resources, but can be integrated into routine police practices. Similar strategies have been successful when combining speed, safety belt, drunk driving and crime suppression enforcement (comprehensive enforcement) into a single program.

Improve Capability

Specific actions to improve law enforcement's ability to detect and refer deficient drivers should include but are not limited to the following:

- *Consult* Confer with researchers to develop a working list of deficient driver behaviors for identification purposes.
- *Review Referral Process* Organize a "state of the practice" review of driver referral processes and support functions.
- *Training* Provide instruction in Identification of deficient driving behavior such as the use of cues for detecting drunk drivers at night and alcohol impaired motorcycle operators.
- *Testing* Provide for identification of deficient drivers through the use of standardized field sobriety tests to detect driver's with perceptual, cognitive and psychomotor deficient drivers.
- *Sensitivity* Deal with deficient and older driver sensitivity issues to include inter-personal skills directed towards the needs of the elderly and disabled.
- *Referral* Develop a referral process to include the screening function, licensing practice, and support functions.
- *Drug Awareness* Acquaint officers with problems of prescription drug use, and the subsequent affect it has on highway/public safety.
- *Crash Investigation* Refine investigative procedures to include the detection of deficient drivers and increase the utilization of accident reports to refer drivers to licensing agencies.
- *Integration of Processes* Integrate Incorporate the referral process into routine patrol operations. As law enforcement increases referrals, licensing agencies will experience an influx with which they may not be prepared to case. Therefore, it becomes critical that licensing agencies have in place the technological and administrative capabilities to process such an increase before law enforcement begins the referral process.
- *Feedback* Once referral process is complete, timely feedback from the licensing agency to the officer initiating the referral is essential.
- *Network* Circulate new methods, procedures, regulations throughout the law enforcement community.
- *Institutionalize* Develop a national training program for law enforcement officers to improve their ability to identify and refer deficient drivers.

Utilize Technology

Develop a "state of the art" process utilizing available technology to facilitate the transfer of information between law enforcement and licensing agencies for the identification and referral of deficient drivers. Perhaps a bifurcated referral form could be developed that would permit the immediate referral of drivers who are so deficient they present an imminent risk to themselves or others. Drivers who do not present such a risk could be referred in a more routine manner. This would allow licensing agencies the ability to initiate immediate action to remove the most deficient drivers from the roadway.

Increase Enforcement

Enforce current statutes and utilize available referral forms. State violator compacts and reciprocal agreements should include the referral process.

Presently, law enforcement's ability to refer deficient drivers is limited to residents of their respective states. Quite often, law enforcement officers contact out of state deficient drivers that may be suitable for referral to the driver's state licensing agency. Furthermore, state accident report forms should include a referral block for investigators to facilitate action by licensing authorities.

Summary

In summary, law enforcement has often been criticized for not being pro-active when issues emerge that effect public safety. Therefore, *now* is the time for the law enforcement community to prepare for any adverse impact that the increase in the aging driver population may have on highway/public safety.

PHYSICIAN REPORTING

Anne Long Morris

It is critical for older adults to continue driving into their later years because participation in this activity of daily living (ADL) enables them to successfully meet basic survival needs, i.e., obtaining food, and medical and/or social services. Government and/or private services are increasingly provided at central locations making it necessary for older adult consumers to have access to a car or other means of transportation. In rural, suburban, and in some urban locales of the United States, the availability of alternative transportation services is inadequate.

Maintaining older adult independence, mobility, and driving safety are the key focus of interventions by approximately 600 nationally registered occupational therapy practitioners who are state-licensed driver educators and who serve as driver rehabilitation specialists in 200 hospitals across the United States (American Occupational Therapy Association, 1990). Client populations include persons of all ages with disabilities and for whom ADLs such as self-care, mobility at home and in the larger community, part- or full-time employment, and/or household management have become dramatically limited. Driving abilities are obviously closely tied to performance of these ADLs. A person's impairment or decline in functional performance will be signalled by his or her increasing dependence on others for performance of ADLs and can be caused by injury, diseases, or physical aging changes such as arthritis; slowed reaction time; decreased vision; reduced hearing; impaired memory and/or information-processing problems.

The National Institute on Aging expected the number of internists and family physicians certified in geriatric practice to reach approximately 6000 by 1992 (DHHS, 1987). In addition to these physicians, other practitioners in general medicine who regularly serve elderly patients view the physicians' roles to be identification of at-risk drivers via review of a patient's medical threats to safe driving, driving pattern, and actual need to drive for the survival purposes earlier described.

Physicians must also be aware of state regulations regarding medical conditions and driving, particularly reporting requirements. In view of the physician-reporting mandate, failure to report could lead to action against the physician's license and/or liability if the client is driving and involved in a crash. Additional research is sorely needed in order to determine the particular impact of age-related changes on driving abilities.

These disorders that are recognized by health care providers as increasing the risk of unsafe driving and that are common among older persons include heart, circulatory, and lung diseases; diabetes; neurologic disorders, such as Alzheimer's and cognitive impairment, Parkinson's, and stroke; multiple medications; arthritis; and alcohol abuse (Reuben, 1993). Therapists regularly treat clients with these disorders in the hospital, through home health programs or in certified outpatient rehabilitation facilities, and through private practice. In addition, therapists are seeing an increased demand from family caregivers for evaluation and retraining of older drivers because these caregivers are concerned about their elderly relative's safety on the roadways. Historically, health care providers have learned about the availability of driver rehabilitation services by word-of-mouth. Clearly, education of health and social services providers who treat older adults will need to increase as the number of older drivers escalates.

Therapists' evaluation efforts have two primary goals: to provide objective information for decision making by the client, the family, the state licensing agency, and/or the medical advisory board (MAB) regarding driver licensure; and or identification of factors indicating when training could minimize existing limitations. As demands for older-driver rehabilitation increase, occupational therapy training in older-driver rehabilitation will need to be augmented through continuing education coursework. The number of driver rehabilitation program settings that offer field practice will need to be increased and educational materials must be published to assist in the development of new sites.

Data from a national survey of occupational therapy driver rehabilitation programs were reported at the 1993 American Occupational Therapy Conference (Hunt