



# Driving Evaluation & Retraining Programs

A REPORT OF GOOD PRACTICES, 2004

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**A Report of Good Practices, 2004**

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# Executive Summary

## INTRODUCTION

Driving is a complex task that requires the integration of physical, sensory, and cognitive functioning by an individual to safely operate a vehicle. Although functional ability can and often does diminish as a person ages, the rate and ways in which that change occurs can vary widely among individuals.

A 2001 U.S. Department of Transportation survey showed that older Americans travel extensively and rely on personal vehicles as heavily as do their younger counterparts.<sup>1</sup> They make nearly 90 percent of all of their trips in a car. That reliance on personal vehicles among the rapidly growing population of adults ages 65 and older is expected to continue. In fact, in the coming years, older adults are expected to drive more miles each year and to drive for more years than the current cohort of older adults.

Despite advances in the crashworthiness of today's vehicles and improvements in road infrastructure, the fatality rate for older vehicle occupants, including drivers, has increased, while rates for other age groups have declined. A constellation of tactics will be required to enhance the safety of older drivers on the roads. Absent a concerted and coordinated effort to address the challenges faced by older Americans, the Insurance Institute for Highway Safety estimates that, if current trends continue, the number adults ages 65 and older who die in vehicle crashes could triple by 2030.

The National Highway Traffic Safety Administration (NHTSA) and other leaders in the older driver research field have identified one of several critical elements that are needed to stem the current fatality trends among older adult drivers—unfettered access by consumers to valid and reliable evaluation and remediation, or retraining, services. The number of driving rehabilitation specialists who can provide those services, however, is inadequate to provide assessments and follow-up training to all who might be referred to them or who directly seek their services.

In September 2003, NHTSA and the American Occupational Therapy Association (AOTA) signed a cooperative agreement under which AOTA would develop a report to provide a snapshot of current practices, operational barriers, marketing strategies, and lessons learned from a sampling of driving programs nationwide. AOTA sought to examine organizations that offer older adults and other individuals driving services in a clinical setting or in the car. AOTA also sought information about current driving programs in hopes of strengthening existing programs, of providing a better referral system for consumers and health professionals in search of driving services, and of expanding the number of programs for a burgeoning population of individuals ages 65 and older.

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<sup>1</sup>Collia, D. V., Sharp, J., & Giesbrecht, L. (2003). *The 2001 National Household Travel Survey: A look into the travel patterns of older Americans*. Washington, DC: U.S. Department of Transportation, Bureau of Transportation Statistics.

Based on those issues, the project team crafted a set of research questions to ask existing programs. Those questions formed the basis for the survey instrument used to collect information from programs nationwide. The research team also conducted brief follow-up interviews with some driving programs and developed in-depth profiles of three programs that represent common occurring organizational structures for delivering assessment and retraining services.

The survey was sent during the last week of January 2004 to 410 individuals who were part of the driving program database. Of those surveys sent, 317 were delivered by e-mail link, and 93 copies of the survey were mailed. Following dissemination of the survey, the research team discovered that, in some cases, several people from the same driving program received and completed the survey. In some other instances, only the program director completed the survey, even though it had been sent to three individuals listed in the database for a particular program.

Overall, almost 4 out of 10 (39%) e-mail recipients of the survey completed the instrument versus less than 1 out of 4 (22%) of those receiving the mailed version of the survey. The research team notes that there is no way to determine with accuracy whether the driving programs responding to the survey represent a statistically valid sample of the types of programs in operation in the United States. In addition, the results of the brief program interviews and open-ended responses to some survey questions should be viewed with caution and as explorative in that they describe reactions of a nongeneralizable sample.

## **KEY SURVEY FINDINGS**

### *Professional Titles and Credentials*

More than two-thirds (67%) of individuals responding to the survey identified themselves as occupational therapists, and almost one-half of those therapists also identified themselves as driving instructors. The remaining one-third of respondents indicated they were driving instructors or driver educators and were not occupational therapists.

### *Clients*

Although the research team was particularly interested in the access of older drivers to services, none of the programs surveyed indicated that they looked to an older population as its sole client base.

### *Scope of Services*

One reflection of the dynamic and fluctuating climate within the driving program service area was evident in the significant difficulties that survey respondents had in agreeing to a common lexicon when referring to the specific services being delivered by professionals in the field. For purposes of this survey, the research team identified five distinct categories of possible services that organizations might offer as part of their driving program:

- Pre-clinical screening
- Clinical assessment
- On-road assessment
- In-car training
- Clinical intervention.

Of those services, clinical assessments ranked as the number one service provided by programs, followed closely by on-road assessments.

### *Frequency of Clients Using Services*

The survey asked respondents what percentage of their clients received each of the specified services. A high percentage reported bundling clinical and behind-the-wheel assessment services; almost 3 of 5 respondents reported that more than 80 percent of their clients received these two services. Respondents reported placing substantial weight on the behind-the-wheel portion of the assessment when determining if a person can drive safely.

### *Training*

Respondents indicated that hands-on mentoring along with completing classroom or seminar courses were their top two training experiences when working in driving programs.

### *Concerns*

Money was at the heart of the first two major concerns for programs. More than 3 of 5 (64%) respondents indicated that securing payment for services was a “major concern.” Almost 3 of 5 (58%) indicated that securing money to take part in continuing professional education was a “major concern.”

### *Marketing*

Almost 4 of 5 respondents (79%) indicated that their organizations used marketing tools to publicize their programs and maintain community support. The survey asked about seven specific channels by which organizations communicated to their community. Respondents reported that only 2 of the 7 were effective in building a sustainable business: community presentations and various uses of brochures.

More than 8 of every 10 respondents (84%) indicated that they conducted community presentations as part of their marketing efforts. Of those, the most frequently targeted audiences were support groups for a wide variety of diseases, conditions, and disabilities (24%).

More than 4 of 5 respondents (85%) who used brochures as part of their marketing efforts mentioned physicians specifically as the primary audience for their brochures. Slightly more than 1 in 3 respondents who used brochures in their marketing efforts indicated that the brochures were “very effective” or “effective” in attracting clients to their practice.

### *Advice to Other Organizations*

Survey respondents were asked for the “top pieces of advice” they would give individuals who are considering starting an older adult drivers’ evaluation/training program in their community. Although all of the advice was relevant to organizations interested in focusing a program on older adults, the advice also was applicable for the most part to all driving evaluation and training programs.

Respondents’ advice to programs broke into four broad categories. These included the importance of

- Conducting an environmental scan before beginning operations
- Training program personnel through a variety of means, including hands-on mentoring when possible
- Building reliable partnerships and referral networks before opening for business
- Recognizing the challenges and intrinsic rewards that are a major part of running a driving program.

Finally, this good practices report provides a baseline for understanding the state of driving programs nationwide at a single point in time. Subsequent reports could explore ways in which the emerging practice area of certified driving rehabilitation is coalescing, if at all, around particular assessment and retraining strategies and tools and around specific marketing efforts and payment strategies.

## Background

Older drivers are the fastest growing group of drivers today. Although men drive more than women, both groups are driving more miles and later into their senior years than ever before. Yet, despite advances in the crashworthiness of today's vehicles, the fatality rates for older drivers have increased, while rates for other age groups have declined.

The reasons for the continued climb in fatality rates among adults ages 65 and older are multifaceted. While the physical frailty of older vehicle occupants contributes to their fatality risk, physical, cognitive, and visual declines associated with aging also contribute. As such, a constellation of tactics will be required to enhance the safety of older drivers on the roads. Absent a concerted and coordinated effort to address the challenges faced by older Americans, the Insurance Institute for Highway Safety estimates that, if current trends continue, the number adults ages 65 and older who die in vehicle crashes could triple by 2030.

The urgency to address the issue also stems in part from a 2001 U.S. Department of Transportation survey that showed that older Americans travel extensively and rely on personal vehicles as heavily as do their younger counterparts.<sup>2</sup> “Those older than 65 make roughly 90 percent of all their trips in a car; more than 45 percent as the driver of a single-occupant vehicle, and another 43 percent either as a driver or passenger in a vehicle with two or more occupants.”<sup>3</sup>

Although older adults rely on personal vehicles as heavily, the U.S. Department of Transportation survey also shows that older Americans are “less mobile than their younger counterparts.” Moreover, older adults look to transit alternatives for daily travel less than 3 percent of the time. About 8 percent of the trips taken by older adults are by walking. Given the current and projected reliance on the personal vehicle among a growing population of adults ages 65 and older, therefore, one outstanding question is, What can be done to ensure that older drivers remain safely on the road as long as possible?

For its part, NHTSA and other leaders in the older driver research field have identified one of several critical elements that are needed to stem the current fatality trends among older adult drivers—unfettered access by consumers to valid and reliable evaluation and remediation, or training, services. A woeful lack of such services now exists within the United States.

The need for such services is underscored when rare but highly publicized crashes involving older adults prompt public policymakers and the media to debate the merits of age-based testing. Almost one-half of states already require more frequent Department of Motor Vehicles (DMV) exams of individuals once they hit a particular age threshold. Yet very few of the licensing exams provide a reliable measure of an individual's ability to drive safely. And, functional ability—not age—is widely held to be a more valid determinant of driver safety.

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<sup>2</sup>Collia, D. V., Sharp, J., & Giesbrecht, L. (2003). *The 2001 National Household Travel Survey: A look into the travel patterns of older Americans*. Washington, DC: U.S. Department of Transportation, Bureau of Transportation Statistics.

<sup>3</sup>Rosenbloom, S. (2003). *The mobility needs of older Americans: Implications for transportation reauthorization*. Washington, DC: Brookings Institution.

The question then centers on how to build sufficient capacity to ensure that individuals can conveniently avail themselves of affordable, trustworthy assessments that measure their functional ability and, if appropriate, that can provide them training to remediate or compensate for functional declines.

Currently, only about 300 certified driver rehabilitation specialists (CDRS), most of whom are occupational therapists, provide a continuum of driving assessment and retraining services for consumers in the United States. Their number is inadequate to provide assessments and training to all who might be referred to them or who directly seek their services.

The Association of Driving Rehabilitation Specialists (ADED) now issues the CDRS certification for individuals who meet specified education or experience requirements, pass a certification exam, and maintain their certification. Of note, an additional—although undocumented—number of other individuals also provide driving services. Some of these individuals are highly trained occupational therapists who do not hold the CDRS credential but who have undergone extensive training to provide such services. AOTA has begun the process to develop and promote a specialty certification program in driving rehabilitation for occupational therapists.

## **NHTSA Addresses the Problem**

NHTSA has responded to the readily apparent national need to boost the number of programs providing trained professionals to deliver driver assessment and training services, especially to older adults. In 2003, NHTSA entered into a cooperative agreement with AOTA. As part of that agreement, NHTSA asked AOTA to gather information on assessment and remediation programs nationwide. That information was to include, but not be limited to, identifying barriers to providing assessment and remediation, strategies to overcome those barriers, and effective practices in the provision of services and marketing of those services to the community served.

This report provides a snapshot of current practices from a sampling of driving programs nationwide. AOTA sought to examine organizations that offer older adults and other individuals driving services in a clinical setting or in the car. While some of those services may assess the abilities of the driver, other services may seek to improve the driving performance of the client.

The report presents information gathered through a variety of means, including an online and mailed survey and in-depth interviews.

## Research Questions

AOTA sought information about current driving programs in hopes of strengthening existing programs, of providing a better referral system for consumers and health professionals in search of driving services, and of expanding the number of programs for this burgeoning population of individuals ages 65 and older.

To develop an understanding of good practices among programs offering an array of driving services nationwide, the AOTA research team turned to several nationally recognized driving assessment and training experts for comment on a variety of critical administrative, programmatic, marketing, and training issues that face existing driver programs and that would be key to any organization considering a start-up program, particularly one seeking to serve the needs of older drivers. Based on those issues, the project team crafted a set of research questions to ask existing programs. Those questions included,

- What is the scope of services that programs are offering clients, and how do training and continuing education for professionals providing those services vary, if at all, across disciplines?
- What are the critical operational areas of significant concern among programs, and how are organizations addressing those barriers to create successful programs?
- How and to whom are organizations communicating information and education about their program within their service area? What is the impact of those efforts on the sustainability of the programs?
- What lessons for success can existing programs share with organizations considering establishing a driver assessment and remediation program?

These research questions formed the basis for the survey instrument used to collect information from programs nationwide.

# Methodology

To answer the research questions, the project team simultaneously undertook two separate but related tasks:

- To develop and implement a tiered approach to collecting the required information from programs nationwide and
- To create the most comprehensive national database of organizations offering driving services.

## **DEVELOPING TIERED INFORMATION COLLECTION PROCESS**

The research team, with input from AOTA's Older Driver Technical Expert Panel, developed a three-tiered process for collecting a sampling of information from driving programs nationwide.

The first tier called for sending out a survey of closed and open-ended questions to driving programs listed in the new database compiled by AOTA. The intent of the survey was to provide a cost-effective and convenient means by which to get a snapshot of operational trends, key concerns, and effective practices among driving programs.

The second tier called for fleshing out those trends, concerns, and practices with follow-up interviews with a selected random sampling of programs from the database. The focus of the second tier questions was to more fully understand the impact of those issues on the operation of driving programs and to understand strategies programs used to address problems areas.

The third tier of the information collection process called for the research team to develop brief profiles of three driving programs from around the country. This effort sought to understand how the combination of factors worked within a single program (see the driving program profiles on page 35).

## **BUILDING PROGRAM DATABASE**

Gathering a snapshot of what is happening among driving programs around the country required AOTA to build a comprehensive database of such programs. Although ADED posts a database on its Web site, the database reflects only its members. Moreover, many ADED members listed in the database do not provide driving services. Rather they provide complementary services, such as supplying adaptive equipment, that other ADED members use in their line of work.

In building the database, the research team included all professionals providing driving services to individuals. Professionals included occupational therapists, occupational therapy assistants, driving instructors, and driver educators. In several instances, more than one person from the same driving program was listed in the database.

To build a more complete driving program database for the United States, the research team asked a variety of audiences for their input. Among the actions taken, the team

- Reviewed state-by-state listings within the ADED database to identify only those programs that provide driving services to clients, including but not limited to older adults

- Requested that AOTA’s listserv members—especially those who have special interest in driving, geriatrics, physical disabilities, and other relevant issues—review the ADED listing for their states and identify programs not included in the database but that provide driving evaluation/retraining services
- Requested members of AOTA’s Older Driver Technical Expert Panel to review the ADED database for relevant programs and to identify programs not listed
- “Cross-walked” the names of individuals who had taken driver evaluation/remediation training programs in the past 2 years against the names and organizations listed in the new database
- “Cross-walked” the names of organizations currently providing fieldwork opportunities to occupational therapy students who are interested in older driver evaluation/retraining against the database.

## **SOLICITING PARTICIPATION IN SURVEY**

Once the survey was written, technical staff from the University of Florida inserted the questions into an interactive online format. This format was chosen to enhance ease-of-use for respondents, who could simply scroll through the survey instrument, click responses for 95 percent of the questions, and submit their responses with a final click of their mouse.

Given that almost 20 percent of the names in the database had no e-mail address, however, the research team also developed a mailed version of the survey. In addition, individuals who had difficulty completing the survey online because of technical difficulties could request a hard copy of the survey.

To maximize response rates, the research team sent a set of three messages to every individual in the database with an e-mail address—a total of 317 addresses. In all communications to potential respondents, the research team emphasized the minimal time commitment to complete the survey (about 15 minutes) and the value of their input to improving the profession.

The first message, sent 1 week before the survey would go “live” on the Internet, alerted individuals that they would receive a hyperlink to the survey. The notice also asked recipients to complete the survey within 10 days. The second message accompanied the hyperlink to the online survey when the instrument went “live.” Finally, 3 days before the due date for the completed survey, the research team sent potential respondents a reminder notice urging them to take advantage of this opportunity.

Within the database, 93 individuals had no e-mail address. To enable them to participate in the survey, a hard-copy version was prepared and sent by mail. To encourage participation, the mailing also included a stamped and addressed return envelope. The research team entered the data from the returned paper surveys into the database.

In the process of soliciting participation in the survey, one major and unanticipated problem arose. Many of the potential respondents had difficulty successfully completing the survey because of computer software problems. Some respondents wrote to the project team that

they had attempted more than twice to complete the survey but found that the program cancelled out on them and lost their responses. A handful of these individuals requested a mailed survey to complete.

Although the technical glitch was clearly a problem for some individuals, it is unclear what the impact of those technical problems was on the survey response rate. The problem, however, does point to an obstacle that future research teams may encounter as they use electronic formats to collect information from respondents whose computer software and knowledge appears to be widely varied.

## **IDENTIFYING TYPICAL MODELS FOR DRIVING PROGRAMS**

To provide greater texture to the survey information, the research team in consultation with the AOTA Older Driver Technical Expert Panel identified three organizations nationwide currently offering driver assessment and training services. The programs were selected as models—although clearly very successful ones—of some of the most common organizational and service delivery structures among programs today.

The research team sought to create profiles of the programs to provide more in-depth understanding of some of the critical success factors identified through the survey. While the survey could provide a snapshot of trends among a sampling of programs, the profiles could explore how those various elements came together in a single program. Among the areas for exploration were

- Strategies, challenges, and lessons learned in assembling and retaining the driving program team of professionals;
- Rationales for choice of various types of assessment instruments and equipment used in the programs and how those choices changed, if at all, as the program matured;
- Economics of running a driving program, including strategies for sustainable revenue streams and managing programs costs; and
- Evolution of marketing strategies over time.

## **LIMITATIONS**

The research on which this report is based is both quantitative and qualitative in nature. Respondents to the survey were self-selecting. Moreover, a significant number of the individuals identified in AOTA's driving program database completed the survey. Still, there is no way to determine with accuracy whether the driving programs in which they work are a statistically valid sample of the types of programs in operation in the United States.

The in-depth interviews that comprise the qualitative research component of this report present the opinions of a small sample size and should be viewed with caution. The purpose of this qualitative research is not to determine how many people hold certain opinions but rather to identify and explore the kinds of behaviors and opinions held by professionals working with driving programs. Therefore, the results of these interviews and open-ended responses to some

survey questions should be viewed as explorative in that they describe reactions of a nongeneralizable sample.

## Major Learnings

The following section of this report summarizes major learnings from survey responses and interviews with a subset of individual driving programs following the survey.

The survey was sent during the last week of January 2004 to 410 individuals who were part of the driving program database. Of those sent, 317 were delivered via e-mail link, and 93 were mailed. Almost 4 of 10 (39%) e-mail recipients of the survey completed the instrument versus less than 1 of 4 (22%) of those receiving the mailed version of the survey.

As noted earlier in the report, response rates were negatively affected by computer difficulties encountered by some potential respondents. In addition, in those instances in which the database listed more than one individual from a single driving program, the director of the program often filled in the survey for all database members listed, according to interviews with program staff.

Survey respondents were asked to identify whether they were driving instructors, driver educators, occupational therapy assistants, or occupational therapists. Of those responding, more than two-thirds (67%) identified themselves as occupational therapists. More than 48 percent of the occupational therapists, however, also identified themselves as both driving instructors and driving educators. Several survey respondents also noted that use of the terms “driving instructor” and “driver educator” was confusing. For example, one respondent noted, “Definitions of driving instructor and driver educator are not understood or commonly used terms.” Most of those describing themselves as driver educators indicated they had university degrees—often in teaching. Wrote one driver educator, “I took extra college credits in driving instruction and have an endorsement on my teaching certificate.”

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| What Is Your Profession?  | % of Survey Respondents |
|---|-------------------------|
| Driving instructor  | 3                       |
| Driver educator   | 21                      |
| Occupational therapy assistant                                  | 4                       |
| Occupational therapist  | 67                      |
| Others: Physical therapist, speech pathologist, did not specify | 4                       |

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*Note. N = 124.*

### SCOPE OF DRIVING PROGRAM SERVICES

The survey asked respondents a series of questions about the scope of the services offered by their organizations to help drivers. Although the research team was particularly interested in the access of older drivers to services, none of the programs surveyed indicated that they looked to an older population as their sole client base.

One difficulty in defining scope of practice among driving programs is that various terms are used within the profession and the research community to describe the services offered. For

example, some programs describe the evaluation of their clients’ driving as *evaluations*, while others refer to this activity as an *assessment*. Noted one respondent, “I was unsure what clinical assessment is versus pre-driving screening.”

Likewise, some professionals use various terms (e.g., *on-road, in-car, behind-the-wheel*) to describe the location of that portion of their evaluation and training activities that take place in a car. Finally, some individuals refer to what is done with clients following a formal evaluation as *training, re-training, and remediation*. Agreement on a lexicon of terms that refer to components of a driving program would appear to help both professionals providing the services and consumers requesting assistance. To address this problem and subsequent to gathering the information from the nation’s driving programs, AOTA has developed definitions of those terms as a part of the association’s ongoing educational efforts for occupational therapy practitioners and students (see Appendix C).

For purposes of this survey, the research team identified five categories of possible services that organizations might offer as part of their driving program:

- Pre-clinical screening
- Clinical assessment
- On-road assessment
- In-car training
- Clinical intervention.

Of those services, clinical assessments ranked as the number one service provided by programs, followed closely by on-road assessments.

| Do You Provide the Following Service? | %   |    |
|---------------------------------------|-----|----|
|                                       | Yes | No |
| Pre-driving clinical screening        | 65  | 35 |
| Clinical assessment                   | 88  | 12 |
| On-road assessment                    | 85  | 15 |
| In-car training                       | 78  | 22 |
| Clinical intervention                 | 64  | 36 |

*Note.* N = 143.

The popularity—and perceived necessity—of combining these services within a driving program is reflected in other portions of the survey. Typical of those comments was one pithy admonition: “Do not make judgments on clinical assessments without an in-car assessment!”

## **PERCENTAGE OF CLIENTS USING SERVICES**

The survey asked respondents what percentage of their clients received each of the specified services. Not only did a high percentage of survey respondents report bundling clinical and on-road assessment services, but almost 3 of 5 respondents reported that more than 80 percent of their clients received these two services.

The survey also asked respondents what percentage of their clients ages 65 and older received the services. Significant differences between the two groups were reported in all categories except for pre-driving clinical screening.

With regard to clinical assessments, 71 percent of the respondents who said their programs provided that service noted that at least 60 percent of their clients overall received this service. But only 44 percent of the respondents reported that at least 60 percent of their clients ages 65 and older receive clinical assessments. Those percentage differences held steady as well when respondents were asked if at least 60 percent of their clients in the two groups received on-road assessments.

With regard to in-car training to remediate problems found during the assessment phase of the program, 28 percent of the respondents reported that at least 60 percent of their clients overall received this service. About half that number (15 percent) indicated that at least 60 percent of their older adult client base received in-car training.

The one service area in which 60 percent of older adult clients used a service more than the overall client base was with regard to clinical intervention services. Only 9 percent of respondents indicated that at least 60 percent of their overall client base availed themselves of the service, whereas 15 percent of respondents stated that at least 60 percent of those ages 65 and older used the service.

| <b>What Percentage of Your Clients Receive the Following Service?</b> | <b>% of Respondents Reporting</b> |                      |
|---|-----------------------------------|----------------------|
|   | <b>More Than 60%</b>              | <b>More Than 80%</b> |
| Pre-driving clinical screening  | 28                                | 26                   |
| Clinical assessment   | 71                                | 59                   |
| On-road assessment  | 70                                | 58                   |
| In-car training   | 28                                | 15                   |
| Clinical intervention   | 9                                 | 4                    |

Note. N=143.

No such statistically significant differences were noted when respondents indicated the typical weight they gave a particular component of their driving program in making the final determination of whether a person could drive safely. Consistent with other responses, the clinical assessment and on-road assessments were major determinants in deciding the driving fitness of clients, and results of the on-road assessment were the critical factor in deciding a course of action.

| <b>How Much Weight Do You Typically Give Results of the Following Services When Determining If a Person Can Drive Safely?</b> | <b>% of Respondents Reporting</b> |                      |
|---|-----------------------------------|----------------------|
|   | <b>More Than 60%</b>              | <b>More Than 80%</b> |
| Pre-driving clinical screening  | 18                                | 9                    |
| Clinical assessment   | 36                                | 10                   |
| On-road assessment  | 80                                | 58                   |

Note. N = 133.

Although respondents reported placing substantial weight on the behind-the-wheel portion of the assessment when determining if a person can drive safely, almost 4 in 10 of the 143 respondents (37%) indicated that they refer clients out of program for the on-road assessment. Of those programs who referred,

- 30 percent referred to “Other Driving Assessment Program with which you have formal relationships;”
- 26 percent referred to “Other Driving Assessment Programs within 25 miles;”
- 25 percent referred to “Other Driving Assessment Program farther than 25 miles;” and
- 23 percent referred to “Driving Schools.”

## **EVALUATION MEASURES FOR SUCCESS OF PROGRAM COMPONENTS**

The survey asked respondents to identify one measure of success for the components of their driving program. Of the various services, two aspects of programs solicited the most consistent responses within each item: clinical assessment and in-car training.

About one-third of respondents identified their measure of success for the clinical assessment portion of their program as the ability of the clinical assessment to accurately predict the results of the behind-the-wheel evaluation. The ability of the clinical assessment to “predict on-road success” and to find “a high correlation between performance on the clinical battery and the behind-the-wheel evaluation results” were typical success measure responses. Several other respondents measured success of the clinical assessment as the ability of the assessment to “red-flag indicators for the on-the-road assessment.”

Not surprisingly, the top success measure for on-road assessments, according to survey respondents, was to confirm earlier evaluation measures. But respondents also listed the on-road assessment as being able to specifically identify adaptive equipment that could benefit the client or specific performance tasks that could benefit from behind-the-wheel training or clinical intervention.

Almost one-half of those who wrote about their measure of success for their in-car training identified “success” as the client being able to pass the state driving exam. In fact, respondents overall noted that their ability to keep clients driving longer was the primary measure of their program’s success.

Almost one-half of survey respondents whose programs offered pre-clinical screenings signaled that a top measure of success for that aspect of their driving program was being able to refer the client from the screening to a more complete assessment. To that end, several respondents echoed the comments of another: “We are able to track the number of in-house referrals.” But other respondents indicated that success for the screening portion of their program was dictated by the ability of the service to consistently identify “correctable problems” or “accurately predict the appropriateness of further services” that could be provided by the program.”

Finally, the survey asked respondents to rate on a 1 to 5 scale their satisfaction with the effectiveness of each specific aspect of their driving program, with 1 = *satisfied* and 5 =

*unsatisfied.* Nearly none of the respondents offering a particular service were extremely or even somewhat unsatisfied with the effectiveness of their driving programs. Of those individuals answering the question and whose programs offered a specific service, the following percentage of respondents reported either a 1 or 2 satisfaction rating for the following services.

| <b>Satisfaction Rating for the Following Services</b> | <b>% of Respondents Indicating a 1/Satisfied Rating</b> | <b>% of Respondents Indicating a 1 or 2/Satisfied Rating</b> |
|---|---|--|
| Pre-driving screening                                 | 42  | 68   |
| Clinical assessment                                   | 53  | 86   |
| On-road assessment                                    | 68  | 96   |
| In-car training                                       | 65  | 92   |
| Clinical intervention                                 | 47  | 77   |

*Note.* The number of respondents for the individual items varied from a low of 88 for clinical intervention to highs of 124 and 120 for clinical assessment and on-road assessment, respectively. Only 91 individuals indicated a satisfaction rating for pre-driving screening, and 112 respondents answered the question regarding in-car training.

## **TRAINING FOR PROFESSIONALS PROVIDING SERVICES**

Survey respondents were asked about four types of driving training that they had taken either in advance of working in a driving program or during the time that they had been working in such a program:

- Online courses
- Classroom/seminar courses
- Hands-on mentored experience
- Continuing education units through professional conferences.

When asked to give advice to organizations thinking of starting a driving program (see page 22), respondents stressed the importance of driving program staff having hands-on mentored experience. That advice was largely followed by those responding to this question. Hands-on mentoring was consistently marked as one of the top two training experiences of those respondents working in driving programs. Conversely, relatively few respondents had taken online courses. This is less surprising given the relatively sparse offerings in this area and the newness of such courses being available to driving assessment and training professionals.

| <b>Types of Driving Training Taken</b>                         | <b>% of Survey Respondents</b> |                            |                           |                                 |
|--|--------------------------------|----------------------------|---------------------------|---------------------------------|
|  | <b>Online Courses</b>          | <b>Classroom/ Seminars</b> | <b>Hands-on Mentoring</b> | <b>CEUs Through Conferences</b> |
| Occupational therapy practitioners<br>( <i>N</i> = 68)         | 22                             | 83                         | 89                        | 83                              |
| • Occupational therapists<br>• Occupational therapy assistants |                                |                            |                           |                                 |
| Driver Educators/Driving Instructors<br>( <i>N</i> = 22)       | 19                             | 81                         | 62                        | 52                              |

Given the relatively small number of respondents for two of the four particular self-reported types of professional, the chart numbers should be read with an understanding of their limitations.

## **LEVELS OF CONCERN ABOUT POTENTIAL BARRIERS TO SUCCESS**

Concerns about the successful operation of a driving program for the survey respondents fell out into three distinct groups.

Not surprisingly, money was at the heart of the first two major concerns for programs. More than 3 out of 5 (64%) respondents indicated that securing payment for services was a “major concern.” Despite that high level of concern, however, only 26 percent of respondents voiced major concern with “maintaining institutional support” for their driving program.

Almost 3 out of 5 (58%) indicated that securing money to take part in continuing professional education was a major concern. But only about 2 out of 5 respondents (38%) noted a major concern with having “access” to such programs if they had the money. The scarcity of dollars for continuing education is underscored by respondents’ comments elsewhere in the survey that sustaining a high-quality driving program depends on an organization’s long-term commitment to providing continuing education to its staff.

| <b>Levels of Concern About Barriers in the Following Areas</b>                    | <b>Percentage of Respondents Answering</b> |                      |                   |
|---|--|----------------------|-------------------|
|   | <b>Major Concern</b>                       | <b>Minor Concern</b> | <b>No Concern</b> |
| Securing physician support  | 27   | 47                   | 22                |
| Managing liability  | 33   | 49                   | 16                |
| Securing payment for services   | 64   | 23                   | 11                |
| Marketing to consumers  | 37   | 49                   | 13                |
| Building a reliable referral network from non-physicians                          | 34   | 49                   | 15                |
| Having access to continuing professional education                                | 38   | 42                   | 18                |
| Securing funding for continuing professional education                            | 58   | 28                   | 11                |
| Filling positions with trained staff  | 41   | 35                   | 21                |
| Keeping staff costs in check  | 21   | 55                   | 22                |
| Controlling program overhead  | 39   | 43                   | 16                |
| Maintaining institutional support   | 26   | 39                   | 33                |
| Ensuring key decision-makers understand business opportunity for driving services | 36   | 40                   | 20                |

*Note.* Because some respondents did not answer particular questions, the items do not total 100%. *N* = 140.

## **SCOPE AND PERCEIVED EFFECTIVENESS OF MARKETING FOR PROGRAM SERVICES**

The survey posed a series of questions about the depth, breadth, and effectiveness of efforts by organizations to market their driving program to various target audiences in their service area. Almost 4 out of 5 respondents (79%) indicated that their organizations used marketing tools to publicize their programs and maintain community support.

The survey asked about seven channels by which organizations communicated to their community:

- Community presentations
- Brochures
- Direct mail
- Media contacts
- Press releases
- Newsletters
- Broadcast faxes/e-mail.

There was marked disparity in the types of tools used by driving programs to market their services to the community. In addition, although the vast majority of programs stated they used marketing, the survey results indicate a significant gap between the numbers using specific strategies and respondents' perceived effectiveness of those marketing tactics in terms of attracting new clients to their practices. The following table reflects the responses of those individuals who stated their program used marketing. The responses indicate a sharp division not only among how often particular strategies were used, but also which strategies are likely to attract new clients.

| <b>Marketing Strategy</b> | <b>% Responding</b> |                       |                  |
|---------------------------|---------------------|-----------------------|------------------|
|                           | <b>Used</b>         | <b>Very Effective</b> | <b>Effective</b> |
| Community presentations   | 84                  | 23                    | 36               |
| Brochures                 | 85                  | 13                    | 39               |
| Direct mail               | 44                  | 4                     | 18               |
| Media contacts            | 37                  | 8                     | 11               |
| Press releases            | 35                  | 6                     | 11               |
| Newsletters               | 37                  | <1                    | 11               |
| Broadcast faxes/e-mail    | 8                   | <1                    | 4                |

*Note.* N = 142.

# Marketing Strategies

## **FIRST-TIER STRATEGIES**

### *Community Presentations*

More than 8 out of every 10 respondents (84%) indicated that they conducted community presentations as part of their marketing efforts. Of those doing such presentations, the most frequent targeted audiences were support groups for a wide variety of diseases, conditions, and disabilities (24%). The most frequently mentioned support groups for diseases were Parkinson's, multiple sclerosis, and Alzheimer's. Support groups for conditions included arthritis, stroke, and brain injury.

By contrast, the next most frequent responses were

- **Community centers**, including senior centers, and senior service groups (11%);
- **Physicians and other health care professionals**, including eye care specialists, vocational rehabilitation specialists, geriatric case managers and nurses (8%); and
- **Retirement communities**, including life care communities and assisted living facilities (6%).

Almost 3 out of 5 respondents (59%) who indicated they used presentations as part of their marketing reported that such efforts were “very effective” or “effective” in attracting clients to their program. Less than 4% of those who conducted such presentations reported that this marketing tactic was “not effective”—the lowest such percentage of all marketing tools identified.

These results reflect respondents' advice to organizations that a key to program success is having a consistent and visible presence in the community. Such a presence, respondents asserted, is critical to ensure a steady pipeline of referrals for their services. Of particular note, however, is the fact that, although strongly urging organizations to curry physician referrals was one of the top pieces of survey respondents' advice for driving programs, the percentage of respondents who did presentations to physicians was relatively low, especially when compared with presentations before support groups.

One explanation may lie in the fact that respondents interpreted the question as referring to group presentations only. Respondents may have not considered meetings with physicians and in clinics as qualifying as a formal presentation for purposes of the survey.

### *Brochures*

More than 4 out of 5 respondents (85%) who used brochures as part of their marketing efforts mentioned physicians specifically as the primary audience for their brochures. Respondents also mentioned an array of other health professionals who could serve as referral sources for clients:

- Nurses
- Case managers
- Rehabilitation departments and freestanding rehabilitation units

- Occupational therapy departments
- Medical equipment suppliers.

Although survey respondents emphasized the importance of building, sustaining, and extending reliable and trustworthy referral networks before even opening a driving program for business, the use of brochures in that effort was evidently not a key component. A research question for further exploration was whether respondents used the brochures as collateral material to leave with physicians following an in-person meeting or a telephone conversation. In such instances, brochures could prove effective if written to reinforce key communication points advanced during the one-on-one conversation.

Slightly more than 1 in 3 respondents who used brochures in their marketing efforts indicated that the brochures were very effective or effective in attracting clients to their practice.

## **SECOND-TIER STRATEGIES**

Although the use of community presentations and brochures proved relatively effective in attracting clients, many respondents tried a host of other means to publicize their services.

### *Direct Mail*

About 44% of the respondents stated that they used direct mail as part of their marketing efforts. Of those that used direct mail, more than one-half (55%) targeted those mailings specifically to physicians. The next most frequent response was referral organizations, such as insurance companies or unnamed third-party payers (7%).

### *Media Outreach*

More than 1 in 3 survey respondents noted that they had pursued efforts to “earn” media coverage of their program activities. Successful media outreach relies heavily on the ability of a person within a program to establish and nurture a working relationship with a reporter. Such relationships create a climate of trust and, given the growing importance and controversy surrounding driving issues with older adults, local media are looking for such trustworthy community-based sources to localize national stories.

Although some of the respondents used press releases, none of them indicated that the releases were part of a larger media relations effort to keep the program in the public eye and top of mind for local reporters. A couple of respondents said that they wrote letters to the editor as part of their media outreach efforts. Given respondents’ perception of the effectiveness of these outreach efforts, however, it appears programs could benefit from access to a strategic communications template that could be tailored to highlight the value of their driving program to residents of their service area.

## Keys to Success: Advice to Other Organizations

Survey respondents were asked for the “top pieces of advice” they would give individuals who are considering starting an older adult drivers’ evaluation training program in their community. Although all of the advice was relevant to organizations interested in focusing a program on older adults, the advice also was applicable for the most part to all driving evaluation and training programs.

The advice given reflected lessons—sometimes hard lessons—learned from running programs, and it echoes responses to other sections of the survey regarding key areas of concern and marketing strategies for programs within the service area. Respondents’ advice to programs broke into four broad categories:

- Conducting an environmental scan
- Training program personnel
- Building reliable partnerships and referral networks
- Recognizing the challenges and rewards of running a program.

### **CONDUCTING AN ENVIRONMENTAL SCAN**

The first critical step to developing and maintaining a successful program is to conduct an environmental scan, which looks at critical factors internal to the organization hoping to begin a program as well as the climate and situation within the larger, external community that the program intends to serve. The scan provides a market analysis that later can be used as the foundation on which a program’s business plan can be built. The plan also can be used to build internal, organizational support for making the often sizeable upfront investment to operate a driving program.

Almost 1 in 4 survey respondents identified such an assessment as one of their top two pieces of advice. It was the second most frequent response from respondents even though they noted such assessments are complex, time-consuming and, therefore, resource intensive. Among the items survey respondents advised people to examine were internal organizational commitment, community need, demand, and competition.

#### *Internal Organizational Commitment*

Creating and sustaining support for a driving program within an organization requires significant time and effort, according to many survey respondents. A comprehensive driving program can be expensive to establish and to operate, and payment barriers for consumers may depress demand for the services in your community. In short, financial margins for programs will likely be narrow, especially in the early years. “It is definitely not a money maker early on, and there is a liability involved with running a program,” noted one respondent.

Survey respondents urged organizations to educate administrators on an ongoing basis about the dimensions and needs/demands for such a program and the other aspects of a market analysis. The urgency of those actions is reflected in the following quotes:

“Make sure that your facility is completely behind the program and willing to purchase the necessary equipment for evaluation and training.”

“Get support from administration, or the program will never work. Step up to the challenge and gain the support of physicians and staff.”

Finally, several respondents noted that an organization’s commitment to establish a driving program must be for a minimum of several years. Moreover, it cannot be done piecemeal.

“This is a serious profession involving many components, and all pieces need to be in place in order to deliver the service properly and respectfully. This is not a ‘band wagon’ to get on to because the numbers are there of a growing aging population.”

### *Community Need*

The decision about whether to begin a driving evaluation/training program within the community rests significantly on an organization’s understanding of the community’s need for that service. To the degree that older adults are perceived as the primary target market for the driving services, organizations will need to collect and analyze demographic information on the current population of older adults in the community and on projected trends among that population specific to the community.

Respondents also advised organizations to assess the role of family caregivers among older adults in the community. For example, are a significant number of extended families largely together within the community, or are seniors within the community largely living without family support networks more than one hour’s drive?

The relevance of this issue is one of perceived family caregiver burden. Transportation is a significant need that many older adults look to family members to meet, when the older person must cut back or stop driving altogether, according to an April 2004 research report from AARP and the National Alliance for Caregiving. Family members living within an hour’s drive of the older person are especially looked to for such transportation help. Such responsibilities can significantly reduce the caregiver’s productivity at work and cost the caregiver dollars and career advancement opportunities.

Family members may be willing to pay for driving program services if such programs could strengthen the on-road skills of older adult parents and thereby relieve caregiver burden and increase adult children’s confidence in the driving skills of their parents.

“Family members like to hear results so they are at ease with the data given, even if it means that the client is not appropriate to continue driving. If the

finding is that the person can continue to drive, the family members feel more confident that their loved ones have the ability to continue driving safely!”

Payment for driving services is usually an out-of-pocket expense and, therefore, an access barrier for many older adults on fixed incomes. In short, family caregivers might be a potential target audience for public information and education efforts through local employers’ employee assistance programs and human resource managers.

### *Community Demand*

Although a look at demographic and family structure data may indicate a need for driving services, the demand for such services may be insignificant, some survey respondents warned. This is not surprising. An array of significant barriers confronts both consumers seeking such services and organizational managers and directors who make business decisions about whether to begin or continue driving programs.

Principal among them is payment for driving services. Much of the payment for driving services is out-of-pocket for clients, especially for those ages 65 and older. Moreover, the cost for a full assessment and on-road and clinical training costs upward of several hundreds of dollars. For Medicare beneficiaries on fixed incomes and increasing expenses, the barrier alone can turn them away from considering the service.

Although Medicare carriers in some regions of the country have paid for aspects of driving evaluation when such services have been referred to a health professional by a physician, payment coverage decisions vary widely. Survey respondents advised organizations to examine not only Medicare coverage policies in their area but also other potential payment sources, such as Alzheimer’s resource centers and support groups for individuals with a particular condition or disease, such as Parkinson’s. Rotary, Lions, and other service clubs in a community are additional potential funding sources to help defray or cover the cost of driving assessment and training for older adults.

Virtually all of the programs responding to the survey indicated they served a variety of ages in their practices. For programs providing services to clients other than those ages 65 and older, respondents suggested that organizations explore coverage policies for vocational rehabilitation services and by workers’ compensation insurance carriers that serve their community. The Veterans’ Administration also provides coverage in many instances for veterans.

Although not raised by survey respondents, another significant barrier to undergoing a driving assessment, and one discussed in the driving research literature, is the lack of perceived upside by many seniors to undergoing an assessment voluntarily. If they go through the evaluation and are deemed to need in-car training, how do they pay for that additional service? If the assessment indicates individuals need to cut back on their driving, how do they continue to stay connected to the community activities that define for them their quality of life and independence?

Several respondents recommended that organizations examine the popularity of driver refresher courses taught in their communities as a proxy for older adult interest in improving driving. Two points of information: First, the popularity of programs such as AARP's Driver Safety Program (formerly known as "55 Alive") reportedly hinges largely on the insurance discounts given to graduates of the classroom programs, and second, no research exists to indicate that completion of the refresher course has a positive correlation with reduced crash rates. Still, strong community participation among seniors in a community in such refresher programs may indicate that many older adults in the community could be persuaded to demand a higher level of confidence building through a driving assessment/retraining program, especially as the person experiences physical declines.

### *Community Competition*

Any competent market analysis requires an in-depth look at existing and potential competitors within the proposed service area. Survey respondents emphasized the need to understand the breadth of the competition, especially given the perceived need and demand for driving services in the community.

"Assess the true need in your area. If there is already a program developed in your area, your overall caseload and profits will be hindered."

Respondents also advised that organizations articulate how their proposed driving services—not only the range but also the quality—could be differentiated from competitors.

For example, a couple of survey respondents suggested offering subsidies to offset the out-of-pocket costs for older adults for certain elements of the driving services. Several others advised emphasizing the qualifications of the program staff providing the evaluation and training to clients, and other respondents emphasized that the critical "added-value" component of a program could be that it offered assistance with mobility planning, including transportation alternatives, if the person needed to cut back or stop driving as a result of the assessment.

## **TRAINING PROGRAM PERSONNEL**

Survey respondents offered a variety of advice on training program personnel. One consistent message emerged, however, from almost every respondent who addressed this issue: There is no substitute for hands-on mentored experience for those working in all phases of a driving program.

"Have a mentor arrangement in place prior to seeing your first client."

"Have your staff work with an established driving program to get the hands-on experience they need."

"Get as much mentoring and/or experience with another clinician as possible to be prepared for the many challenges."

“Just because you drive, does not make you able to assess and/or train people to drive. Learn from others. Don’t be afraid to admit you don’t know something. Work with the driver educators, vendors, and manufacturers.”

“You need hands-on training from an experienced evaluator and mentoring. Passing a test will not make you a good evaluator. Experience makes a good evaluator. Invest heavily in staff education, mentoring and review of successful programs prior to starting your own program.”

Respondents’ emphasis on the importance of hands-on mentoring is not surprising. The advice was consistent with respondents’ answers regarding the four possible categories for continuing professional education and training: online courses, classroom/seminar courses, hands-on mentored experience, and continuing education units through professional conferences. Among those responses, mentoring consistently ranked as a significant part of continuing education for occupational therapy practitioners (both occupational therapists and occupational therapy assistants) and for driver educators and driving instructors. The mentoring experience ranked particularly high among occupational therapists and for others who were helping with clinical assessments and behind-the-wheel assessments and training.

Other training and qualifications advice from the survey underscored that driving programs should ensure that

- Evaluators and behind-the-wheel trainers have a minimum of 5 years’ experience in training a wide variety of individuals with an array of disabilities;
- State-certified driving instructors have a minimum of 1,000 hours of in-car instruction;
- Staff fully understand state licensing laws and what it takes to pass a driver’s license test;
- Staff has a thorough knowledge of medical problems confronting older adults and that the staff understand what “well elderly” means;
- Therapists recognize their appropriate role in the continuum of driving and not overstep the bounds of their education and expertise; and
- They have the right personnel with the right personality; that is, personnel should be flexible, professional, caring, and assertive.

“Make sure you have the guts to set limits and take risks.”

Added another respondent, summing up the qualities that defined the keys to success for personnel in her program:

“You are often working alone as a therapist—be independent, strong willed, and resourceful. The team needs to support your reported observations and recommendations. Have a keen sense of time management, be efficient, and have well-established skills in documentation. Be willing to accept negative feedback from your clients. Have a good understanding of disabilities, the

human activity of driving and the environmental influences (affecting the driver).”

One respondent, however, pointed out that, even if driving programs hire personnel with strong driving assessment and training credentials, programs still need to recognize that they must “invest heavily in staff education” on an on-going basis.

Survey respondents also had some advice for how best to run the program once organizations had the personnel assembled and appropriately trained:

“Allow time to set up the program. Don’t just jump right in. Set up your policies and procedures, and stick to them. And once you do open for business, start with simple clients—pick and choose your initial clients.”

Several other respondents emphasized that the complexity of running a driving program means that the best approach in most cases to offering such services is for organizations to gather a team of professionals to serve clients. Noted one respondent:

“There are too many changes to adaptive equipment and vehicles for one person to know it all. Be willing to work as part of a team. Know your limitations. If your facility does not have what is needed by the client, then know where to refer them. Develop a network outside of your program, your world.”

Other advice included

- Consider whether it is best to purchase and maintain training vehicles for behind-the-wheel assessment and training or whether to contract out for those vehicles or services;
- Make sure the program is properly insured and licensed to shield it from liability concerns.

Finally, survey respondents had advice for program personnel as they worked with clients in their driving programs. While the advice most often focused on addressing the special needs of older adults, it could be applied to virtually all driving program clients. Respondents urged program personnel to remember the following:

“It is often difficult to engage seniors on this issue because they don’t feel they have a problem. It is important to have the psych component in your bag of skills to help with patients who are in denial about their driving skills and unconcerned about safety for others.”

“Recognize many seniors’ difficulty with testing, especially electronically based testing.”

“Know the physical limitations of the older driver, and make sure you are not only patient in working with them but also have respectfully communicated your point until you’re certain they understand it.”

“With the elderly, be very careful who you offer training to. In many cases, training is unethical if the client does not demonstrate the ability to learn.”

“Provide objective information to patients/families when requesting a change in driving. Deliver negative results with firmness and compassion. It’s also important to have physician support if you’re recommending the person stop or limit driving. We can provide objective data on the performance components required for driving safely.”

“It’s important to have other transportation options to offer the clients if they have to cut back or stop driving. Being a resource for community mobility and providing alternate suggestions for retaining independence should be part of the program.”

“The dynamics of dealing with older drivers and their families are very challenging. Expect to spend a lot of time outside of the time you spend with the client answering questions/concerns/follow-ups.”

## **BUILDING RELIABLE PARTNERSHIPS AND REFERRAL NETWORKS**

Assuming there is sufficient community demand for driving services and a team of skilled professionals to provide those services, a top predictor of success for developing and sustaining a driver assessment and training program is an organization’s ability to build reliable partnerships and referral networks within the service area. More than 25 percent of survey respondents identified partnerships and referral networks as vital to a program’s success. Moreover, respondents underscored the importance of establishing those partnerships and networks *before* opening for business.

“Elicit physician support prior to starting your program.”

“Get out and talk to get your name out there.”

“Develop a strong referral network before opening.”

### *Identify Potential Partners*

Survey respondents advised that organizations considering starting a driving program should identify potential partners to help not only in the delivery of the needed services but also to assist in marketing the program to specific target markets. Such partnerships were deemed important to organizations given the often high start-up cost for implementing the program. Partners could

assume responsibility for providing certain elements of a comprehensive program and thereby lessen an organization's initial out-of-pocket expenses.

There was mixed respondent advice, however, on who should deliver particular aspects of the driving services. Some insisted that only occupational therapists should provide behind-the-wheel evaluation and training, for example,

“Programs should not subcontract out the behind-the-wheel portion to other disciplines. The behind-the-wheel portion is very much occupational therapy. The OT is problem-solving continually while on the road, utilizing OT skills and practices. Driver educators are not trained like OTs. They may know how to teach about driving; however, they do not know how to teach to multiple disabilities and to understand task analysis.”

Added two other respondents:

“An OT is the best person for all aspects of driver assessment, as we are trained with excellent observation and problem-solving skills in all areas of occupational performance to be able to analyze all aspects of disabilities as they relate to driving.”

“Do not trust an individual with no medical background to notice the subtle weaknesses that are often present in individuals with visual-perception or cognitive deficits.”

While some respondents expressed concern about the limits of professionals with no medical background, a couple of others expressed concern about occupational therapists. That sentiment was summed up in the comments of one respondent:

“My biggest concern is that some therapists are attempting to provide this service but are not properly qualified to do so. Programs need to define their role and know when they need to refer clients to another program. AOTA needs to make sure that therapists who are making decisions about driving are qualified and properly licensed and credentialed according to the laws of their states.”

But other survey respondents emphasized that occupational therapy practitioners, driver educators, and driving instructors were all well-qualified to provide particular aspects of a program's services:

“Respect the other disciplines in this field. Driver educators have a great deal to offer us.”

“It is imperative for OTs and driver educators to work together for the good of programs and providing the best service to the public.”

Regardless of who offers the services, one underlying piece of advice was clear: Know your limits. Awareness of those limits, respondents cautioned, applied not only to professional training but also to an individual's personality. Said one respondent,

“Consider if you have the stomach to ride with potentially unsafe drivers. Know if you can tell people bad news and still sleep at night.”

A top 5 recommendation from survey respondents was that an organization should offer a minimum set of driving services. Those should include not only preclinical screenings but also clinical *and* on-road assessments. If the organization cannot staff the program itself, it should partner with other community professionals skilled in the required, complementary driving services. The behind-the-wheel service was held in particularly high regard by respondents as critical to making a determination of skill level and need by the older adult.

“Do not make driving decisions based solely on clinical assessments. A driving decision requires a behind-the-wheel demonstration of functional skills.”

“This is a serious issue. The clinical assessments help identify targets to watch for. Driving is an overlearned skill. The research hasn't supported simulation or clinical predictors for pass/fail.”

Many respondents viewed partnerships as a logical and desirable means to offer such an array of services if an organization were strapped for resources.

#### *Secure and Maintain the Support of an Active Referral Network*

The top piece of advice from survey respondents was that organizations need to court and secure a variety of referrals sources within their prospective service area. Almost 4 out of 10 survey respondents advised organizations to cast a broad net in establishing a comprehensive system of referrals. Organizations were urged to analyze their existing referral network relationships and to determine how those referral sources might support the provision of driving services. Respondents also noted that maintaining those networks required time, effort, and evaluation to determine the value of expending resources to maintain the referral source.

“Programs really need to publicize constantly to get referrals, as society isn't yet ready to see the need for older driver screening and assessment.”

“You need to measure the response you're getting from the referral source.”

Suggested referral groups fell into three groups: physicians and other health care professionals, state and local traffic safety officials, and consumers.

Strong physician ties were seen as essential to program success by respondents. In 2003, the American Medical Association (AMA) published guidelines for physicians<sup>4</sup> on the role they can play to ensure older driver safety. The AMA's House of Delegates passed a resolution advising physicians to know who in their communities they could refer patients to for a driving assessment. Moreover, physician referral usually triggers third-party payment for some assessment services in many instances.

“Physicians order our screenings, and it often helps them decide if the client is prepared to continue driving privileges.”

Beyond physicians, however, survey respondents also advised that driving programs educate geriatric case managers, occupational therapists, staff at rehabilitation centers, durable medical equipment suppliers, and vision care specialists in the community about their driving programs.

Several respondents specifically advised organizations to establish and nurture contacts with Departments of Motor Vehicles (DMVs) in their communities and with DMV Medical Review Boards in their states.

Finally, respondents advised organizations to create contact databases and educate consumer support groups for specific conditions and diseases. Stroke, sleep apnea, diabetes, Parkinson's disease, and Alzheimer's disease disproportionately affect older adults and their ability to drive. Respondents also urged organizations to build relationships with support groups for people with disabilities.

## **RECOGNIZING THE CHALLENGES AND REWARDS OF RUNNING A PROGRAM**

Underlying survey respondent comments about their own program's reasons for success or the advice they would give programs just starting was a firm, seemingly unshakeable, pride in the service they were providing to individuals. Respondents spoke of their involvement in driving programs as more than doing a good job. They wrote often of the “passion” and the “dedication” they brought to their work. They wrote of the “contributions” they were making to the lives and safety of individuals and communities. As one person noted, “The effects of our decisions and recommendations are significant to the public health and safety.”

But that passion and dedication are basic conditions of participation because of the nature of the work. As three respondents concluded,

“This is hard work. The liability is huge, but it is the greatest part of being an occupational therapist. This is the ultimate in ADL independence.”

“Our driving program is not successful financially, but we feel that we are in (the business of) public safety.”

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<sup>4</sup> American Medical Association. (2003). *Physician's Guide to Assessing and Counseling Older Drivers*. Retrieved from [www.ama-assn.org/ama/pub/category/10791.html](http://www.ama-assn.org/ama/pub/category/10791.html)

“I have been involved in the field of driver rehabilitation for 5 years, and it is one of the most rewarding aspects of having become an occupational therapist. I encourage those with a real passion for making a difference in all aspects of potential clients’ lives to take the challenge and make our profession proud.”

“This is not an easy way to make a living. It will not make one rich; it is a major time commitment, and you must really enjoy the work because it is NOT a job!”

## Types of Driving Programs

The survey and subsequent brief interviews with programs yielded an array of information about various aspects of running a driving program. But the success of driving programs largely hinges on their ability to blend those aspects into a financially sustainable model.

What emerges from an examination of the nation's programs is a portrait of a service delivery sector that is relatively new and one that sees opportunity and the potential for explosive growth with the aging of the U.S. population and the increased reliance of older adults on their personal vehicles. In the absence of a tightly configured formula for success, individuals and institutions have opted to run their programs in a variety of ways. The decision to organize the promotion and delivery of services in one way does not necessarily ensure success over another approach and structure. For example, successful programs nationwide use different combinations of professionals on staff and as consultants to deliver clinical and behind-the-wheel assessments and training. While some programs require the use of occupational therapists to provide all assessment and training services, others require none or use a combination of therapists and driving instructors and driver educators. In many instances, a driving instructor will sit in the front seat during the behind-the-wheel portion of the assessment at the same time an occupational therapist will sit in the back seat and record observations.

In the search for clients, driving programs use a variety of marketing strategies. Many of those strategies focus on community presentations to health professionals; to disability groups; and to a variety of consumer support groups for diseases and conditions such as Parkinson's, arthritis, and stroke. Although this medical model orientation underscores the marketing strategy for many driving programs, other organizations use a community education approach that focuses primarily on older driver safety and mobility. As a result of those education efforts, older adults self-refer into the driving program for assessment services.

Finally, programs find a variety of avenues to financially support their operations. While some programs promote changes in federal law to allow Medicare payment for driving evaluation, others counter such suggestions with warnings that such a program benefit would quickly overwhelm their service sector that they say is woefully lacking in the capability of meeting demand.

In choosing the driving programs to profile in this report, AOTA's Older Driver Technical Expert Panel defined three of the most frequently occurring types of programs that currently exist.

### **PRIVATE DRIVING PROGRAMS**

These private driving programs are for-profit organizations located within the community. They primarily provide driving and transportation-related services. The focus of services is on enhancing driving or community mobility among clients with medically related or aging issues that affect driving safety, driving performance, and need for adaptive equipment. Services

include the evaluation of driving performance, determination of continued driving capability, identification of equipment need, training in the use of adaptive equipment, driver retraining, counseling for driving cessation, and identification and training in the use of transportation alternatives.

### **HOSPITAL-BASED PROGRAMS**

Driving programs within a larger hospital or rehabilitation hospital system provide driving and transportation-related services. For-profit status is dependent on the tax status of the parent organization. The focus of services is the provision of driving or community mobility services for clients with medically related or aging issues to complement the existing hospital services. Services include the evaluation of driving performance, determination of continued driving capability, identification of equipment need, training in the use of adaptive equipment, driver retraining, counseling for driving cessation, and identification and training in the use of transportation alternatives.

### **UNIVERSITY-BASED PROGRAMS**

Driving programs within a university system conduct research related to driving and community mobility as well as provide driving-related services to clients and research participants. The focus on services is the design and implementation of research to resolve unanswered questions in driver rehabilitation related to assessment, remediation, adaptive equipment, and transportation alternatives. Additionally, university-based programs apply effort to addressing driving in the public arena specific to funding, policy development, public education, training of professionals, and participation in state and federal interest groups. Finally, university-based programs provide driving and community mobility services for clients with medically related or aging issues that may affect driving safety, driving performance, and the need for adaptive equipment.

## Driving Program Profiles

The driving programs profiled in this report represent the three types mentioned above. It should be noted that, in selecting specific programs to profile, it was not the intent to hold them up as exemplary of “best practices.” Yet each program does have long-standing experience in the field and has demonstrated fiscal sustainability over time. All three programs also see themselves as evolving. They are dynamic organizations that are responding to their client needs and to advances in the science and art of assessment and retraining.

### **ADAPTIVE MOBILITY SERVICES, INC., ORLANDO, FLORIDA**

Susan Pierce, Registered Occupational Therapist, founded Adaptive Mobility Services, Inc., in Orlando, Florida, in 1990. She had started and run four other driving programs in other states before establishing the private, for-profit, community-based business to provide unique community mobility services in the state through a private practice in occupational therapy. In addition to providing driver rehabilitation services for people of all ages and disabilities, Adaptive Mobility Services performs occupational therapy functional evaluations, including wheelchair and home assessments. Secondary to client services, the business also has provided formal educational workshops and training for allied health therapists since 1984. Today, the company is viewed as one of the nation’s leading centers for training individuals on conducting driver evaluations and intervention. During the past 20 years, Adaptive Mobility Services has educated and enhanced the skills of more than 1,400 people in this specialty area of occupational therapy.

#### *Program History and Set-up*

Adaptive Mobility Services provides a full range of driving evaluation, driver education, and driver training services. The state of Florida does not require the business to be licensed as a commercial driving school because it far exceeds the state’s driving school requirements. Since its inception, Adaptive Mobility Services has provided community mobility services to clients across Florida with referrals from workers’ compensation, vocational rehabilitation, rehabilitation centers, physicians, rehabilitation nurses, case managers, attorneys, judges, and the Medical Advisory Board with the state’s Department of Driver Licensing. Of those referral sources, vocational rehabilitation is the leading source. During the past 3 years, physicians, therapists, and the Medical Review Board have all been active referral sources for the business.

In 2003, Adaptive Mobility Services completed approximately 500 driving evaluations. Of those clients, approximately 70% received follow-up driver training or driver education. Adults ages 65 and older comprised about 40% of the clients who received driving rehabilitation services. The program serves referrals from the Medical Advisory Board who are requesting an occupational therapy driving evaluation for someone with a medical report or whose driving ability is being questioned. In Florida, any professional or lay person can report concerns of

someone's driving abilities by sending a report or letter to the Medical Advisory Board. A state statute protects the confidentiality of the person reporting and provides protection from any lawsuits. Adaptive Mobility Services always obtains a doctor's approval for a driving evaluation before scheduling an appointment even if the referral was a self-referral, from the Medical Advisory Board, or other sources. The program carries fully professional liability coverage for its therapists and appropriate liability coverage for the three vehicles it uses for evaluation and training.

### *Team of Professionals*

The staff of Adaptive Mobility Services comprises two occupational therapists who are also certified driver rehabilitation specialists. Adaptive Mobility Services' Board of Directors chooses today to only use allied health therapists with experience in the field of driving rehabilitation. In the past, the company has employed driving school instructors, a driver educator, kinesiologists, and even a retired police officer who performed driver examinations. The Board of Directors decided in 1995 to hire only allied health therapists and preferably occupational therapists because of the therapists' well-rounded medical background, knowledge in psychosocial functioning, knowledge of the aging process, and ability to understand diagnoses and their implications for driving and community mobility. Finally, the board felt that occupational therapists had the critical-thinking and clinical-reasoning skills to adequately perform a comprehensive driving evaluation. In addition they felt that the therapist's eye, perspective, and skills are critical to the in-vehicle work and that such experience lessens the company's liability in all aspects of the driving evaluation services. The board feels that the occupational therapists' physical, visual, and mental abilities as the evaluator and educator in the front seat of the evaluation vehicle are the key to their service being of great value with high customer ratings.

Adaptive Mobility Services does not have a set requirement for continuing education for its staff. The business, however, does provide staff time and continuing education money for one professional conference annually plus additional learning opportunities that arise that could serve to enhance skill levels and keep the staff up-to-date. At a minimum, continuing education opportunities are provided to ensure that staff meets its certification and licensure requirements for occupational therapy license and renewal of credentials as certified driver rehabilitation specialists.

### *Assessment Instruments and Equipment*

The clinical portion of the assessment is tailored to the individual and the diagnosis. The program uses a variety of tests for various motor, visual, processing, and cognitive issues. A sampling of the more commonly used tests are range-of-motion test; muscle test; sensory test; Optec 2000 visual screener with additional handheld or paper-pencil tests for contrast sensitivity, saccades, scanning, tracking, and pursuits; Test of Visual Perceptual Skills; Road Rule or Road Smart Judgment test; Short Blessed Test or Mini-Mental State Examination;

Cognitive Linguistic Quick Test; Trailsmaking A and B; and copy a complex geometrical figure. The occupational therapist uses her clinical judgment in choosing tests based on the client's age and diagnosis.

The clinical assessment phase of the driver evaluation typically lasts from 45 minutes to 1 hour, a marked departure from earlier years in the program when inexperienced staff would spend several hours completing a clinical assessment before beginning the in-car assessment.

Adaptive Mobility Services has used various driving simulators in the past but no longer uses them as they are expensive, take up too much space, and do not give a conclusive answer for a person's driving ability. They would find them most useful for the new, younger drivers that they start from the beginning.

The on-the-road assessment is completed using one of three vehicles. Adaptive Mobility Services has two mid-sized cars and one fully equipped full-sized van. The program has sufficient vehicles and adaptive equipment options to meet the needs of the clients they serve at this time. The cars are Buick Regals that have proven to be an excellent vehicle to fit many sizes and shapes of clients. They are both equipped with quick release evaluation hand controls, left-foot gas pedal, turn signal crossover, and various steering devices with the standard instructor equipment of an instructor mirror, eye check mirror, and training brake. Also available in the program are a variety of seat and back cushions, special mirrors, numerous gas and brake pedal extensions, and chest straps. The full-sized van has a lowered floor modification to accommodate someone in a wheelchair. It also is equipped with a fully automatic lift, outside/inside door and lift controls, and power doors. Equipped with a full range of simple mechanical and electronic hand controls, the van can accommodate a driving set-up for a person with paraplegia that can transfer onto a 6-way power driver seat base or for a person with quadriplegia who must drive from his or her wheelchair.

Staff say that one of the most important lessons learned about choice of vehicles in a driving evaluation program is knowing how to properly equip the vehicle with the minimal equipment necessary to complete an appropriate evaluation. Over time they have realized that too much equipment in an evaluation vehicle can get in the way of the driver, be a distraction, and cause the driver station to be too crowded. With each new vehicle, Adaptive Mobility Services has installed less adaptive equipment, as they have found that working secondary control equipment is not necessarily needed to assess a person's ability to use that equipment. It mostly seemed to wear down the vehicle's battery and require constant battery jumping.

"It is very important to drive with a person and use the adaptive equipment that you are recommending. It is most important to keep the primary controls of the vehicle working as normal as possible even with the addition of electronic hand controls so that a proper assessment can take place," says Pierce. "I do not have to have all of the bells and whistles in our evaluation vehicles but only what is absolutely necessary to complete a moving assessment of a person's ability to use the equipment," she adds.

Staff also stress the importance of being able to easily remove equipment and to have multiple mounting stations to meet the needs of various clients. To that end, Pierce emphasizes

the need to work closely with the vehicle modifier to ensure that the equipment functions as normally as possible and easily can be removed and re-attached at a variety of positions to meet multiple needs.

After the complete driving evaluation, Adaptive Mobility Services sends the final report to the physician and any other requested or necessary party. For example, if the Medical Review Board referred the client, then the report would go to them as well as to the doctor. Now with new federal HIPAA laws, the program obtains written permission from the client. If the client comes to the program as a referral from a judge, attorney, or a funding sources such as vocational rehabilitation or an insurance company, the program will send a copy of the report to the appropriate party. The client is sent a copy only if he or she requests it.

Sometimes Adaptive Mobility Services completes a one-page driving evaluation recommendations report on the client so he or she can have a document to leave with. The recommendations are spelled out on the form, and the client is asked to sign it as an indication that the results of the evaluation and the recommendations for follow-up action were discussed with him or her. If the person has a cognitive impairment, a family member will be asked to cosign a copy of the recommendations report before leaving the office. If the person continues to drive after the report states that he or she should not drive and then gets into a crash, Adaptive Mobility Services is largely shielded from lawsuits. The business discusses community mobility options with clients and gives them some feedback about the use of these and other community resources.

### *Economics of Running a Driving Program*

Successful operation of any community-based, for-profit business is a combination of multiple factors. For Adaptive Mobility Services, those factors have changed over time as the business has matured and gained standing in the driving rehabilitation community in the state and across the country. As the owner and major stockholder in the company, Pierce says that she knew that she would have to take a substantial pay cut in the first years of operation to pay for items the business needed. "I have enjoyed the freedom and independence of being in a private practice and feel that the community-based setting has been a nonthreatening and valuable setting for clients to come to," Pierce says.

Staff salaries usually have topped the expense list. Insurance expenses and fringe benefit costs incurred on behalf of the staff are other major sources of cash outlay for the company and include workers' compensation; the company's portion of federal, state, and local taxes; and business office and vehicle liability insurance. Although office rent is a major expense for many companies, Adaptive Mobility Services chose to purchase property so that the business would have the investment to offset the rent expense. The vehicles owned by the company are another major source of expenses. Not only does the company carry insurance coverage on its three vehicles, it has replaced each vehicle as needed to keep the fleet in good running order and updated. An evaluation van today properly equipped can cost upward of \$100,000. Finally, the

cost of gasoline for the vehicles can fluctuate dramatically and is a major business expense for a company that provides services to clients all over the state and not just in the Orlando area.

The keys to economic success, says Pierce, are keeping her employees happy with benefits and rewards. “I hire professional employees with a hard work ethic who are dependable and trustworthy so that we can be flexible with their needs and the company’s,” she adds. But hard work alone won’t make the business a success, Pierce says. “My business is a success because we have a consistent reputation for a quality, professional service that is acknowledged and used by long-time referral sources that trust and believe in our skill and work.”

Adaptive Mobility Service’s reputation, she says, is founded on producing professional looking, well-documented, and timely reports on its evaluation findings, training results, and mobility prescriptions that detail any adaptive equipment or vehicle modifications being recommended. The reports are “detailed sufficiently to explain our time and show our value,” Pierce says.

Funding sources for evaluations and training are primarily vocational rehabilitation, workers’ compensation, and private-pay patients who are referred to the business by physicians, therapists, and the Medical Review Board

### *Marketing Strategies*

As an established program with a solid reputation for quality, Adaptive Mobility Services faces less of a challenge today than new driving programs in marketing its services. Pierce says that the business has not only produced highly quality reports but also has been an advocate and resource to clients and referral and funding sources. “Although we don’t always get paid for the advice, the person remembers our services later when they are needed by another party,” she says. “I can rely on word-of-mouth marketing.” She adds that the business is careful not to overcharge or overprescribe services for adaptive equipment or training. She also notes that the business is well-known in the rehabilitation community.

But Adaptive Mobility Services also markets to people ages 16 and older with a variety of physical and mental disabilities. The business markets not only to referral sources such as physicians, therapists, vocational rehabilitation counselors, and rehabilitation nurses but also to consumer sources such as disability support groups, Alzheimer’s centers, and centers for independent living. The business markets to a broad audience affected by workers’ compensation, including attorneys, rehabilitation nurses, case managers, disability specialists, life care planners, work evaluators, and insurance adjusters.

The business uses a variety of channels to communicate to its various target audiences. In addition to offering brochures, exhibiting at conferences, and conducting in-service programs to referral and consumer audiences, Adaptive Mobility Services touts the use of its Web site as “invaluable” in connecting with in- and out-of-state referral and funding sources. It has proven to be invaluable for advertising and promoting its educational workshops to other therapists, Pierce says.

## **ADAPTED DRIVING PROGRAM, BRYN MAWR REHAB, MALVERN, PA**

Bryn Mawr Rehab established its Adapted Driving Program in 1983 through a start-up grant from the Pennsylvania Office of Vocational Rehabilitation (OVR). The program provides driving evaluations, training, and special equipment recommendations to help older drivers and those with disabilities achieve independence through safe driving. The hospital-based program, located in suburban Philadelphia, serves clients of various ages, but it has a special interest in serving the needs of older adults, especially those whose ability to drive has been affected by a disability, a medical condition, or the process of aging.

### *Program History and Set-up*

The Adapted Driving Program provides a full complement of driving evaluation and training services, including not only clinical and in-car assessments but also behind-the-wheel van assessments. The program also offers behind-the-wheel training, but for clinical training, the program refers some clients with specialized learning needs to other parts of the hospital, for example, to the Cognitive Retraining Program, or to specialized services, for example, to a visual specialist for those clients with visual problems. In addition, the program serves as an information resource center on driving issues for physicians, patients, facilities, and families in the area.

The Adapted Driving Program, which is required by Pennsylvania law to be licensed as a driving school, conducts about 325 assessments annually, about two-thirds of which are with clients ages 65 and older. About one-third of those clients receive follow-up training—almost all of which (99%) is behind the wheel. The program serves clients with expired licenses but will not take those clients in traffic. Staff works with those clients to see if they are eligible for a special permit that allows them to drive in one of the program’s vehicles equipped with dual controls.

Pennsylvania law requires physicians to report to the state Department of Transportation (PENNDOT) those drivers under their care whose driving skills may be affected by a medically related condition. Physician reports to the state are deemed confidential, and PENNDOT will not release information regarding the source or content of the report, even when the inquiry is from the patient. The Adapted Driving Program receives “lots of referrals from physicians who are put on the spot by patients who must get their physician to complete a form from PENNDOT clearing them to drive.” About 60% of clients are referred by community physicians or agencies. The other 40% are or have been Bryn Mawr Rehab patients. Clients must sign a Health Insurance Portability and Accountability Act (HIPAA) form before receiving services, an action that also gives the Adapted Driving Program permission to send the findings reports to the funding sources and physician.

### *Team of Professionals*

Program staff comprises one full-time occupational therapist, one part-time certified driving instructor, and several cross-trained occupational therapists who occasionally perform in-clinic

assessments for inpatients. Tom Kalina, an occupational therapist who is program supervisor, has certification as both a driver rehabilitation specialist and a certified driving instructor. He says that, while he can train someone to do particular assessments, only an occupational therapist has the full training and experience working with the wide range of diagnoses that one sees in clients coming for an evaluation. Even then, he cautions, a new graduate in occupational therapy “probably does not know the ins and outs of conditions and diagnoses” seen by a driving evaluation program. “You don’t learn this in school; there’s too much to learn regarding the implications of various diagnoses to the task of driving,” he adds. “There is so much clinical judgment for the evaluation that it’s difficult to recruit someone who has this experience.”

The Adapted Driving Program requires its staff to obtain and maintain its driver rehabilitation specialist certification. Moreover, Bryn Mawr Rehab supports new instructors observing other programs, going to every educational experience that is related, and visiting vendors to see the installation of adaptive equipment.

Kalina says that most people running driving evaluation and retraining programs are “totally swamped” by the work—both the evaluation and administrative aspects. Consequently, although programs highly value the mentoring experience for professionals entering the field, Kalina says there is not much time to mentor others. “This work is very high touch and individualized,” he notes. “Every client who is interested has lots of questions, and you have to address every problem that comes along.” That, he says, means lots of telephone calls to discuss cases and lots of follow-up with the client, parents, and adult children.

Although the Adapted Driving Program has its own vehicles, Kalina says it might make sense for a hospital-based driving program to use a driving school if the hospital does not own a vehicle. It is critical to choose a school that has the time, experience, sensitivity, and long-term commitment, he adds. The instructor would have to be trained for this special population, and you would not want the school to just assign whoever is free that day.

During many of the evaluations, the instructor will sit in the front seat and the occupational therapist will sit in the back to observe and take notes. In other instances, the therapist is the only one in the car, wearing both the instructor and occupational therapy hats.

“We feel it is best to have the same person involved in both the clinical portion and the behind-the-wheel portion,” Kalina says. He notes that, because the other occupational therapists working with him are not licensed as instructors, they cannot sit in the front seat.

The driving instructor’s main job is providing the follow-up driver training after the evaluation, based on input from the occupational therapist. “It would be too expensive to hire an occupational therapist to do all of the driver training,” Kalina says.

### *Assessment Instruments and Equipment*

The Adapted Driving Program evaluates clients in three situations: in a clinical setting, behind the wheel on the private roads of the hospital’s 186-acre campus and, if no special equipment or training is indicated at this point, on the road in ordinary traffic and in various driving situations.

The basic clinical assessment examines the client's visual acuity, visual tracking, visual fields (not using useful field of view), double simultaneous stimulation, saccades, depth perception, the Hooper Visual Organization Test, the Motor-Free Visual Perception Test, a thorough physical exam (ROM, strength, sensation), a split-attention task developed by the hospital, the AAA Reaction Time Tester, and a battery of memory orientation questions. The program will do more perceptual tests with brain injury or stroke patients or in those instances in which staff do not feel as though they have a good handle on the skills of the client. "I'm not going to get in the car with a client until I can document the performance areas," Kalina says.

For the behind-the-wheel portions of the evaluation, the program staff has a two-door sedan, a four-door sedan, and a full-size quad van. The van is equipped to enable a person with quadriplegia to drive, including a drop floor and servo controls for remote access to the gas and brake.

Following completion of the assessment, the program sends a dictated report of its findings to the physician and, if applicable, the funding source. The report is a complete recounting of the clinic and on-road evaluations, with specific recommendations and discussion of the results-sharing session that took place with the client. The client and family members can be provided with the report if appropriate releases are signed.

Following the assessment, some clients will require training. About one-third will need training of some kind; about one-half of these are ages 65 and older. Training programs are designed according to individual needs and can include basic driving procedures, defensive driving, wheelchair storage, and use of adaptive devices. Several trial lessons will further explore an older driver's potential to return to driving or a novice driver's potential to become a driver. Additional lessons and preparation for the state exam are typically required for drivers using adapted equipment or for novice drivers that need extended training.

For clients who must limit or stop driving, the program provides them with resources on options for transportation, but the Adaptive Driving Program does not take an active role in getting clients set up to use those alternatives. "Most of the time, the person is still in complete denial when they fail," Kalina says. "They are not ready to consider any type of alternative." In addition, he notes, the largest group of clients by diagnosis who fail the assessment are those with dementia. Transportation options are few for these individuals, Kalina says, because they are not able to learn new routines for getting around and be safe with them.

### *Economics of Running a Driving Program*

The Adapted Driving Program relies heavily on self-pay clients (about 65%). About 20% are sponsored by the OVR, about 10% are insurance sponsored, and about 5% benefit from the hospital's own Patient Therapy Scholarship Fund for those in financial need. To help reduce administrative costs, private-pay individuals pay upfront before the program provides services because, Kalina says, some people are reluctant to pay if they do not pass the evaluation. For those clients who are sponsored by OVR, they must have an authorization for the evaluation before the program begins providing service.

Because the Adapted Driving Program is part of the hospital, it is covered under the hospital's insurance policy. But the hospital also charges to the program a portion of its indirect costs—a portion left to the discretion of the hospital. Although that indirect charge is one of the major expenses for the program, the primary expenses are salaries.

### *Marketing Strategies*

Although staff time is tight and work loads are high, the Adapted Driving Program conducts a variety of ongoing marketing efforts. Staff estimates that they spend at least 2 to 3 hours weekly on marketing. Staff works with the hospital's marketing department, especially on media outreach or in response to inquiries. Primary audiences for the marketing efforts include physicians, therapists, and other health professionals in the community. The program maintains a database of about 700 physicians to whom it sends a broadcast fax on new services or breaking news about the program. Program staff are slated to do at least 12 events a year to promote the program but, according to Kalina, do more than that. Some of those events involve presentations to retirement communities in the area.

Kalina says that the program only began to market its services once it had gotten beyond its start-up phase and had a full-time staff. In addition, while the Adapted Driving Program sent out marketing mailers and mass mailings as part of those first marketing efforts, it now does far less of that type of outreach. In fact, Kalina says, "the difficulty is balancing the marketing with being able to meet the demand for services if the marketing is successful." He points out that every evaluation report is a marketing tool because clients, funders, and referral sources usually appreciate timely and detailed reports.

## **MOBILITY ASSESSMENT PROGRAM, MARYVILLE UNIVERSITY, ST. LOUIS**

Maryville University, founded in 1872, is an independent, coeducational university, located within 20 minutes of downtown St. Louis, Missouri. Within the university's School of Health Professionals is the Program in Occupational Therapy. The program awards a master in occupational therapy degree on completion of the 4-calendar-year program that includes 3 summer sessions and 6 months of professional internship. The Mobility Assessment Program is a stand-alone program that operates as a part of the occupational therapy education program at the university.

### *Program History and Set-up*

The Mobility Assessment Program is a full-service provider offering both assessment and training for individuals of all ages with disabilities that affect their ability to safely operate motor vehicles. In cases in which the extent of disability necessitates extensive, sophisticated technology, clients are referred to an external service provider that specializes in integrating multiple technology systems.

The Mobility Assessment Program began in 1995 and initially focused on evaluating clients as a part of a research program funded by the General Motors Corporation. The program

currently evaluates clients from multiple referral sources in Missouri and Illinois. These referral sources include vocational rehabilitation, workers' compensation, community hospitals and health centers, community agencies, physicians, and self- or family referral. The state of Missouri does not require that the program be licensed as a driving school through the DMV for the services being offered.

In 2003, the program completed approximately 60 evaluations; less than one-half of those individuals received additional training. With the recent closing of two driving evaluation programs in the region, the volume of clients has steadily increased and the program projects that it will complete approximately 100 evaluations in 2004. About 80% of clients are ages 65 and older.

To participate in the Mobility Assessment Program, individuals are required to possess a valid driver's license or learner's permit. Clients who have expired licenses or are under MVA Medical Advisory Board suspension are not eligible for the evaluation or training.

Missouri state law does not require mandatory reporting of any driver, but there are mechanisms in place for confidential reporting of impaired driving by physicians, therapists, law enforcement officers, families, or any other member of the community. For clients in Missouri who fail to demonstrate adequate driving and safety skills on the road, the program submits the report to the Medical Advisory Board of the Missouri DMV. Illinois state law mandates physician or self-reporting of any conditions that would impair driving, but the state does not accept reporting from other sources.

### *Team of Professionals*

The staff in the Mobility Assessment Program comprises a registered occupational therapist and a driving instructor who has experience working with individuals who have disabilities. Training can be provided by either the occupational therapist or the driving instructor. Medical evaluation by a physician is not required for referral to the Mobility Assessment Program.

The occupational therapist is the main provider of evaluation services, completing all clinical assessments and the evaluation of driving skills on-the-road. The role of the driving instructor is to maintain safety during the on-the-road assessment and to provide input for the on-the-road driving skills report. A driving school could be used for the on-the-road assessment if the instructor has experience working with individuals who have disabilities *and* if the occupational therapist is allowed to ride in the back seat of the vehicle to assess factors contributing to driving skills.

Occupational therapy students who are interested in working with the Mobility Assessment Program may be trained as driving instructors to be paid service providers for the program. These services may include on-the-road assessment and driver training. Students may volunteer to assist with clinical assessments under the supervision of the occupational therapists, but students cannot independently complete evaluations. Students enrolled in our occupational therapy curriculum receive instruction on clinical and on-the-road driving assessment and are provided opportunities to drive program vehicles equipped with adapted driving controls.

Currently, students do not participate in the Mobility Assessment Program as a part of fieldwork experiences.

Occupational therapists are required to attend continuing education as a requisite for national certification and state licensure. A portion of the continuing education must specifically relate to the practice of driving evaluation. Driving instructors are required to maintain a valid driver's license, however. State laws do not require continuing education for the driving instructor. Our driving instructors typically are not occupational therapists.

In recent years, the program has experienced a fairly rapid turnover of driving instructors, with the instructor tenure approximately 2 years. This reflects the fact that many of the instructors who work with our program are students at the university who have experience working with individuals with disabilities and who have received individual training in driving assessment and instruction.

Some instructors are independent contractors who have not been affiliated with the university except as service providers. Initial instruction or training for new on-the-road driving instructors is provided by one of the driving instructors who has previously worked or is currently working with the Mobility Assessment Program. Typically, new instructors observe 3–4 on-the-road driving assessments being completed by the occupational therapist and a program on-the-road driving instructor before being an active participant in the assessment.

### *Assessment Instruments and Equipment*

The clinical assessment consists of an interview, physical testing, cognitive testing, and visual–perceptual evaluation. The interview is used to obtain medical information, social and family history, and driving history and patterns. The interview also is used to build rapport with the client. Physical assessment includes joint range-of-motion, manual muscle testing, coordination testing, and general mobility (including transfer skills and the Rapid Pace Walk). Cognitive testing consists of the Short Blessed Cognitive Screen, Trailmaking (Parts A and B), traffic sign recognition, and the Clock Drawing Test. Included in the visual–perceptual evaluation are distance visual acuity, near visual acuity, the Pelli–Robson Test of Contrast Sensitivity, and the Humphrey Visual Field Analyzer.

The program's research shows these assessments to be good indicators of on-the-road driving skills, a finding supported by the AMA's new guide for physicians regarding driving evaluation. Some of the evaluation tools, such as the Clock Drawing Test, have been recently added to the original evaluation protocol to provide additional information for a more accurate prediction of on-the road driving skills. The program is currently considering additional tools to more accurately evaluate reaction time.

The Mobility Assessment Program uses the same basic battery of tests for evaluation of all clients. Selection of evaluation tools is not based on diagnosis. However, if the occupational therapist feels that additional information is needed to more specifically determine deficit areas, more specialized testing may be included along with the basic battery of tests.

The on-the-road assessment is completed using a mid-sized, 4-door sedan equipped with power steering, power brakes, and automatic transmission. Hand controls can be installed on the car as needed. A left-side accelerator, a spinner knob, and a turn signal extender are some of the adaptations that are available for use during the assessment and training. Due to our partnerships with local equipment companies, the program is able to obtain other equipment on loan for specific client assessment.

Individuals must sign a “consent-to-treat” form and a release to provide a report of unsafe driving skills to the state of Missouri (Missouri residents) or to their treating physician (Illinois residents) before initiating of any services. Additionally, individuals are asked to sign a form to release information to specified individuals or referral sources.

Assessment results are communicated to the client and to any family member who is present at the evaluation provided the client has given written consent or consent implied by allowing the family member to remain in the room for the reporting of results. If a patient signs a release, the assessment results also are provided to referring physicians or other health care providers as specified by the patient. Clients from Missouri whose driving skills are found to be unsafe are reported to the Medical Advisory Board of the Missouri DMV. Clients from Illinois whose driving skills are found to be unsafe are reported to their treating physician who, in turn, reports to authorities in the state of Illinois.

The Mobility Assessment Program does not provide community mobility for those clients who fail the driving assessment. But the program can provide them with potential resources for accessing community mobility options.

### *Economics of Running a Driving Program*

Because the Mobility Assessment Program is not a driving school, it is only required to carry normal liability protection similar to any individual’s car insurance policy. In addition to a standard insurance policy on the vehicle, the program also carries professional liability insurance on the occupational therapists providing services for the program. Liability insurance for the driving instructor is covered by the standard insurance policy on the vehicle and the liability coverage provided by the individual instructor’s vehicle insurance policy.

The primary expenses for the program, in order of percentage of costs, are compensation for professional staff time, vehicle maintenance and operation, and vehicle insurance. Expenses for staff time comprise approximately 50% of the operational costs. The vehicle maintenance and operation expenses have increased somewhat over time, particularly gas prices. Because the number of referrals fluctuates throughout the year the staff is paid on a fee-for-service basis rather than a fixed annual salary. Thus, the income for the program reflects the number of referrals and extent of services provided. This, in combination with the program’s reputation as the premier driving assessment program in the region, contributes to a successful financial position.

Initially, marketing expenses were covered by grant funding. Ongoing marketing expenses are covered by program revenues. Because the Mobility Assessment Program has an

established reputation in the community, marketing expenses have been limited in recent years and typically include reproduction of marketing materials.

Funding sources for evaluations and training are primarily private-pay, vocational rehabilitation, and workers' compensation. Approximately 95% of the funding received is from private-pay sources. As stated earlier, the program initially was funded by a grant as a part of a research project. When the grant ended the program became self-supporting, relying on fees collected for services.

### *Marketing Strategies*

Marketing focuses primarily on physicians, health care facilities, and community agencies, particularly those who work with adults ages 65 and older. Time spent on marketing is focused on one or two major community outreach efforts each year, ongoing mailings of information requested, and occasional special mailings to select groups. Marketing is addressed by the entire Mobility Assessment Program team with all members disseminating requested information. Program staff members have access to the university's public affairs office for assistance with marketing efforts and to provide publicity for the Mobility Assessment Program. Individual members also make presentations to target organizations or referral sources.

On average, staff spend approximately 1 hour per week for marketing activities. These marketing strategies have been successful but the program is currently marketing its services more extensively to health care facilities than in the past. This current effort was initiated when several of the health care systems that provided driving assessment services in the past closed their programs.

## **Appendix A. AOTA / NHTSA Survey**

The American Occupational Therapy Association (AOTA) in cooperation with the National Highway Traffic Safety Administration (NHTSA) is working to enhance older driver safety and mobility in the United States. To that end, AOTA is examining programs that offer older adults and other individuals services in a clinical setting and/or in the car. While some of those services may serve to assess the abilities of the driver, other services may seek to improve the driving performance of the client.

For purposes of this project, AOTA is asking questions about a broad range of services your program may provide directly or refer clients to. These include: pre-clinical screenings that may lead to referrals for more in-depth clinical assessments of driving skills, behind-the-wheel assessments and training (which are referred to in the questions as “on-road assessments” and “in-car training”), and clinical interventions.

AOTA is collecting information about current driving programs that serve older adults in hopes of strengthening existing programs, of providing a better referral system for older adults in search of driving services, and of expanding the number of programs for this growing population.

To reach our goal, we need your help and expertise. Please complete the following questions by marking your answers in the appropriate space. Be assured: Your program-specific information will be kept confidential. Your information will be blended with that from other programs nationally. The aggregate numbers will highlight areas for further exploration in the search for ways in which existing programs are using staff to meet service needs and to overcome current barriers to running a successful program.

## **WHAT IS THE SCOPE OF YOUR SERVICES?**

Please indicate if you provide the following services and, if so, the “credentials” of your driving personnel providing the service (CDRS, Driver Educator, Driving School Instructor, OT, OTA, Other).

### **1. Do you provide pre-driving clinical screening of drivers?**

Yes  No (If “No” please skip to Question 2.)

**What are the “credentials” of your staff member(s) providing pre-driving referral/screening?**

---

---

Once you have completed the screening, do you:

- Conduct clinical assessments
- Refer clients to other organizations for assessment
- Would refer clients but no programs are available in community

### **2. Do you provide Clinical Assessment of drivers?**

Yes  No (If “No” please skip to Question 3.)

**What are the “credentials” of your staff member(s) providing Clinical Assessment?**

---

### **3. Do you provide On-road Assessment of drivers?**

Yes  No (If “No” please skip to Question 4.)

**What are the “credentials” of your staff member(s) providing On-road Assessment?**

---

### **4. Do you provide In-car Training of drivers?**

Yes  No (If “No” please skip to Question 5.)

**What are the “credentials” of your staff member(s) providing In-car Training?**

---

### **5. Do you provide Clinical Intervention for drivers?**

Yes  No (If “No” please skip to Question 6.)

**What are the “credentials” of your staff member(s) providing Clinical Intervention?**

---

If you provide any other services not mentioned above, please list these services and the “credentials” of the staff member(s) providing them (e.g., driving educator—certified driving rehabilitation specialist).

**IF YOUR PROGRAM PROVIDES PRE-DRIVING REFERRAL/SCREENING, WHAT TYPES OF EDUCATION/INSTRUCTION DOES YOUR STAFF RECEIVE?**

**6. Do you provide pre-driving referral/screening?**

Yes                       No (If “No” please skip to Question 7.)

**OT receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**OTA receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Driver Educator receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Driving Instructor receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Other instructors (please specify) receive**

1. On-line Courses \_\_\_\_\_
2. Classroom/Seminar Courses \_\_\_\_\_
3. Hands-on Mentored Experience \_\_\_\_\_
4. CEU through Professional Conferences \_\_\_\_\_
5. Other Training Services \_\_\_\_\_

**IF YOUR PROGRAM PROVIDES CLINICAL ASSESSMENTS, WHAT TYPES OF EDUCATION/INSTRUCTION DOES YOUR STAFF RECEIVE?**

**7. Do you provide Clinical Assessments?**

- Yes                       No (If "No" please skip to Question 8)

**OT receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**OTA receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Driver Educator receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Driving Instructor receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Other instructors (please specify) receive**

1. On-line Courses \_\_\_\_\_
2. Classroom/Seminar Courses \_\_\_\_\_
3. Hands-on Mentored Experience \_\_\_\_\_
4. CEU through Professional Conferences \_\_\_\_\_
5. Other Training Services \_\_\_\_\_

**IF YOUR PROGRAM PROVIDES ON-ROAD ASSESSMENT, WHAT TYPES OF EDUCATION/INSTRUCTION DOES YOUR STAFF RECEIVE?**

**8. Do you provide On-road Assessment?**

- Yes                       No (If "No" please skip to Question 9.)

**OT receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**OTA receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Driver Educator receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Driving Instructor receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Other instructors (please specify) receive**

1. On-line Courses \_\_\_\_\_
2. Classroom/Seminar Courses \_\_\_\_\_
3. Hands-on Mentored Experience \_\_\_\_\_
4. CEU through Professional Conferences \_\_\_\_\_
5. Other Training Services \_\_\_\_\_

**IF YOUR PROGRAM PROVIDES IN-CAR TRAINING, WHAT TYPES OF EDUCATION/INSTRUCTION DOES YOUR STAFF RECEIVE?**

**9. Do you provide In-car training?**

- Yes                       No (If "No" please skip to Question 10.)

**OT receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**OTA receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Driver Educator receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Driving Instructor receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Other instructors (please specify) receive**

1. On-line Courses \_\_\_\_\_
2. Classroom/Seminar Courses \_\_\_\_\_
3. Hands-on Mentored Experience \_\_\_\_\_
4. CEU through Professional Conferences \_\_\_\_\_
5. Other Training Services \_\_\_\_\_

**IF YOUR PROGRAM PROVIDES CLINICAL INTERVENTIONS, WHAT TYPES OF EDUCATION/INSTRUCTION DOES YOUR STAFF RECEIVE?**

**10. Do you provide Clinical Interventions?**

- Yes                       No (If "No" please skip to Question 11.)

**OT receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**OTA receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Driver Educator receives:**

- On-line courses
- Classroom/Seminar Courses
- Hands-on Mentored Experience
- CEU through Professional Conferences
- Other \_\_\_\_\_

**Driving Instructor receives:**

- \_\_\_ On-line courses
- \_\_\_ Classroom/Seminar Courses
- \_\_\_ Hands-on Mentored Experience
- \_\_\_ CEU through Professional Conferences
- \_\_\_ Other \_\_\_\_\_

**Other instructors (please specify) receive**

1. On-line Courses \_\_\_\_\_
2. Classroom/Seminar Courses \_\_\_\_\_
3. Hands-on Mentored Experience \_\_\_\_\_
4. CEU through Professional Conferences \_\_\_\_\_
5. Other Training Services \_\_\_\_\_

**WHAT PERCENTAGE OF YOUR CLIENTS USE THESE SPECIFIC SERVICES?**

**11. Pre-driving referral/screening**

|   | 0%–<br>20% | 21%–<br>40% | 41%–<br>60% | 61%–<br>80% | 81%–<br>100% | N/A |
|---|------------|-------------|-------------|-------------|--------------|-----|
| Percentage of your clients who receive this service (overall) |            |             |             |             |              |     |
| What % of clients receiving this service are age 65 or older? |            |             |             |             |              |     |

**12. Clinical Assessment**

|   | 0%–<br>20% | 21%–<br>40% | 41%–<br>60% | 61%–<br>80% | 81%–<br>100% | N/A |
|---|------------|-------------|-------------|-------------|--------------|-----|
| Percentage of your clients who receive this service (overall) |            |             |             |             |              |     |
| What % of clients receiving this service are age 65 or older? |            |             |             |             |              |     |

**13. On-road assessment**

|   | 0%–<br>20% | 21%–<br>40% | 41%–<br>60% | 61%–<br>80% | 81%–<br>100% | N/A |
|---|------------|-------------|-------------|-------------|--------------|-----|
| Percentage of your clients who receive this service (overall) |            |             |             |             |              |     |
| What % of clients receiving this service are age 65 or older? |            |             |             |             |              |     |

#### 14. In-car training

|   | 0%–<br>20% | 21%–<br>40% | 41%–<br>60% | 61%–<br>80% | 81%–<br>100% | N/A |
|---|------------|-------------|-------------|-------------|--------------|-----|
| Percentage of your clients who receive this service (overall) |            |             |             |             |              |     |
| What % of clients receiving this service are age 65 or older? |            |             |             |             |              |     |

#### 15. Clinical Intervention

|   | 0%–<br>20% | 21%–<br>40% | 41%–<br>60% | 61%–<br>80% | 81%–<br>100% | N/A |
|---|------------|-------------|-------------|-------------|--------------|-----|
| Percentage of your clients who receive this service (overall) |            |             |             |             |              |     |
| What % of clients receiving this service are age 65 or older? |            |             |             |             |              |     |

#### ADDRESSING BARRIERS TO SERVICE DELIVERY

In an effort to understand how programs are effectively addressing key issues in delivering their services to the community, we first need to better understand the range of concern programs have about particular issues. The findings from these questions will enable the research team to focus follow-up attention on key areas for exploration.

**16. Please assess your level of concern about barriers in the following areas:** (mark an answer for each row)

|   | Major Concern | Minor Concern | Not a Concern |
|---|---------------|---------------|---------------|
| Securing physician support                                    |               |               |               |
| Managing liability  |               |               |               |
| Securing payment for services                                 |               |               |               |
| Marketing to consumers  |               |               |               |
| Building a reliable referral network for nonphysicians        |               |               |               |
| Having <u>access</u> to continuing professional education     |               |               |               |
| Securing <u>funding</u> for continuing professional education |               |               |               |
| Controlling program overhead                                  |               |               |               |
| Filling staff positions with <u>trained staff</u>             |               |               |               |
| Maintaining institutional support for program                 |               |               |               |
| Keeping staff costs in check                                  |               |               |               |

|   |  |  |  |
|---|--|--|--|
| Ensuring adequate understanding among key decision makers about business opportunity for service in the community |  |  |  |
|---|--|--|--|

**Please note any concerns over other barriers to service delivery.**

|  |
|--|
|  |
|--|

**MARKETING EFFECTIVENESS**

**17. Do you use any marketing tools (such as newsletters, brochures, press releases, media contacts, community presentations, direct mail, faxes/e-mail?**

Yes                       No (If “No” please skip to Question 18.)

**Which, if any, of the following marketing strategies have you used to promote your program?**

- Newsletters
- Brochures
- Press releases
- Media contacts
- Community presentations
- Direct mail
- Broadcast faxes/e-mail
- Other

**What marketing efforts (if any) have you used?**

|                         |  |
|-------------------------|--|
| Newsletters             |  |
| Brochures               |  |
| Press releases          |  |
| Media contacts          |  |
| Community presentations |  |
| Direct mail             |  |
| Broadcast faxes/e-mail  |  |

How effective have the following marketing strategies proven in attracting clients to your program?

|                         | Very Effective | Effective | Somewhat Effective | Not Effective |
|-------------------------|----------------|-----------|--------------------|---------------|
| Newsletters             |                |           |                    |               |
| Brochures               |                |           |                    |               |
| Press releases          |                |           |                    |               |
| Media contacts          |                |           |                    |               |
| Community presentations |                |           |                    |               |
| Direct mail             |                |           |                    |               |
| Broadcast faxes/e-mail  |                |           |                    |               |

**IN MAKING A DECISION REGARDING DRIVER SAFETY**, how much do you typically weigh the information received from the referral screen and the clinical and on-road assessments?

And then, how might this differ for adults age 65 and older?

**18. Pre-driving referral/screening**

|  | 0%–<br>20% | 21%–<br>40% | 41%–<br>60% | 61%–<br>80% | 81%–<br>100% | N/A |
|--|------------|-------------|-------------|-------------|--------------|-----|
| Overall Typical Weight Given (in % of decision)                            |            |             |             |             |              |     |
| Typical Weight Given (in % of decision) with a Person 65+ (“Older Driver”) |            |             |             |             |              |     |

**19. Clinical assessment**

|  | 0%–<br>20% | 21%–<br>40% | 41%–<br>60% | 61%–<br>80% | 81%–<br>100% | N/A |
|--|------------|-------------|-------------|-------------|--------------|-----|
| Overall Typical Weight Given (in % of decision)                            |            |             |             |             |              |     |
| Typical Weight Given (in % of decision) with a Person 65+ (“Older Driver”) |            |             |             |             |              |     |

**20. On-road assessment**

|  | 0%–<br>20% | 21%–<br>40% | 41%–<br>60% | 61%–<br>80% | 81%–<br>100% | N/A |
|--|------------|-------------|-------------|-------------|--------------|-----|
| Overall Typical Weight Given (in % of decision)                            |            |             |             |             |              |     |
| Typical Weight Given (in % of decision) with a Person 65+ (“Older Driver”) |            |             |             |             |              |     |

**IF YOUR PROGRAM DOES NOT CONDUCT ON-ROAD ASSESSMENTS, WHERE DO YOU TYPICALLY REFER YOUR CLIENTS?**

**21. Do you refer clients for on-road assessments?**

Yes  No (If “No” please skip to Question 22.)

**Check any resources to which you refer clients.**

- Other Driving Assessment programs with which you have formal relationships
- Other Driving Assessment programs (within 25 miles)
- Other Driving Assessment programs (further than 25 miles)
- Driving Schools
- Other: \_\_\_\_\_

**EFFECTIVENESS OF SERVICE**

**22. How do you know your program is successful in helping your clients? Please list one measure of effectiveness for the following services. Leave the fields blank for services you do not offer.**

- Pre-driving referral/screening \_\_\_\_\_
- Clinical Assessment \_\_\_\_\_
- On-road assessment \_\_\_\_\_
- In-car training \_\_\_\_\_
- Clinical intervention \_\_\_\_\_

**23. Please rate your satisfaction with the effectiveness of the following aspects of your program:**

|                                | 1<br>(Satisfied) | 2 | 3 | 4 | 5<br>(Unsatisfied) | N/A |
|--------------------------------|------------------|---|---|---|--------------------|-----|
| Pre-driving referral/screening |                  |   |   |   |                    |     |
| Clinical assessment            |                  |   |   |   |                    |     |
| On-road assessment             |                  |   |   |   |                    |     |
| In-car training                |                  |   |   |   |                    |     |
| Clinical intervention          |                  |   |   |   |                    |     |

**OPEN-ENDED QUESTIONS. IN SUMMARY:**

**24. What would you identify as the top two reasons for the success of your program?**

**25. What are the two top pieces of advice you would give individuals who are considering starting an older driver’s evaluation-retraining program in their community?**

**26. Additional comments or suggestions:**

**For Our Records**

**The information below is required for our records.**

**Name:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Facility/Program:** \_\_\_\_\_

**PLEASE RETURN IN THE ENCLOSED SELF-ADDRESSED, STAMPED ENVELOPE.**  
**THANK YOU.**

## Appendix B. Summary Survey Responses

**Your query returns 144 record(s)!**

There are 144 records in your survey.

| <b>Field Summary for Q10:</b>                             |       |            |
|---|-------|------------|
| Do you provide pre-driving clinical screening of drivers? |       |            |
| Answer  | Count | Percentage |
| No Answer   | 0     | 0.00       |
| Yes (Y)   | 95    | 65.97      |
| No (N)  | 49    | 34.03      |

| <b>Field Summary for Q12:</b>                                      |       |            |
|--|-------|------------|
| Once you have completed the screening, do you:                     |       |            |
| Answer   | Count | Percentage |
| No Answer  | 45    | 31.25      |
| Conduct clinical assessments (a)                                   | 90    | 62.50      |
| Refer clients to other organizations for assessment (b)            | 8     | 5.56       |
| Would refer clients but no programs are available in community (c) | 1     | 0.69       |

| <b>Field Summary for Q20:</b>                  |       |            |
|--|-------|------------|
| Do you provide Clinical Assessment of drivers? |       |            |
| Answer   | Count | Percentage |
| No Answer                                      | 0     | 0.00       |
| Yes (Y)  | 127   | 88.19      |
| No (N)   | 17    | 11.81      |

| <b>Field Summary for Q30:</b>                 |       |            |
|---|-------|------------|
| Do you provide On-road Assessment of drivers? |       |            |
| Answer  | Count | Percentage |
| No Answer                                     | 0     | 0.00       |
| Yes (Y)                                       | 122   | 84.72      |
| No (N)  | 22    | 15.28      |

| <b>Field Summary for Q40:</b>              |       |            |
|--|-------|------------|
| Do you provide In-car Training of drivers? |       |            |
| Answer                                     | Count | Percentage |
| No Answer                                  | 0     | 0.00       |
| Yes (Y)                                    | 112   | 77.78      |
| No (N)                                     | 32    | 22.22      |

| <b>Field Summary for Q50:</b>                     |       |            |
|---|-------|------------|
| Do you provide Clinical Intervention for drivers? |       |            |
| Answer  | Count | Percentage |
| No Answer   | 0     | 0.00       |
| Yes (Y)   | 92    | 63.89      |
| No (N)  | 52    | 36.11      |

| <b>Field Summary for Q0_5:</b>                 |       |            |
|--|-------|------------|
| Do You Provide Pre-Driving Referral/Screening? |       |            |
| Answer   | Count | Percentage |
| No Answer                                      | 0     | 0.00       |
| Yes (Y)  | 90    | 62.50      |
| No (N)   | 54    | 37.50      |

| <b>Field Summary for Q6:</b>             |       |            |
|--|-------|------------|
| OT receives:                             |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q6a)                    | 27    | 18.75      |
| Classroom/Seminar Courses (q6b)          | 60    | 41.67      |
| Hands-on Mentored Experience (q6c)       | 66    | 45.83      |
| CEU through Professional Conferences (u) | 68    | 47.22      |

| <b>Field Summary for Q7:</b>             |       |            |
|--|-------|------------|
| OTA receives:                            |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q7a)                    | 4     | 2.78       |
| Classroom/Seminar Courses (q7b)          | 11    | 7.64       |
| Hands-on Mentored Experience (q7c)       | 25    | 17.36      |
| CEU through Professional Conferences (u) | 10    | 6.94       |

| <b>Field Summary for Q8:</b>             |       |            |
|--|-------|------------|
| Driver Educator receives:                |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q8a)                    | 11    | 7.64       |
| Classroom/Seminar Courses (q8b)          | 30    | 20.83      |
| Hands-on Mentored Experience (q8c)       | 29    | 20.14      |
| CEU through Professional Conferences (u) | 35    | 24.31      |

| <b>Field Summary for Q9:</b>             |       |            |
|--|-------|------------|
| Driving Instructor receives:             |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q9a)                    | 14    | 9.72       |
| Classroom/Seminar Courses (q9b)          | 34    | 23.61      |
| Hands-on Mentored Experience (q9c)       | 32    | 22.22      |
| CEU through Professional Conferences (u) | 39    | 27.08      |

| <b>Field Summary for Q0_17:</b>      |       |            |
|--------------------------------------|-------|------------|
| Do You Provide Clinical Assessments? |       |            |
| Answer                               | Count | Percentage |
| No Answer                            | 0     | 0.00       |
| Yes (Y)                              | 127   | 88.19      |
| No (N)                               | 17    | 11.81      |

| <b>Field Summary for Q12:</b>            |       |            |
|--|-------|------------|
| OT receives:                             |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q12a)                   | 37    | 25.69      |
| Classroom/Seminar Courses (q12b)         | 94    | 65.28      |
| Hands-on Mentored Experience (q12c)      | 80    | 55.56      |
| CEU through Professional Conferences (u) | 106   | 73.61      |

| <b>Field Summary for Q13:</b>            |       |            |
|--|-------|------------|
| OTA receives:                            |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q13a)                   | 4     | 2.78       |
| Classroom/Seminar Courses (q13b)         | 11    | 7.64       |
| Hands-on Mentored Experience (q13c)      | 18    | 12.50      |
| CEU through Professional Conferences (u) | 12    | 8.33       |

| <b>Field Summary for Q14:</b>            |       |            |
|--|-------|------------|
| Driver Educator receives:                |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q14a)                   | 12    | 8.33       |
| Classroom/Seminar Courses (q14b)         | 36    | 25.00      |
| Hands-on Mentored Experience (q14c)      | 34    | 23.61      |
| CEU through Professional Conferences (u) | 42    | 29.17      |

| <b>Field Summary for Q15:</b>            |       |            |
|--|-------|------------|
| Driving Instructor receives:             |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q15a)                   | 14    | 9.72       |
| Classroom/Seminar Courses (q15b)         | 41    | 28.47      |
| Hands-on Mentored Experience (q15c)      | 41    | 28.47      |
| CEU through Professional Conferences (u) | 46    | 31.94      |

| <b>Field Summary for Q0_24:</b>    |       |            |
|------------------------------------|-------|------------|
| Do You Provide On-road Assessment? |       |            |
| Answer                             | Count | Percentage |
| No Answer                          | 0     | 0.00       |
| Yes (Y)                            | 120   | 83.33      |
| No (N)                             | 24    | 16.67      |

| <b>Field Summary for Q18:</b>            |       |            |
|--|-------|------------|
| OT receives:                             |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q18a)                   | 14    | 9.72       |
| Classroom/Seminar Courses (q18b)         | 78    | 54.17      |
| Hands-on Mentored Experience (q18c)      | 74    | 51.39      |
| CEU through Professional Conferences (u) | 88    | 61.11      |

| <b>Field Summary for Q20:</b>            |       |            |
|--|-------|------------|
| OTA receives:                            |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q20a)                   | 2     | 1.39       |
| Classroom/Seminar Courses (q20b)         | 14    | 9.72       |
| Hands-on Mentored Experience (q20c)      | 16    | 11.11      |
| CEU through Professional Conferences (u) | 14    | 9.72       |

| <b>Field Summary for Q21:</b>            |       |            |
|--|-------|------------|
| Driver Educator receives:                |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q21a)                   | 10    | 6.94       |
| Classroom/Seminar Courses (q21b)         | 49    | 34.03      |
| Hands-on Mentored Experience (q21c)      | 42    | 29.17      |
| CEU through Professional Conferences (u) | 45    | 31.25      |

| <b>Field Summary for Q22:</b>            |       |            |
|--|-------|------------|
| Driving Instructor receives:             |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q22a)                   | 11    | 7.64       |
| Classroom/Seminar Courses (q22b)         | 50    | 34.72      |
| Hands-on Mentored Experience (q22c)      | 49    | 34.03      |
| CEU through Professional Conferences (u) | 52    | 36.11      |

| <b>Field Summary for Q0_30:</b> |       |            |
|---------------------------------|-------|------------|
| Do You Provide In-car Training? |       |            |
| Answer                          | Count | Percentage |
| No Answer                       | 0     | 0.00       |
| Yes (Y)                         | 114   | 79.17      |
| No (N)                          | 30    | 20.83      |

| <b>Field Summary for Q25:</b>            |       |            |
|--|-------|------------|
| OT receives:                             |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q25a)                   | 11    | 7.64       |
| Classroom/Seminar Courses (q25b)         | 71    | 49.31      |
| Hands-on Mentored Experience (q25c)      | 67    | 46.53      |
| CEU through Professional Conferences (u) | 74    | 51.39      |

| <b>Field Summary for Q26:</b>            |       |            |
|--|-------|------------|
| OTA receives:                            |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q26a)                   | 2     | 1.39       |
| Classroom/Seminar Courses (q26b)         | 14    | 9.72       |
| Hands-on Mentored Experience (q26c)      | 13    | 9.03       |
| CEU through Professional Conferences (u) | 14    | 9.72       |

| <b>Field Summary for Q27:</b>            |       |            |
|--|-------|------------|
| Driver Educator receives:                |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q27a)                   | 9     | 6.25       |
| Classroom/Seminar Courses (q27b)         | 49    | 34.03      |
| Hands-on Mentored Experience (q27c)      | 42    | 29.17      |
| CEU through Professional Conferences (u) | 48    | 33.33      |

| <b>Field Summary for Q28:</b>            |       |            |
|--|-------|------------|
| Driving Instructor receives:             |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q28a)                   | 10    | 6.94       |
| Classroom/Seminar Courses (q28b)         | 51    | 35.42      |
| Hands-on Mentored Experience (q28c)      | 49    | 34.03      |
| CEU through Professional Conferences (u) | 50    | 34.72      |

| <b>Field Summary for Q0_36:</b>        |       |            |
|--|-------|------------|
| Do You Provide Clinical Interventions? |       |            |
| Answer                                 | Count | Percentage |
| No Answer                              | 0     | 0.00       |
| Yes (Y)                                | 91    | 63.19      |
| No (N)                                 | 53    | 36.81      |

| <b>Field Summary for Q31:</b>            |       |            |
|--|-------|------------|
| OT receives:                             |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q31a)                   | 23    | 15.97      |
| Classroom/Seminar Courses (q31b)         | 78    | 54.17      |
| Hands-on Mentored Experience (q31c)      | 70    | 48.61      |
| CEU through Professional Conferences (u) | 78    | 54.17      |

| <b>Field Summary for Q32:</b>            |       |            |
|--|-------|------------|
| OTA receives:                            |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q32a)                   | 4     | 2.78       |
| Classroom/Seminar Courses (q32b)         | 21    | 14.58      |
| Hands-on Mentored Experience (q32c)      | 23    | 15.97      |
| CEU through Professional Conferences (u) | 20    | 13.89      |

| <b>Field Summary for Q33:</b>            |       |            |
|--|-------|------------|
| Driver Educator receives:                |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q33a)                   | 6     | 4.17       |
| Classroom/Seminar Courses (q33b)         | 25    | 17.36      |
| Hands-on Mentored Experience (q33c)      | 21    | 14.58      |
| CEU through Professional Conferences (u) | 27    | 18.75      |

| <b>Field Summary for Q34:</b>            |       |            |
|--|-------|------------|
| Driving Instructor receives:             |       |            |
| Answer                                   | Count | Percentage |
| On-line Courses (q34a)                   | 7     | 4.86       |
| Classroom/Seminar Courses (q34b)         | 27    | 18.75      |
| Hands-on Mentored Experience (q34c)      | 19    | 13.19      |
| CEU through Professional Conferences (u) | 26    | 18.06      |

| <b>Field Summary for Q37(a):</b>                                |       |            |
|---|-------|------------|
| Pre-driving referral / screening                                |       |            |
| [Percentage of your clients who receive this service (overall)] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 10    | 6.94       |
| 0%–20% (a)  | 30    | 20.83      |
| 21%–40% (b)   | 18    | 12.50      |
| 41%–60% (c)   | 14    | 9.72       |
| 61%–80% (d)   | 3     | 2.08       |
| 81%–100% (e)  | 38    | 26.39      |
| N/A (f)   | 31    | 21.53      |

| <b>Field Summary for Q37(b):</b>                                |       |            |
|---|-------|------------|
| Pre-driving referral / screening                                |       |            |
| [What % of clients receiving this service are age 65 or older?] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 11    | 7.64       |
| 0%–20% (a)  | 24    | 16.67      |
| 21%–40% (b)   | 8     | 5.56       |
| 41%–60% (c)   | 23    | 15.97      |
| 61%–80% (d)   | 30    | 20.83      |
| 81%–100% (e)  | 18    | 12.50      |
| N/A (f)   | 30    | 20.83      |

| <b>Field Summary for Q38(a):</b>                                |       |            |
|---|-------|------------|
| Clinical assessment   |       |            |
| [Percentage of your clients who receive this service (overall)] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 3     | 2.08       |
| 0%–20% (a)  | 16    | 11.11      |
| 21%–40% (b)   | 7     | 4.86       |
| 41%–60% (c)   | 6     | 4.17       |
| 61%–80% (d)   | 17    | 11.81      |
| 81%–100% (e)  | 85    | 59.03      |
| N/A (f)   | 10    | 6.94       |

| <b>Field Summary for Q38(b):</b>                                |       |            |
|---|-------|------------|
| Clinical assessment   |       |            |
| [What % of clients receiving this service are age 65 or older?] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 4     | 2.78       |
| 0%–20% (a)  | 18    | 12.50      |
| 21%–40% (b)   | 14    | 9.72       |
| 41%–60% (c)   | 35    | 24.31      |
| 61%–80% (d)   | 46    | 31.94      |
| 81%–100% (e)  | 17    | 11.81      |
| N/A (f)   | 10    | 6.94       |

| <b>Field Summary for Q39(q39a):</b>                             |       |            |
|---|-------|------------|
| On-road assessment  |       |            |
| [Percentage of your clients who receive this service (overall)] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 3     | 2.08       |
| 0%–20% (a)  | 15    | 10.42      |
| 21%–40% (b)   | 6     | 4.17       |
| 41%–60% (c)   | 8     | 5.56       |
| 61%–80% (d)   | 17    | 11.81      |
| 81%–100% (e)  | 84    | 58.33      |
| N/A (f)   | 11    | 7.64       |

| <b>Field Summary for Q39(q39b):</b>                             |       |            |
|---|-------|------------|
| On-road assessment  |       |            |
| [What % of clients receiving this service are age 65 or older?] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 4     | 2.78       |
| 0%–20% (a)  | 20    | 13.89      |
| 21%–40% (b)   | 14    | 9.72       |
| 41%–60% (c)   | 32    | 22.22      |
| 61%–80% (d)   | 42    | 29.17      |
| 81%–100% (e)  | 19    | 13.19      |
| N/A (f)   | 13    | 9.03       |

| <b>Field Summary for Q40(q40a):</b>                             |       |            |
|---|-------|------------|
| In-car training   |       |            |
| [Percentage of your clients who receive this service (overall)] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 9     | 6.25       |
| 0%–20% (a)  | 23    | 15.97%     |
| 21%–40% (b)   | 24    | 16.67      |
| 41%–60% (c)   | 33    | 22.92      |
| 61%–80% (d)   | 18    | 12.50      |
| 81%–100% (e)  | 21    | 14.58      |
| N/A (f)   | 16    | 11.11      |

| <b>Field Summary for Q40(q40b):</b>  |       |            |
|--|-------|------------|
| In-car training<br>[What % of clients receiving this service are age 65 or older?] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 9     | 6.25       |
| 0%–20% (a)   | 42    | 29.17      |
| 21%–40% (b)  | 35    | 24.31      |
| 41%–60% (c)  | 21    | 14.58      |
| 61%–80% (d)  | 15    | 10.42      |
| 81%–100% (e)   | 6     | 4.17       |
| N/A (f)  | 16    | 11.11      |

| <b>Field Summary for Q41(q41a):</b>  |       |            |
|--|-------|------------|
| Clinical Intervention<br>[Percentage of your clients who receive this service (overall)] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 6     | 4.17       |
| 0%–20% (a)   | 38    | 26.39      |
| 21%–40% (b)  | 30    | 20.83      |
| 41%–60% (c)  | 18    | 12.50      |
| 61%–80% (d)  | 7     | 4.86       |
| 81%–100% (e)   | 6     | 4.17       |
| N/A (f)  | 39    | 27.08      |

| <b>Field Summary for Q41(q41b):</b>  |       |            |
|--|-------|------------|
| Clinical Intervention<br>[What % of clients receiving this service are age 65 or older?] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 8     | 5.56       |
| 0%–20% (a)   | 35    | 24.31      |
| 21%–40% (b)  | 19    | 13.19      |
| 41%–60% (c)  | 21    | 14.58      |
| 61%–80% (d)  | 15    | 10.42      |
| 81%–100% (e)   | 7     | 4.86       |
| N/A (f)  | 39    | 27.08      |

| <b>Field Summary for Q42(q42a):</b>  |       |            |
|--|-------|------------|
| Please assess your level of concern about barriers in the following areas:<br>[Securing physician support] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 5     | 3.47       |
| Major Concern (c3a)  | 39    | 27.08      |
| Minor Concern (c3b)  | 68    | 47.22      |
| Not A Concern (c3c)  | 32    | 22.22      |

| <b>Field Summary for Q42(q42b):</b>   |       |            |
|---|-------|------------|
| Please assess your level of concern about barriers in the following areas:<br>[Managing liability ] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 4     | 2.78       |
| Major Concern (c3a)   | 47    | 32.64      |
| Minor Concern (c3b)   | 70    | 48.61      |
| Not A Concern (c3c)   | 23    | 15.97      |

| <b>Field Summary for Q42(q42c):</b>   |       |            |
|---|-------|------------|
| Please assess your level of concern about barriers in the following areas:<br>[Securing Payment for Services] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 3     | 2.08       |
| Major Concern (c3a)   | 92    | 63.89      |
| Minor Concern (c3b)   | 33    | 22.92      |
| Not A Concern (c3c)   | 16    | 11.11      |

| <b>Field Summary for Q42(q42d):</b>  |       |            |
|--|-------|------------|
| Please assess your level of concern about barriers in the following areas:<br>[Marketing to consumers] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 3     | 2.08       |
| Major Concern (c3a)  | 53    | 36.81      |
| Minor Concern (c3b)  | 70    | 48.61      |
| Not A Concern (c3c)  | 18    | 12.50      |

| <b>Field Summary for Q42(q42e):</b>   |       |            |
|---|-------|------------|
| Please assess your level of concern about barriers in the following areas:<br>[Building a reliable referral network from nonphysicians] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 3     | 2.08       |
| Major Concern (c3a)   | 49    | 34.03      |
| Minor Concern (c3b)   | 71    | 49.31      |
| Not A Concern (c3c)   | 21    | 14.58      |

| <b>Field Summary for Q42(q42f):</b>   |       |            |
|---|-------|------------|
| Please assess your level of concern about barriers in the following areas:<br>[Having <u>access to</u> continuing professional education] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 3     | 2.08       |
| Major Concern (c3a)   | 55    | 38.19      |
| Minor Concern (c3b)   | 60    | 41.67      |
| Not A Concern (c3c)   | 26    | 18.06      |

| <b>Field Summary for Q42(q42g):</b>   |       |            |
|---|-------|------------|
| Please assess your level of concern about barriers in the following areas:<br>[Securing <u>funding</u> for continuing professional education] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 3     | 2.08       |
| Major Concern (c3a)   | 84    | 58.33      |
| Minor Concern (c3b)   | 41    | 28.47      |
| Not A Concern (c3c)   | 16    | 11.11      |

| <b>Field Summary for Q42(q42h):</b>  |       |            |
|--|-------|------------|
| Please assess your level of concern about barriers in the following areas:<br>[Controlling program overhead] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 5     | 3.47       |
| Major Concern (c3a)  | 56    | 38.89      |
| Minor Concern (c3b)  | 62    | 43.06      |
| Not A Concern (c3c)  | 21    | 14.58      |

| <b>Field Summary for Q42(q42i):</b>  |       |            |
|--|-------|------------|
| Please assess your level of concern about barriers in the following areas:<br>[Filling staff positions with <u>trained staff</u> ] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 4     | 2.78       |
| Major Concern (c3a)  | 59    | 40.97      |
| Minor Concern (c3b)  | 51    | 35.42      |
| Not A Concern (c3c)  | 30    | 20.83      |

| <b>Field Summary for Q42(q42j):</b>   |       |            |
|---|-------|------------|
| Please assess your level of concern about barriers in the following areas:<br>[Maintaining institutional support for program] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 3     | 2.08       |
| Major Concern (c3a)   | 38    | 26.39      |
| Minor Concern (c3b)   | 56    | 38.89      |
| Not A Concern (c3c)   | 47    | 32.64      |

| <b>Field Summary for Q42(q42k):</b>   |       |            |
|---|-------|------------|
| Please assess your level of concern about barriers in the following areas:<br>[Keeping staffing costs in check] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 3     | 2.08       |
| Major Concern (c3a)   | 30    | 20.83      |
| Minor Concern (c3b)   | 79    | 54.86      |
| Not A Concern (c3c)   | 32    | 22.22      |

| <b>Field Summary for Q42(q42l):</b>   |       |            |
|---|-------|------------|
| Please assess your level of concern about barriers in the following areas:<br>[Ensuring adequate understanding among key decision makers about business opportunity for service in the community] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 5     | 3.47       |
| Major Concern (c3a)   | 52    | 36.11      |
| Minor Concern (c3b)   | 58    | 40.28      |
| Not A Concern (c3c)   | 29    | 20.14      |

| <b>Field Summary for Q0_63:</b>  |       |            |
|--|-------|------------|
| Do you use any marketing tools (such as newsletters, brochures, press releases, media contacts, community presentations, direct mail, faxes/e-mail)? |       |            |
| Answer   | Count | Percentage |
| No Answer  | 0     | 0.00       |
| Yes (Y)  | 114   | 79.17      |
| No (N)   | 30    | 20.83      |

| <b>Field Summary for Q0_64:</b>   |       |            |
|---|-------|------------|
| Which, if any, of the following marketing strategies have you used to promote your program? |       |            |
| Answer  | Count | Percentage |
| Newsletters (01)  | 42    | 29.17      |
| Brochures (02)  | 96    | 66.67      |
| Press releases (03)   | 40    | 27.78      |
| Media contacts (04)   | 42    | 29.17      |
| Community presentations (05)  | 96    | 66.67      |
| Direct mail (06)  | 50    | 34.72      |
| Broadcast faxes/e-mail (07)   | 9     | 6.25       |
| Other (08)  | 11    | 7.64       |

| <b>Field Summary for Q64(q64a):</b>  |       |            |
|--|-------|------------|
| How effective have the following marketing strategies proven in attracting clients to your program?<br>[Newsletters] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 94    | 65.28      |
| Very Effective (4a)  | 1     | 0.69       |
| Effective (4b)   | 13    | 9.03       |
| Somewhat Effective (4c)  | 26    | 18.06      |
| Not Effective (4d)   | 10    | 6.94       |

| <b>Field Summary for Q64(q64b):</b>  |       |            |
|--|-------|------------|
| How effective have the following marketing strategies proven in attracting clients to your program?<br>[Brochures] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 42    | 29.17      |
| Very Effective (4a)  | 15    | 10.42      |
| Effective (4b)   | 44    | 30.56      |
| Somewhat Effective (4c)  | 38    | 26.39      |
| Not Effective (4d)   | 5     | 3.47       |

| <b>Field Summary for Q64(q64c):</b>   |       |            |
|---|-------|------------|
| How effective have the following marketing strategies proven in attracting clients to your program?<br>[Press releases] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 94    | 65.28      |
| Very Effective (4a)   | 7     | 4.86       |
| Effective (4b)  | 12    | 8.33       |
| Somewhat Effective (4c)   | 20    | 13.89      |
| Not Effective (4d)  | 11    | 7.64       |

| <b>Field Summary for Q64(q64d):</b>   |       |            |
|---|-------|------------|
| How effective have the following marketing strategies proven in attracting clients to your program?<br>[Media contacts] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 89    | 61.81      |
| Very Effective (4a)   | 8     | 5.56       |
| Effective (4b)  | 13    | 9.03       |
| Somewhat Effective (4c)   | 26    | 18.06      |
| Not Effective (4d)  | 8     | 5.56       |

| <b>Field Summary for Q64(q64e):</b>  |       |            |
|--|-------|------------|
| How effective have the following marketing strategies proven in attracting clients to your program?<br>[Community presentations] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 47    | 32.64      |
| Very Effective (4a)  | 26    | 18.06      |
| Effective (4b)   | 41    | 28.47      |
| Somewhat Effective (4c)  | 26    | 18.06      |
| Not Effective (4d)   | 4     | 2.78       |

| <b>Field Summary for Q64(q64f):</b>  |       |            |
|--|-------|------------|
| How effective have the following marketing strategies proven in attracting clients to your program?<br>[Direct mail] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 90    | 62.50      |
| Very Effective (4a)  | 4     | 2.78       |
| Effective (4b)   | 20    | 13.89      |
| Somewhat Effective (4c)  | 23    | 15.97      |
| Not Effective (4d)   | 7     | 4.86       |

| <b>Field Summary for Q64(q64g):</b>  |       |            |
|--|-------|------------|
| How effective have the following marketing strategies proven in attracting clients to your program?<br>[Broadcast faxes / e-mail ] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 125   | 86.81      |
| Very Effective (4a)  | 1     | 0.69       |
| Effective (4b)   | 4     | 2.78       |
| Somewhat Effective (4c)  | 4     | 2.78       |
| Not Effective (4d)   | 10    | 6.94       |

| <b>Field Summary for Q79(q79a):</b>   |       |            |
|---|-------|------------|
| Pre-driving referral/screening<br>[Overall Typical Weight Given (in % of decision)] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 9     | 6.25       |
| 0%–20% (a)  | 47    | 32.64      |
| 21%–40% (b)   | 25    | 17.36      |
| 41%–60% (c)   | 13    | 9.03       |
| 61%–80% (d)   | 13    | 9.03       |
| 81%–100% (e)  | 7     | 4.86       |
| N/A (f)   | 30    | 20.83      |

| <b>Field Summary for Q79(q79b):</b>  |       |            |
|--|-------|------------|
| Pre-driving referral/screening<br>[Typical Weight Given (in % of decision) with a Person 65+ ("Older Driver")] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 10    | 6.94       |
| 0%–20% (a)   | 44    | 30.56      |
| 21%–40% (b)  | 26    | 18.06      |
| 41%–60% (c)  | 11    | 7.64       |
| 61%–80% (d)  | 17    | 11.81      |
| 81%–100% (e)   | 6     | 4.17       |
| N/A (f)  | 30    | 20.83      |

| <b>Field Summary for Q80(q80a):</b>                                      |       |            |
|--|-------|------------|
| Clinical assessment<br>[Overall Typical Weight Given (in % of decision)] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 10    | 6.94       |
| 0%–20% (a)   | 14    | 9.72       |
| 21%–40% (b)  | 32    | 22.22      |
| 41%–60% (c)  | 32    | 22.22      |
| 61%–80% (d)  | 35    | 24.31      |
| 81%–100% (e)   | 15    | 10.42      |
| N/A (f)  | 6     | 4.17       |

| <b>Field Summary for Q80(q80b):</b>   |       |            |
|---|-------|------------|
| Clinical assessment<br>[Typical Weight Given (in % of decision) with a Person 65+ ("Older Driver")] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 9     | 6.25       |
| 0%–20% (a)  | 13    | 9.03       |
| 21%–40% (b)   | 35    | 24.31      |
| 41%–60% (c)   | 28    | 19.44      |
| 61%–80% (d)   | 36    | 25.00      |
| 81%–100% (e)  | 14    | 9.72       |
| N/A (f)   | 9     | 6.25       |

| <b>Field Summary for Q81(q81a):</b>                                     |       |            |
|---|-------|------------|
| On-road assessment<br>[Overall Typical Weight Given (in % of decision)] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 4     | 2.78       |
| 0%–20% (a)  | 1     | 0.69       |
| 21%–40% (b)   | 3     | 2.08       |
| 41%–60% (c)   | 9     | 6.25       |
| 61%–80% (d)   | 31    | 21.53      |
| 81%–100% (e)  | 84    | 58.33      |
| N/A (f)   | 12    | 8.33       |

| <b>Field Summary for Q81(q81b):</b>  |       |            |
|--|-------|------------|
| On-road assessment<br>[Typical Weight Given (in % of decision) with a Person 65+ ("Older Driver")] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 4     | 2.78       |
| 0%–20% (a)   | 2     | 1.39       |
| 21%–40% (b)  | 2     | 1.39       |
| 41%–60% (c)  | 8     | 5.56       |
| 61%–80% (d)  | 30    | 20.83      |
| 81%–100% (e)   | 82    | 56.94      |
| N/A (f)  | 16    | 11.11      |

| <b>Field Summary for Q0_87:</b>               |       |            |
|---|-------|------------|
| Do you refer clients for on-road assessments? |       |            |
| Answer  | Count | Percentage |
| No Answer                                     | 0     | 0.00       |
| Yes (Y)                                       | 53    | 36.81      |
| No (N)  | 91    | 63.19      |

| <b>Field Summary for Q82:</b>   |       |            |
|---|-------|------------|
| Check any resources to which you refer clients.                                   |       |            |
| Answer  | Count | Percentage |
| Other Driving Assessment programs with which you have formal relationships (q82a) | 16    | 11.11      |
| Other Driving Assessment programs (within 25 miles) (q82b)                        | 14    | 9.72       |
| Other Driving Assessment programs (further than 25 miles) (q82c)                  | 13    | 9.03       |
| Driving Schools (q82d)  | 12    | 8.33       |

| <b>Field Summary for Q93(q93a):</b>  |       |            |
|--|-------|------------|
| Please rate your satisfaction with the effectiveness of the following aspects of your program:<br>[Pre-driving referral/screening] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 18    | 12.50      |
| 1 (Satisfied) (5a)   | 38    | 26.39      |
| 2 (5b)   | 24    | 16.67      |
| 3 (5c)   | 16    | 11.11      |
| 4 (5d)   | 9     | 6.25       |
| 5 (Unsatisfied) (5e)   | 4     | 2.78       |
| N/A (5f)   | 35    | 24.31      |

| <b>Field Summary for Q93(q93b):</b>   |       |            |
|---|-------|------------|
| Please rate your satisfaction with the effectiveness of the following aspects of your program:<br>[Clinical assessment] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 12    | 8.33       |
| 1 (Satisfied) (5a)  | 65    | 45.14      |
| 2 (5b)  | 41    | 28.47      |
| 3 (5c)  | 15    | 10.42      |
| 4 (5d)  | 3     | 2.08       |
| 5 (Unsatisfied) (5e)  | 0     | 0.00       |
| N/A (5f)  | 8     | 5.56       |

| <b>Field Summary for Q93(q93c):</b>  |       |            |
|--|-------|------------|
| Please rate your satisfaction with the effectiveness of the following aspects of your program:<br>[On-road assessment] |       |            |
| Answer   | Count | Percentage |
| No Answer  | 14    | 9.72       |
| 1 (Satisfied) (5a)   | 81    | 56.25      |
| 2 (5b)   | 34    | 23.61      |
| 3 (5c)   | 3     | 2.08       |
| 4 (5d)   | 0     | 0.00       |
| 5 (Unsatisfied) (5e)   | 2     | 1.39       |
| N/A (5f)   | 10    | 6.94       |

| <b>Field Summary for Q93(q93d):</b>   |       |            |
|---|-------|------------|
| Please rate your satisfaction with the effectiveness of the following aspects of your program:<br>[In-car training] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 18    | 12.50      |
| 1 (Satisfied) (5a)  | 73    | 50.69      |
| 2 (5b)  | 30    | 20.83      |
| 3 (5c)  | 6     | 4.17       |
| 4 (5d)  | 0     | 0.00       |
| 5 (Unsatisfied) (5e)  | 3     | 2.08       |
| N/A (5f)  | 14    | 9.72       |

| <b>Field Summary for Q93(q93e):</b>   |       |            |
|---|-------|------------|
| Please rate your satisfaction with the effectiveness of the following aspects of your program:<br>[Clinical intervention] |       |            |
| Answer  | Count | Percentage |
| No Answer   | 27    | 18.75      |
| 1 (Satisfied) (5a)  | 41    | 28.47      |
| 2 (5b)  | 27    | 18.75      |
| 3 (5c)  | 15    | 10.42      |
| 4 (5d)  | 5     | 3.47       |
| 5 (Unsatisfied) (5e)  | 0     | 0.00       |
| N/A (5f)  | 29    | 20.14      |

## Appendix C. Glossary of Terms

**Clinical assessment**—Standardized and nonstandardized assessments given in the clinic setting, which generally includes interview (e.g., identifying client goals, driving habits, and needs), vision (e.g., skills may include acuity, peripheral field, contrast sensitivity), knowledge about the “rules of the road,” physical skills (e.g., strength, range of motion, flexibility, endurance), and cognition (e.g., attention, memory). The in-clinic portion of the evaluation targets subskills important for driving. It is recommended that a clinical assessment always be combined with an *on-road assessment* when determining fitness to drive.

**Clinical intervention**—Treatment in the clinical setting (e.g., occupational, physical, vision therapy) to optimize impaired subskills necessary for safe driving.

**In-car (vehicle) training**—On-road training in the use of techniques, strategies, and adaptive equipment.

**On-road assessment**—This portion of the driving evaluation generally occurs following a *clinical assessment*. The evaluation of on-road driving performance involves having the client drive a vehicle on the road in real traffic situations with a driving rehabilitation specialist in a specially equipped clinic vehicle (e.g., safety brake). Clients may need to meet minimum requirements from the in-clinic battery. This portion of the evaluation is sometimes referred to as a “behind-the-wheel assessment” or a “road test.”

**Pre-clinical screening**—Information used to determine readiness for referral to a specialist in driving rehabilitation. This generally occurs in a clinical setting and may involve responses to a series of questions or specific assessment results. This is not a means of determining ability to drive. The AOTA Expert Panel has recommended that occupational therapists no longer use this term.