

How to Understand & Influence Older Drivers



Contents

Preface.....	1
Talking About Driving Safely	2
Step 1: Collecting Information	2
Step 2: Developing a Plan of Action.....	8
Step 3: Following Through on the Plan	11
Developing a Mobility Action Plan.....	12

PREFACE

For most of us, driving represents freedom, control, and competence. Driving lets us go to the places we want or need to go. For many of us – even as we get older – driving is important economically. We drive to get to and from work, and sometimes as part of our jobs. Driving is important socially; it lets us stay connected to our communities and favorite activities.

Driving appears to be relatively easy, but in fact it is a complex skill. Our ability to drive safely is affected by changes in our physical and mental conditions. Many of these changes take place as we get older, though in different ways and at different times.

Research shows that age is not the *sole* predictor of driving ability and safety. But there is ample evidence to show that most of us experience age-related declines in our physical and mental abilities – declines that can signal a greater crash risk.

One key to safety is knowing when a driver is at increased risk – even if we ourselves are that driver. So we must know what signs to look for, and pay attention to them. We need to understand how our driving environment changes, and what we should do to respond to those changes. We can learn about community resources that can keep us driving safely longer or keep us connected to the activities in our lives if we must cut back or stop driving altogether.

Driving or riding in a car is how most older adults get around. Most people 65 and older change how they drive as they age, choosing to drive only during daylight hours, for example, or limiting where they drive, or cutting back on how often they drive. This booklet helps families and friends of older drivers understand when and how such changes may be needed and how to keep older persons better connected to the people and activities that are important to them.

This booklet is also intended to broaden the discussion about older driver safety and mobility. It:

- gives information on helping older drivers make informed decisions about their driving behavior, and
- lists suggestions on how to begin conversations with the older driver about safety concerns. These conversations seldom happen often enough, and when they do, the older person fears – sometimes accurately – that someone is trying to take the car keys away. Unfortunately, discussions about continuing to drive often begin too late. And very often, families are asking the wrong questions.

The decision about driving for older adults is an emotionally charged issue, but it does not have to be that way.



TALKING ABOUT DRIVING SAFELY

Talking with an older person about their driving is often difficult. Most of us delay that talk until the person's driving has become what we believe to be dangerous. At that point, conversations can be tense and awkward for everyone involved. But there are things you can say and do to make those conversations more productive and less tense.

To hold such a discussion you should take three steps:

- ▶ collect information;
- ▶ develop a plan of action; and
- ▶ follow through on the plan.

Step 1: Collecting Information

The first step requires family and friends to collect information about what is happening with the older driver. This takes time and may require gathering information from a variety of people who have opportunities to observe the older person's driving.

The more information you collect, the better and more complete a picture of the driver you will have, and the more informed your discussions can be. The information can help you, other family members, health care professionals, and the older driver decide what needs to be done.

A word of caution: It is not uncommon for families, caregivers, and friends to be wrong in their judgment of a driver's risk or driving ability. A person's driving performance – not age – is what determines fitness to drive. Collecting a variety of information can give you more confidence in the accuracy of the determination that something needs to be done.

Even collecting the best information and planning ahead does not mean the decision about what to do with an at-risk or unsafe driver will be easy. But the information and planning can give all concerned more assurance that the best interest of the older driver is at the center of the decision making process.

Your observations

Your concern about the driving behavior of a family member or friend may stem from your observations of the person driving, stories about the

driver, or both. It's important to turn that concern to action. Be deliberate and careful about recording your own observations and observations of other people about the driver. Are there trends that signal the person may be at increased risk while driving? Be sure to date the written notes on your observations. If the driver's physician becomes involved in the driving decision at a later time, the dated notes will become helpful.

To get the most complete picture, collect information not only about their driving but also about other personal indicators (described below) because these may signal the person is at risk while driving.

Driving Observations

Ideally, you will have a conversation about your interest in ensuring that the driver remains safe on the road. Explain that riding with the driver is the best, most practical way to make observations about his or her driving. Another option may be to follow the driver in your own vehicle.

You should watch the person drive at different times of the day, in different types of traffic, and in different road conditions and weather. Over time, a picture will emerge of things the driver can do well and things the driver may not do as well.

You should be paying attention to make sure that the driver:

- stops at all stop signs and looks both ways to check for cross traffic;
- stops at red lights;
- appropriately yields the right-of-way;
- responds properly to other vehicles, motorcyclists, bicyclists, pedestrians, and road hazards;
- merges and changes lanes safely; and
- stays in the lane when turning and driving straight.

In addition, you want to observe whether the person is:

- slowing or stopping inappropriately, such as at green lights or in intersections;
- driving too fast for road conditions;
- driving so slowly as to impede the safe flow of traffic;
- driving aggressively; or
- getting lost routinely on routes that should be familiar for the driver.

Obviously, some of these driving behaviors pose an immediate concern. Drivers must stop at red lights and stop signs, and yield to other cars as the

traffic laws require. Failure to do these things puts the driver and others at extreme risk and requires immediate action to stop the driver.

Non-Driving Observations



Even when older people are not in the car, their actions, statements, or even the way they look may cause you concern or may indicate a problem that could threaten their safety when they are driving. Some of these things you see and hear may be triggered by major events happening in the person's life. These could include the loss of a spouse or a close friend. But an illness or changes in one's medications can also make it hard for the person to drive safely.

No single sign can be taken as a warning that the person is at risk or is an unsafe driver. But if you observe several of the warning signs, you should strongly consider taking action to help.

Such danger signals may include:

- ▶ forgetfulness (frequent and combined with other signs);
- ▶ unusual or excessive agitation;
- ▶ confusion and disorientation;
- ▶ loss of coordination and trouble with stiffness in joints;
- ▶ trouble walking, swallowing, hearing, or following verbal instructions;
- ▶ dizziness when changing positions, tripping, and falling;
- ▶ shortness of breath and general fatigue; and
- ▶ difficulty following verbal instructions, and/or giving inappropriate responses to those instructions.

At some time or another, many of us may have difficulty with some of the items above. But if you frequently observe these behaviors or signs in a family member or friend, they likely signal the need for you or a health professional to take action. These behaviors can indicate the person is at risk if he or she continues to drive.

Driver Self-Assessment

In addition to your own and others' observations about the older driver, encourage the person to evaluate his or her own driving performance. Several organizations have free self-assessment guides that a person can use. A self-assessment cannot solely determine whether or not the person is a safe driver.

But an assessment may prompt the person to be more open to a conversation with you and other concerned individuals about driving.

- ▶ AAA clubs have an assessment tool called “Roadwise Review” that people can use on their computers at home. Roadwise Review takes users through a series of brief tasks that examine a person’s vision, reaction time, and other measures related to driving safety. It also directs users to sources of more information about driving safety. Some AAA clubs charge for the screening tool, while others give it away free to members.
- ▶ AARP’s Driver Safety Program offers its “Are You a Smart Driver” self-assessment quiz, which asks drivers to answer ten questions about today’s driving environment and how they react to driving on today’s roads. Go to www.aarp.org/home-garden/transportation and click on the link in the “Are You a Smart Driver?” box.
- ▶ The AAA Foundation for Traffic Safety has a self-rating tool (<http://seniordriving.aaa.com>) that asks a person to respond to 15 statements about driving situations and gives suggestions based on the person’s answer.

Again, the value of these screening tools listed above is to prompt a person to talk with family and friends and health care professionals, and, if needed, to seek a more formal assessment of driving skills.

Observations of others in your community

Friends and professionals in the community often stand ready to help you get a more complete picture of the person whose safety may be at risk. In developing a complete picture of the older driver, however, it is crucial that you respect that driver’s dignity, privacy, and personal autonomy.

If you live in the same city or town, keeping tabs on how well a family member or friend is driving is easier than if you don’t live nearby. But either way, you need to build a network of helpers. They may be able to give you information to help determine whether action is needed to keep the older adult driver safe and sound.

Some members of the network – health care professionals including eye care specialists, pharmacists and physicians – cannot speak with you unless and until they have a signed release form from the driver.

Other Resources

Collecting information helps you develop an action plan, if one is needed, to enhance the safety and mobility of the older person. It can also help you to determine if actions need to be taken to reduce a person’s driving risk.

Physicians and law enforcement officers are often the first people families and friends go to when they seek outside help for a person they believe to be an at-risk or unsafe driver.

Other community resources also exist to help you build a better action plan. These include your local:

- ▶ Area Agency on Aging;
- ▶ Driving Rehabilitation Specialist
- ▶ Department of Motor Vehicles office
- ▶ AAA (American Automobile Association) and AARP Driver Safety Programs
- ▶ Alzheimer's Association Chapter

Area Agencies on Aging

A network of more than 650 Area Agencies on Aging has been established nationwide to provide information about virtually all programs and services that are helpful to older people, their families, and caregivers. In many cases, Area Agencies can provide information about transportation choices available in the community. An agency may provide some of those programs and services directly or may arrange for them through contracts with other community service organizations. Call the Eldercare Locator at 800-677-1116 and ask for your local Office on Aging, or go to the web site at www.eldercare.gov.

Driver Rehabilitation Specialist

A driver rehabilitation specialist can provide an in-depth evaluation of a person's driving. The specialist can determine if and how a particular disease or condition such as Parkinson's, stroke, or diabetes is affecting a person's driving. The specialist, who is often an occupational therapist, may offer interventions such as training to improve the person's driving safety. The specialist also may suggest installing specialized equipment in the vehicle to keep a person driving safely longer, as well as provide the training on how to use that equipment.

To find a driving rehabilitation specialist near you, go to the American Occupational Therapy Association's Older Driver Resource Center at www.aota.org/en/Practice/Productive-Aging/Driving.aspx, or call the Association of Driver Rehabilitation Specialists at 866-672-9466, or go to its Web site at www.aded.net. You also can call hospitals and rehabilitation facilities in your area to find an occupational therapist to help with the driving skills assessment and intervention.

Department of Motor Vehicles

If, based on your personal observations or knowledge, you are concerned that a family member or friend has a medical condition or has experienced a mental decline that would lead to unsafe driving, contact the State's Department of Motor Vehicles (DMV) where the older driver lives.

In almost every State, a family member can report a driver to the DMV by writing a letter. Your letter should describe specific examples of what you consider to be unsafe driving behavior and/or medical conditions that you believe place the driver at risk. The DMV is required to carefully examine your claims to ensure the driver is not being harassed unfairly. Depending on your State, the letter you write may or may not be confidential, meaning the older driver could find out you have written the letter.

Even if the driver is re-examined and passes the required tests, the DMV may still require future periodic reviews. The DMV may require the driver's physician to submit a report every so often. This would most frequently occur in cases involving an individual who has had seizures, for example. The DMV also might require periodic road tests, such as for people with progressive medical conditions or some forms of dementia. Finally, the DMV may require the driver to submit a report from an eye care specialist if the person has a progressive eye disease such as macular degeneration.



Before contacting the DMV about the person's driving behavior, a family member or friend should carefully consider sitting down with the driver first to discuss the concerns and possible plans of action that best meet everyone's needs and concerns.

AAA/AARP Driver Safety Programs

Several national organizations offer educational programs for older adult drivers. These "refresher" courses present participants with up to 10 hours of classroom tips and reminders about driving safely on today's roads.

AARP's Driver Safety Program is the largest national program that educates older adults on driving safely, self-assessment, and finding transportation alternatives. Go to www.aarp.org/home-garden/transportation/driver_safety and click on the link in the "Find a Class Near You" box.

The AAA and the National Safety Council also offer courses through many of their local offices. Insurers in most States offer a car insurance discount for individuals who complete these classroom "refresher" courses. Sometimes the discount applies for several years after the course is taken. At that time, however, the individual must re-take the course to renew the insurance discount.

Alzheimer's Association Chapter

For someone who has been diagnosed with Alzheimer's disease or other dementia, the issue is not whether the person will have to stop driving, it is *when* that must happen. There are some early and clear warning signs that Alzheimer's is affecting a person's ability to drive safely. These signs include, but are not limited to, when the driver:

- ▶ drifts out of the lane;
- ▶ becomes confused when exiting or entering a highway;
- ▶ has trouble making turns, especially left turns;
- ▶ gets lost in familiar places; or
- ▶ stops inappropriately – such as at green lights or in the middle of an intersection when not turning.

Local Alzheimer's Association chapters or local Alzheimer's support groups have caring people with expertise in helping families and caregivers deal with the driving issue. To find your local Alzheimer's support group:

- ▶ contact your local Area Agency on Aging
Call the Eldercare Locator at 800-677-1116
Monday through Friday, 9 a.m. to 8 p.m. (ET),
or go on-line to www.eldercare.gov.
- ▶ Go on-line or call the Alzheimer's Disease Education and Referral Center:
<http://www.nia.nih.gov/alzheimers>.
800-438-4380

Step 2: Developing a Plan of Action

In Step 1, you were encouraged to collect a broad sampling of information about the person's driving, and other behaviors and actions. From this you will need to look at options for formally assessing driving skills, and transportation resources other than driving available in the community.

Once you have this information, sit down and talk with the person to determine:

- ▶ Is the person driving safely within the acknowledged limits of his or her capabilities?
- ▶ If there is a problem, is it correctable?
- ▶ Do other transportation options need to be identified?

Tips for Conversation

If the information you collected indicates a safety problem, you can do several things to increase the likelihood that a conversation about driving will go well.

1. Base the recommendations in the action plan on the observations from Step 1 (page 2).
2. Be sensitive to ways you can help older adults preserve their self-respect. Try reasoning and use compassion. Appreciate the significance of a driver's license to the older person. Empathize with and listen to the older driver.
3. To lead the conversation, pick someone in the family or a trusted friend who the older adult driver may "hear" better than others. In some families, it works better to have just one person have the conversation. In other families, having several family members express their concern will underscore the family's concern for the older person's safety.
4. Present your concerns in the least-threatening terms of your own feelings and perceptions. Use "I" messages rather than "You" messages. For example, say, "I am concerned about your safety when you are driving," rather than, "You're no longer a safe driver."
5. Among the points you might want to make in your conversation:
 - Indicate that you have noticed changes in the person that seem to be making it more difficult to drive.
 - Note that we all age in different ways and at different rates.
 - Reinforce that thousands of older adults each day are taking control of similar situations by changing how and when they drive. Many stop driving at night or avoid rush-hour traffic and bad weather. Many stick to familiar nearby streets and rearrange their schedules to keep doing the things that keep them active in their communities, such as volunteering and socializing.
6. Don't be put off by negative reactions. Remember that it is hard for people to cut back on or stop their driving if they are not ready to do so, or if they believe they are good drivers. Major lifestyle changes are never easy.
7. Highlight a positive outcome by focusing on how the older adult driver will be able to continue to stay connected to specific things that are important. Do *not* judge the person's priorities.
8. If possible, identify a trusted friend or family member who has already had to cut back on or stop driving, and who is taking actions to stay connected to the things that are important to them. Ask if he or she would



be willing to speak with the older person about how it is possible to keep connected to meaningful activities in the community.

If you still believe that there is a safety problem, *work together* to develop a written action plan (see sample plan on page 13.) Ideally, discussing a plan of action should take place *before* problems exist. Regardless of the timing, however, the goal of such a plan should be to preserve the independence and freedom of the person. The plan should keep the person connected to the activities that give meaning to and that enhance the quality of life.

Developing that plan will take time. It will involve a series of conversations with the person. While many concerned family members and friends might play a central role in holding these conversations, others might turn to health



professionals, such as a physician, to start and/or continue the discussion about driver safety. In many of those cases, the family and friends serve more in a support role for the older person.

The focus of any action plan should be (1) to enhance the independence and decision-making of the older adult, and (2) to maximize community safety. Determine if there are situations where the person can continue to drive successfully. In some cases, the plan may require

changing the time of day when the older person does errands or drives to appointments to avoid heavy traffic. In other cases, the plan may require changing places where one shops or socializes with friends to avoid driving on busy roads or in more dangerous driving situations. It may also mean doing an activity less often or arranging for the person to carpool to an activity and thus share the driving responsibility.

Implementing a plan that changes how and when a person drives can have an enormous effect on families. Families themselves often must begin to play more active roles in ensuring the older adult can continue to get around the community. For family members who live nearby, the change in roles may mean providing rides for the older person; whereas for family who live more than an hour away, the change could mean spending time on the phone to coordinate transportation services or providing financial support to pay for those services.

Action plans range from the simple to the complex. An action plan might call for the older adult to get a formal driving evaluation from a driving rehabilitation specialist to identify areas of strength and need. A plan also might clearly spell out ways people can get to events and activities when they cannot drive themselves.

Many communities have programs offered through public transportation systems that give people practice and confidence in using public transportation to get around. Still, many older adults are reluctant for several reasons to use public transportation when they stop driving. Some older adults with health problems may not find these options practical or possible. Therefore, it is important for older adults to become familiar with and confident using transportation alternatives *before* they are asked to become reliant on alternatives to their car.

As noted earlier, *Area Agencies on Aging* have information about virtually all transportation programs and services in their areas. To find information about your local Area Agency on Aging, contact the Eldercare Locator, a national service you can call toll-free at 800-677-1116. Ask for your local Office on Aging, or go to the Web site at www.eldercare.gov.

Step 3: Following Through on the Plan

Older adult drivers should be deeply involved in every step of their transportation planning and implementation process. Doing so demonstrates that family members respect the older person's opinions and needs, are genuinely concerned about the older person's safety, and have given the issue significant thought, time, and attention. The conversation about putting the plan into action needs to be approached with sensitivity and respect for the older person. Even if the older person has been involved in developing the action plan, the conversation can easily provoke anger, defensiveness and denial. This is less likely to happen if the older driver has been involved in each step of the planning process.

Review the Plan Periodically

Over time, changes in a person's abilities or even interests can mean that adjustments need to be made to the older person's action plan so that he or she can get around the community safely. Therefore, it is important to review the transportation plan at least twice a year to ensure it still works for the person who has had to reduce or stop his or her driving.

Families and friends also need to remember that many communities are developing new community transportation resources and are refining existing ones. Some of these new resources may better meet the needs of the older person than those that you have listed in your current plan. The key: keep in touch with your local Area Agency on Aging to find out if new and better choices are available to the older person.

DEVELOPING A MOBILITY ACTION PLAN

The goal of the action plan is to keep the older person on the go (“mobile”) in and around the community and connected to the activities that give the person’s life meaning. Ideally, the person who is cutting back on driving or stopping driving can continue to take part in all current activities. But that person may need to find other ways to get to the activity, to get an errand completed, or to find other times to participate in such activities.

Case in Point

William, 79, has been playing cards with a group of friends each Wednesday evening for the past six years. But during the past several months, driving at night has become more difficult because of the glare of headlights. William does not want to ask his son for a ride, public transportation doesn’t run close to his friend’s house where the game is always held, and taxis don’t fit in his budget. Yet William also doesn’t want to give up playing, which keeps him connected with friends and gets him out of the house for one of the few times each week to socialize. After a few phone calls, William works out that he’ll host the game once a month and those other times he’ll bring refreshments to the game in exchange for one of his playing partners driving him to the game.

In filling out the chart below, list *all* of those activities that fit. Do not leave off events or activities because you believe they are not “essential.” Again, the goal of this action plan is to list needs and find alternative ways, if necessary, to meet those needs. It may be accomplished by changing the times or locations where the activities take place, identifying alternative means of getting to the activities, or agreeing to carpool or share rides to activities. For example, if a person has difficulty getting out to the grocery store, the person should consider the value of having groceries delivered to the house.

Routine Errands

(List activities such as going to the grocery store, the pharmacy, the hairdresser, or the doctor.)

Activity	How You Get There Now	New Ways to Complete Errand

Regular Educational, Social or Religious Events/Activities

(List events that happen at least once a month, such as going to an adult learning center, senior center or attending religious services.)

Activity	How You Get There Now	New Ways to Get There

Other Community, Social and/or Special Events

(List special events such as birthday parties, community fairs, voting, or events that may happen on the spur of the moment, such as going out to dinner or a movie.)

Activity	How You Get There Now	New Ways to Get There

DOT HS 810 633
July 2013



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

