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<u>TITLE</u>: Development and Evaluation of a Risk Assessment Strategy for Medically Impaired Drivers. (Volume 8 of "An Evaluation of the California Drunk Driving Countermeasure System")

DATE: February 1986

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<u>FUNDING SOURCE</u>: Office of Traffic Safe1y and National Highway Traffic Safety Administration

PROJECT OBJECTIVE:

To develop and evaluate a risk-assessment strategy for medically impaired drivers.

SUMMARY:

The risk-assessment strategy developed for this project involved consideration of an explicit set of objective and subjective risk factors in medical condition cases, and was implemented through the use of a "probable risk checklist." The probable risk checklist was pilot tested on 3,722 medical cases in one of four driver improvement regions in California from February 22, 1982 through June 25, 1982. Analysis of the pilot study data reached the following conclusions:

- The best predictor of departmental estimates of risk and licensing actions in medical cases was the risk factor "lack of insight," which is a subjective measure of the Driver Safety Referee's (DSR; formerly called Driver Improvement Analyst or DIA) clinical impression of the driver. This implied that departmental evaluations and actions with respect to medically impaired drivers were more a function of subjective, clinical assessments than they were of objective criteria known to be associated with risk (for example, prior accidents and convictions).
- There generally appeared to be an appropriate and rational relationship between prior driver record, estimated risk, and licensing actions, except for drivers with alcohol-related medical conditions. Although drivers receiving alcohol probation had extremely high prior mean accidents and convictions, their estimated risk was judged to be only slightly higher than average, while their one-year subsequent driver records were the worst of any licensing action group. These data appeared to show that DSRs were underestimating the risk of medically impaired drivers with alcohol-related conditions.
- The reactions of DSRs to the probable risk checklist were generally negative, although they did not appear to be opposed, in principle, to the concept of a systematic strategy for assessing the risk of medically impaired drivers.

Planned analyses on the impact of the probable risk checklist on DSR licensing actions and the predictive validity of objective versus clinical indices were not completed because of funding limitations. Due to the criticality of these analyses for making departmental policy and procedural recommendations, it was recommended that the analyses be completed through future grant funds, or as part of the Department's ongoing research and development program. The recommended additional analyses, if successful, would enable implementation of a more reliable and valid method of assessing traffic safety risk in medical-condition cases.

<u>IMPLEMENTATION STATUS OF FINDINGS AND RECOMMENDATIONS</u>:

Notification was sent to all driver safety referees to consider alcohol as a more serious risk factor.

SUPPLEMENTARY INFORMATION:

Paper presented at the Conference on Driver Competency Assessment, San Diego, CA, October 24-26, 1990.

For a follow-up to this report, see Hagge and Stylos, Development and Evaluation of a Risk Assessment

Strategy for Medically Impaired Drivers--Detailed Analysis (unnumbered report), 1989.