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# Supporting Statement

## B. Collections of Information Employing Statistical Methods

No statistical methods will be used. All data collection will be based on a 100% sample of the inference population. In all reports and other publications and statements resulting from this work, no attempt will be made to draw inferences to any population other than the set of units that responded to the data collection effort. The utility of this type of data collection in the past has been a consequence of exhaustive sampling providing a set of easily interpretable and unambiguous results that make no requirements of statistical understanding on the part of the consumer.

### B.1. Describe the potential respondent universe and any sampling or other respondent selection to be used.

The respondent universe will consist of all driver licensing agencies in the 50 states plus the District of Columbia. A response rate of 100% was achieved in response to a similar AAMVA sponsored survey in 2003 (Lococo) and all but one state responded to a similar AAA sponsored survey in 2009 (Stutts & Wilkins). Therefore, we expect a near 100% response rate to this data collection. There are no tests planned for the proposed procedures. No inferences shall be made in regards to sampling units that do not respond to the survey.

### B.2. Describe the procedures for the collection of information.

The NHTSA Contractor, AAMVA, and NHTSA have collaborated on a letter introducing the project and the survey. The American Association of Motor Vehicle Administrators (AAMVA) will provide the NHTSA Contractor with the email address of the administrator in each driver license agency. The letter and survey will be emailed to each administrator, explaining that they have received the survey as a primary driver licensing contact on AAMVA’s mailing list or because AAMVA was able to identify them as someone directly involved with the detailed, day-to-day activities of driver medical review.

The information will be collected by a survey developed in Microsoft Word, with 61 questions. The majority of the questions include checkbox responses, while several responses require short answers. Respondents may respond using Microsoft Word to answer the questions, or they may print the survey and complete it manually; whichever method they find easier. They will also receive a narrative prepared in Microsoft Word that describes their State’s medical review practices, based on information gathered in an earlier project in which NHTSA and AAMVA collaborated, and will be asked to edit the document to update it to reflect current practices. They will be asked to email the survey and edited narrative back to the NHTSA Contractor, or to mail it, if they completed the survey on paper. They will be asked to provide links to guidelines and forms, if online, or to otherwise mail them.

### B.3. Describe methods to maximize response rates.

The letter that introduces the project and accompanies the survey requests a turn-around time of 6 to 8 weeks. The **NHTSA Contractor** Project Principal Investigator will email each non-responding Administrator after 6 weeks, to check-in on the progress of survey completion and to obtain an estimated date of survey completion. Telephone follow-ups will be made to non-responding administrators 3 days following this email. Continuing telephone and email contacts will be made to administrators or their designees for survey completion at two-week intervals, following non-receipt of completed surveys. NHTSA will remind the States that they are not required to participate upon each contact. Individuals who decline to respond on the behalf of their state will not be contacted further. However, NHTSA may seek another representative of the state who is willing and authorized to provide the data needed by NHTSA via our contact at AAMVA and the NHTSA regional offices. We will also request the assistance of AAMVA and the NHTSA Regional Administrators to encourage the participation of non-responding States. As described in B.1, similar methods have produced 100% response rates, or near 100% response rates in the past. No inferences will be made regarding any missing data. No attempt will be made to provide estimates of missing data (e.g. weighting/imputation procedures). Therefore, the issue of non-response, if it occurs, will be only be reported.

### B.4. Describe any tests of procedures or methods to be undertaken.

Not applicable.

### B.5. Provide the name and telephone number of individuals consulted on statistical aspects of the design

Statistical methods will not be employed with respect to this data collection. Descriptive (checklist and narrative) data summaries are planned. The following individual was consulted on these aspects of the study design:

Russell S. Pierce, PhD

Office of Behavioral Safety Research

DOT/National Highway Traffic Safety Administration

202-366-5599

The following individual (NHTSA Contractor) will collect and analyze the information for the agency:

Kathy H. Lococo

TransAnalytics, LLC

336 West Broad Street

Quakertown, PA 18951

215-538-3820

**References**

Lococo, K. (2003). *Summary of medical advisory board practices in the United States*. Retrieved from: <http://www.mdsupport.org/drivingsummary.pdf>

Stutts, J. & Wilkins, J. (2009). *Driver licensing policies and practices: Gearing up for an aging population*. AAA Foundation for Traffic Safety. Retrieved from: <http://lpp.seniordrivers.org/lpp/pdf/DriverLicensePoliciesReport.pdf>