

**Response to NHTSA's Older Drivers White Paper  
April 10, 2009**

1. What do you think are the major issues in older drivers? (limit 250 words)

One of the major issues is the increasing number of older drivers with medical conditions, including chronic illnesses. Unfortunately, many may not recognize the functional changes resulting from their health condition (e.g., diabetes, Parkinson's, stroke) and effects of medications. We do not know to what degree functional impairments compromise their driving, and if their driving is safe with adaptations and compensatory strategies. This gray area of at-risk driving needs to be further examined, particularly by occupational therapists, who can help determine if older drivers can maintain their driving independence safely.

Screenings and driving evaluations need to be performed with these individuals. Occupational therapists can improve public safety by effecting changes in driving behaviors, such as self-regulating (choosing their driving times, conditions, and routes). Even when older drivers have cognitive conditions that impede self-regulation, occupational therapists can use other strategies to either promote safe driving or use alternative means of transportation. Occupational therapists need to be involved in knowledge translation, so that research is applied to practice effectively and efficiently.

We need to examine community mobility because we value safe mobility for all citizens. Until we have other safe options, we cannot tell families that their loved ones can't drive anymore, because that is viewed as punitive. What are the most appropriate and cost-effective options for community mobility? Cabs, buses, subways, light rail and trolleys will not be viable options for everyone. Alternative options for transportation need to consider the individuals' cognitive, sensory, and motor functions, as well as the environment.

2. What are the major behavioral safety research issue? (limit 250 words)

We need more consistency with definitions and standards of driving evaluations. A driving evaluation can vary depending upon who is the evaluator and where the evaluation is performed. When occupational therapists conduct a driving evaluation, they assess skills underlying driving performance (e.g., cognitive, sensory, motor, visual-motor) as well as the functional performance of driving. Research is needed to determine which components or underlying skills are most critical to driving, under which circumstances, and for individuals with which medical conditions.

There is also an urgent need to build a national outcomes database so that we can track in real-time, how interventions and policies are affecting driving outcomes. Federal legislation would help spur medical professionals and driving specialists to report data such as medical condition, driving evaluation, driving rehabilitation services (frequency, profession, etc.), crashes, traffic violations, driving status, and health care utilization or costs. This database could help researchers more expeditiously answer research questions, such as "Which

interventions in a state with \_\_\_ licensing policy are most effective for safe driving in older people who have sustained \_\_\_\_\_ (medical condition)? Many studies are done under simulated conditions and the results are difficult to generalize. However, millions of Americans sustain a stroke, brain injury, amputation, dementia, or have chronic conditions such as dementia, Parkinson's, and multiple sclerosis. Their treatments may be varied, but each could contribute valuable information to determine which driving policies or interventions are most effective so that we could build the infrastructure for comparative effectiveness research.

3. Are there critical issues not addressed in the White Paper? (limit 250 words)

In some situations Medicare does not reimburse for driving because they do not consider driving rehabilitation needs as medically necessary. However, Medicare requirements do support interventions provided to address functional limitations. Driving affected by stroke, heart attack or other conditions could be considered in an occupational therapy evaluation and treatment plan within the overall purpose for Medicare rehabilitation benefits. When occupational therapists write about driving in discharge summaries, Medicare may deny coverage. This may hinder public safety because there is a disincentive to individuals to seek intervention for driving and may hinder therapists from reporting to physicians about driving issues.

Driving evaluation needs to be defined specifically and then consistently used. Currently, a driving evaluation could be a screening tool administered by anybody. Driving evaluations should be differentiated from screening tools and should be comprehensive, including assessments of cognition, vision/visual-perception, physical mobility, and clinical performance and possibly, on-road performance. Occupational therapists possess an excellent background for driving evaluations and interventions because they know the sequelae and symptoms of chronic conditions as well as understanding of the functional implications of these conditions for driving. Research is needed to define the components of driving evaluations for common medical conditions. For example, the diagnosis of epilepsy is enough to determine certain driving recommendations, but for a diagnosis of multiple sclerosis, a driving evaluation involving driving performance may be necessary. Further, we need collaboration between physicians and occupational therapy driving rehabilitation specialists and more occupational therapists to be trained as driving rehabilitation specialists.

4. Is there research currently going on not mentioned in the White Paper? (limit 250 words)

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5. What information would be most useful to you? (limit 250 words)

Research is needed to describe the effectiveness of driving evaluations and interventions of medically at-risk older drivers, to influence treatment and policy.

Additionally, research that examines which interventions are effective for which clients would be useful, because most of the research targets components of driving and does not focus on multiple interventions and adaptations at once, which frequently occurs in driving rehabilitation. Such research would help the bridge the gap between research and practice.