Policy Prescriptions to Preserve Mobility for Seniors – A Dose of Realism

Loren Staplin
Katherine Freund

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Where Do Older Americans Live?

- Suburban: 56%
- Central City: 21%
- Rural: 23%

How Do Older Americans Get Around?

Source: NHTS, 2009; AARP Fact Sheet
History and Projections for Public Funding of Transit

- Congress increased Federal funding for transit by 46% in 2005 when passing SAFETEA-LU; cities and States provided funding matches to build light rail and fixed route systems.

- July 2011: House Transportation and Infrastructure committee chairman (John Mica, R-FL) outlines 6-year transportation bill with a 35% spending reduction; a “potentially significant impact” on public transportation is anticipated. [Source: http://t4america.org ]

“And now comes the Budget Control Act of 2011, the deal reached in Congress to cut $2.4 trillion over the next decade in exchange for raising the debt ceiling. Although the deal could have been worse and was structured by White House negotiators to reduce the impact on safety-net programs like Medicare and Medicaid, it will do real damage at the state and local level. The act will cut $917 billion out of domestic discretionary programs, about 60 percent of which will come from nondefense spending. That will inevitably reduce transportation, education and environmental aid sent to the states.” NY Times, August 14, 2011
With a Geographically Dispersed Population and Reduced Public Funding – How will Older Americans Get Around?

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a. They are able to continue to drive safely; *and*
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a. They are able to continue to drive safely; and

b. They have the opportunity to transition to affordable and desirable alternative transportation options that are economically self-sustaining, without the need for perpetual operating subsidies from the Government.
Part One
Policies to Keep Seniors Driving Safely Longer

1. Incrementally but aggressively adapt the roadway environment – including pedestrian facilities – to accommodate (within limits) users with age-related diminished capabilities.

   Making signs, signals, and markings easier to see, traffic control messages and navigational information easier to understand, and the layout of intersections and other components of the ‘built environment’ easier and safer to maneuver through benefits all.

2. Update, harmonize, and uniformly apply standards for driver licensing qualifications that are actually ‘about function, not about age.’

   This is at the very foundation of rational changes in States’ licensing statutes, plus more effective and consistent physician referral and State medical review practices, as the population ages.
Adapting the Infrastructure to Accommodate Older Users

- Three decades of research have identified many engineering countermeasures that facilitate the use of streets and highways by people with declines in visual, mental, and physical capabilities that accompany normal aging.

- Resulting guidelines describe changes in design and operations that can be ‘phased in’ during new construction, reconstruction, and ‘spot treatments’ for high crash locations, i.e., no wholesale retrofit is stipulated.

- Implementing such guidelines does not necessarily call for new expenditures; but smarter use of existing highway funds.
Guidelines Documents
Standards
How Guidelines Become Standards

• Incorporation of new findings into periodic updates.

• Involves stringent review by national committees with expert
technical advisory groups – very deliberate process.

• Entry level typically is optional treatment – “may” be used.
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Policy Goal: Short-Circuit This Process
**Recommendation:**

*The use of public (federal) funds for local infrastructure projects should be contingent on implementing highway design and engineering practices that have been 1) proven to assist older drivers or pedestrians*, and 2) already incorporated as optional practices (“may” be used) in National standards such as the FHWA Manual on Uniform Traffic Control Devices and the AASHTO Green Book.*
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*Candidate practices require peer-reviewed evidence demonstrating a disproportionate safety or mobility benefit for the target population.
Seeking **Minimum Qualifications** for Medical Fitness to Drive

- With reasonable consistency across the U.S., authorities exercise responsibility for public health and safety by establishing minimum qualifications at initial licensure: vision test plus physician sign-off.

- For license renewal, older drivers face inconsistent requirements. At a specified age that varies from one State to another, these include:

  - vision testing (six States)
  - shorter cycle/more frequent renewal
  - in-person renewal (to permit observation by DMV staff)
  - medical review/physician certification of fitness to drive
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- On a national basis, these varying requirements for driver’s license renewal coupled with jurisdictional differences in reporting practices (for medical referrals) constitute an arbitrary screening system that penalizes States and individuals.
Aging and Driving – Safety Implications

- JSR (2008): Compared to drivers aged 30–60, drivers 85 and older are themselves at an eight times higher risk of death per mile traveled, but pose only a slightly higher (1.5 times) per-mile risk of death to other road users. Will this hold true as the proportion of the driving population at advanced age increases?

- Per capita, there is a relatively lower crash risk among older drivers; but this group evidences the highest crash risk per-mile-driven of all but the youngest, novice drivers.

- Trends in recent FARS data are revealing: Declines in all fatalities, and in fatalities in crashes involving drivers >age 70. But the percentage of traffic fatalities accounted for by crashes involving drivers >age 70 is steadily increasing.
Recent trends in traffic fatalities, with a focus on older driver-involved crashes.

![Bar chart showing traffic fatalities from 2005 to 2009]

Percentage of all traffic fatalities accounted for by crashes involving drivers age 70 and older.
Can We Develop Evidence-Based Standards?

• > Half a century of research has associated age-related changes in functional status with traffic safety outcomes. [Note: Evidence of crash differences can be conclusive; evidence of performance differences only suggestive.]

• It is now well understood that certain domains of visual, physical, and cognitive function significantly predict the risk of an at-fault crash by older drivers – an obvious starting point.

• A cognitive criterion is most sorely lacking, as the Alzheimer’s Association estimates that 1 in 8 people 65 and older and roughly one-half of people over 85 have Alzheimer’s disease in the U.S.

• Under the auspices of TRB(?), involving key federal agencies including NHTSA and/or NIH(NIA), a consensus among experts—the same process that established the visual acuity standard—could establish practical driver licensing renewal criteria for one or more domains of functional ability.
Visual Acuity Standard is Instructive (for other reasons)

- Studies have consistently shown weak statistical relationships between visual acuity and crash involvement due to ‘restriction in range’ whereby few people with very poor acuity are driving.
- This has been the case despite the absence (by and large) of compulsory vision screening for license renewal.
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The Goal of the Proposed Policy re Minimum Qualifications:
(Another) Success Story in Reducing Variability

… in critical safe driving abilities among the oldest licensees, a segment of the population that not only is our fastest growing group of drivers but also manifests an ever widening gap between the most and least fit, functionally, with advancing age. This applies especially to aspects of function where self awareness/self regulation are less likely to effect behavior change.
Recommendation:

Minimum, evidence-based requirements for visual, mental, and physical capability as qualifications to receive and renew a driver’s license in the U.S., should be adopted and applied uniformly across States. Such standards will apply to drivers of all ages. Measures to assure compliance with functional standards need not add a regulatory burden; they could be obtained quickly, reliably, and at modest cost in various private sector settings—assuming there is appropriate protection for individuals’ privacy; rigid adherence to prescribed procedures for test administration and scoring; and a reliable means of positive driver identification.
Then What? Will Standards Lead to Screening?

1. We already have screening – it’s just half-baked and inefficient, relying on practices that are inherently discriminatory in their arbitrary application from one State to another.

2. To establish standards is policy, to implement screening is practice. With standards in place, States may:

   - elect ‘hard’ enforcement through compulsory screening;
     [least popular; most costly; requires new laws = less likely]
     
     or

   - opt for ‘soft’ enforcement through mechanisms that permit or encourage the reporting of the functionally impaired (while penalizing failure to report). [private sector opportunities; diffusion of responsibility; least demand on public funds = more likely]
Other Impacts of Functional Standards

- Common ‘pass/fail’ criteria for medical reporting/certification practices.
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Note additional needs for medical and health care professionals in a position to identify individuals with conditions that significantly impair driving:

a) Immunity from tort liability for voluntarily reporting such drivers to their State motor vehicle administration (or DMV);
b) A clarification re: HIPAA that it is not a violation of patient privacy to report.
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• Consumer protections?

  > re: emerging industries that promise to ‘remediate’ the effects of aging
Part Two
Policies to Support Sustainable Alternative Transportation that Seniors Want to Use

- Requirements for a Sustainable Solution
  - Effectiveness—older people must be willing and able to use it.
    - Willingness—Seniors take 9 out of 10 trips in the private automobile
    - Public transport—fewer than 3 percent of trips; more than half of older people in the U.S. live in communities with no public transport
  - Resources—we must be able to pay for the transportation service.
- **Resources**—must be either public or private
  
  - Public resources are shrinking, even as the need for transportation is increasing.
  
  - Private expenditures for transportation are steadily increasing.
Private Expenditures for Transportation are Steadily Increasing
Consumer Spending Trends 1901 to 2002
Turning the Problem on Its Head

• Mass Transit Model
  • Group people in high occupancy vehicles & move them on a fixed route and predetermined schedule
  • Levy taxes, purchase a separate set of vehicles, convince people to use those vehicles

• Personal Transportation Model
  • Go anywhere at any time with anyone
  • Costs a lot of money—but it is not taxpayer/public money
Action at the Grassroots Level: Shared Private Transportation Capacity

- Definition of Private Transportation Capacity:
  Vehicles that are owned, insured, garaged, fueled, maintained, and operated by private individuals.

- A new kind of community mobility is emerging
  - Car share
  - Ride share
  - Volunteer driving services especially for older people
50 State Analysis—Policies that Remove Barriers or Create Incentives for the Use of Private Resources for Sustainable Senior Transportation

• One year of legal research, 2010-2011
• Silver Century Foundation
• Nutter McClennen & Fish, LLP pro bono legal assistance
• Rappaport Center for Law and Public Service
Classifications

- Barriers to the use of private resources
- Incentives for the use of private resources
- Requirements—neither an incentive nor a barrier

Areas of Interest Necessary for a Sustainable Solution

- Labor
- Capital
- Risk Management
### Volunteering in the United States, 2000

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
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<tbody>
<tr>
<td>Percentage of adults who volunteered</td>
<td>44%</td>
</tr>
<tr>
<td>Total number of adult volunteers</td>
<td>83.9 million</td>
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<tr>
<td>Average weekly hours per volunteer</td>
<td>3.6 hours</td>
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<tr>
<td>Annual hours volunteered</td>
<td>15.5 billion hours</td>
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<tr>
<td>Estimated hourly value of volunteer time*</td>
<td>$15.40 per hour</td>
</tr>
<tr>
<td>Total dollar value of volunteer time</td>
<td>$239.2 billion</td>
</tr>
<tr>
<td>Percentage of adults asked to volunteer</td>
<td>50%</td>
</tr>
<tr>
<td>Percentage of adults who volunteered when asked</td>
<td>71%</td>
</tr>
</tbody>
</table>

Source: Independent Sector
Labor Barrier—Volunteer Driver Liability Insurance

Solution: An insurer may not refuse to issue motor vehicle liability insurance to an applicant solely because the applicant is a volunteer driver.

Model Legislation for Volunteer Driver Liability Insurance

- Maine  ME 24-A M.R.S.A. § 2902-F * Has been a model for FL, CT, IL, KY
- California  Cal Ins Code § 11580.1(f)

Labor Incentive—Volunteer Disability Insurance & Property Tax Incentive

Model Legislation

- Hawaii  HRS 431:10A-201 Blanket disability insurance for an organization may also cover volunteers
- Massachusetts  MGL ch. 59, § 5K People over 60 may earn up to $1,000 property tax reduction if they volunteer at minimum wage
Capital Barrier—Livery Laws and Car Dealership Laws

- **Solution:** Volunteer programs and senior transportation services are exempt from livery and dealership laws.

**Model Legislation Livery Laws**

- California *CA Ins Code § 11580.25* No insured motor vehicle shall be classified as a common carrier, livery, or for-hire vehicle solely for the reason that the named insured is performing volunteer services for a nonprofit charitable organization …

- Colorado *C.R.S. 13-21-102.5* In order to promote improved transportation for the elderly, for persons with disabilities, and for the residents of rural areas and small towns through an expanded and coordinated transportation network, the general assembly hereby declares it to be the policy of the state to legally define and to recognize people service transportation and volunteer transportation as separate but contributing components of the transportation system.

**Model Legislation for Car Dealership Laws**

- California *CA Cal Veh Code §§ 11700 & 286(o)* allows non-profit to dispose of donated vehicles without becoming a dealership

- Maine *29-A M.R.S.A. § 951* allows non-profit senior transportation services to accept vehicles in exchange for rides
Capital Incentives—Vehicles and Social Enterprise

Costs associated with vehicles are typically straightforward requirements, but some states have created incentives with them.

**Model Vehicle Incentives**

- Delaware 21 Del. C. 2159 *Car Registration Fee Exemption for Non-profits*
- Hawaii *HRS 249-9.3* and Massachusetts *MGL ch. 90, § 2F* have fundraising license plate programs

**Model Social Enterprise Laws**

- Oklahoma 18 Okl. St. § 549 declares that a non-profit organization may earn revenue “… in order that additional funds may be obtained with which to carry out only the charitable or educational purposes of such corporation”

- New York *N.Y. Elder Law § 223.1-2* Economically sustainable senior transportation, modeled on Senator Susan Collins Older Americans Sustainable Mobility Act of 2006; uses matching grants to start sustainable senior transportation service that may not use public funds after 5 years
Risk Management

• Barrier—Hired and Un-owned Insurance
  The insurance that addresses the risk to an organization when an employee or volunteer operates a personal vehicle in connection with duties for that organization. In some states, insurance is simply not available to cover the risk to a non-profit organization that uses volunteers who drive their own cars to provide transportation for others if the non-profit charges a fare to recover costs. NO MODEL LEGISLATION FOUND

• Incentive—Insurance for Personal Car Sharing
  California Section 11580.24 Builds on the existing law that protects volunteer drivers; this new policy protects people who wish to share their personal vehicles and be reimbursed for the cost.
Policies to Remove Barriers & Create Incentives for Affordable and Desirable Transportation Options Sustainable without Taxpayer Dollars

1. Open the doors to volunteer driver participation and private transportation equity by updating liability, livery, and car dealership policy. Access to labor and capital in the non-profit sector is essential for solutions that will be sustainable without perpetual government subsidy. Policies that no longer meet the mobility needs of the aging population must be updated to accommodate promising grassroots solutions.

2. Validate and support community-based solutions through policies that create vehicle fee exemptions, micro-investments in sustainable models and recognition of social enterprise in the non-profit sector. It is entirely possible to use public policy to address social needs by guiding private solutions through strategically placed incentives that create social capital rather than entitlements.
Recommendations

1. Using model State legislation, remove barriers to labor, capital and risk management for non-profits to reform:
   a. Volunteer liability insurance
   b. Livery laws
   c. Hired and un-owned insurance for non-profit organizations
   d. Car dealership laws

2. Using model State legislation, create incentives for economically sustainable transportation options by:
   a. Exempting non-profits from vehicle fees
   b. Micro-investments in social enterprise
   c. Inclusive insurance policies for shared private transportation capacity
Recognizing the Policy Future

They say that to see the future, we need only look around us, and we will see evidence of it everywhere. By thoughtfully reviewing State policy across the country, we see excellent evidence of the future for sustainable senior transportation, community based and community supported, capable of meeting the mobility needs of the aging population, and scaling with the growing number of older people. But it is very important to remember that privately supported, non-profit solutions supplement, rather than replace, publicly funded solutions for older people, and for everyone.