

## **Recommendation #14: Driving and Dementia (2017)**

### **Background**

Physical safety is a prerequisite for a healthy and positive quality of life. Cognitive disorders, such as Alzheimer's disease and other forms of dementia, affect several abilities necessary for safe driving, including visual perception and processing, sustained attention, working memory, and judgment. As persons with dementia progress to moderate impairment, both their ability to drive competently and their insights about their own skill level are highly compromised. According to several studies, persons with dementia commonly continue to drive after their cognitive abilities have been so compromised that they are no longer safe drivers. Also, individuals with moderate impairment often do not recall that their driving privileges have been revoked or voluntarily surrendered.

Cessation of driving privileges can result in the loss of independence and autonomy for an individual with dementia and restrict that person's access to social activities, health care, and other needed services. The following recommendation, provided by the TFAD Subcommittee on Driving and Dementia, is based on input gathered from: a) town hall meetings and surveys, involving stakeholders from across Nevada, including persons with dementia, their families, and their care partners, as well as social service, health care, and public safety professionals; b) review of evidence-based approaches to the assessment of driving competence in persons with dementia; c) discussions with the Nevada Department of Motor Vehicles; and d) a survey of driver safety evaluation programs across the United States. From the cumulative data gathered by the Subcommittee, it is clear that the manner in which impaired driving is being addressed within Nevada varies significantly.

### **Recommendation**

Standardize the system of driver evaluation and improve the infrastructure, services, and support for persons with dementia whose driving ability may be compromised. This includes: implementing a uniform set of evidence-based screening tools for health care providers and first responders, as well as a standardized evidence-based evaluation tool for use by the Department of Motor Vehicles (DMV).

Support the dissemination of information regarding driving safety and dementia. This information should convey how to address the multi-faceted needs and concerns of persons with dementia and those who care for them. Specific information should include signs that an individual's driving ability might be compromised and how to access relevant resources to address this concern. Such information should be available on websites, as well as be distributed in printed materials, to: health care and social service providers, first responders, families, care partners, and the general public. Engage health care providers and first responders to evaluate the utility of the recommended screening tools.

Promote age- and dementia-friendly communities, which provide alternate transportation resources, through volunteerism and public-private partnerships, to maximize an individual's independence and assure public safety.

## **Indicators**

ADSD will monitor input from health care providers and first responders about the utility of recommended screening tools. ADSD will monitor the number of accidents and fatalities by the age of driver, the number of referrals by health care providers and first responders to the DMV, and the number of evaluations conducted by the DMV following referral. ADSD will assess the distribution of informational materials related to driving and dementia and how the distribution of information can be expanded and/or improved. ADSD will monitor the number and usage of alternative transportation resources.

## **Potential Funding**

Federal funding. DMV. Nevada Department of Transportation (NDOT). Regional Transportation Commission (RTC). ADSD grants. Grants, donations, and/or gifts.