

# DRIVEWELL

Promoting Older Driver Safety  
and Mobility in Your Community





## Chapter 1. How to Use This Toolkit

The American Society on Aging (ASA) and the National Highway Traffic Safety Administration (NHTSA) developed this toolkit for people working directly with older adults to:

- Understand the issues related to older drivers and later-life independence and mobility;
- Plan and implement public information events for older drivers, their families and loved ones, and other community members and organizations; and
- Evaluate the effectiveness of older driver public information events, community understanding of safe mobility issues, and progress in mobilizing community members – including older adults – to take action.

The following describes how you can best use each of the toolkit’s components.

### Toolkit Contents

#### Background on Older Driver Safety: Key Issues for Community Action

The background section provides you with an understanding of the importance of driving and mobility issues to the older adult, the family, and the community. It offers information to develop grant applications for older driver programs, news advisories for your local media, and program materials for community members related to driving later in life. Specifically, this section contains:

A list of important community organizations and individuals and the possible roles each can take in addressing safe mobility and driving campaigns;

- Information on key health promotion messages useful in conducting events and media campaigns;
- Current thinking on assessing older drivers’ abilities to operate motor vehicles; and
- Suggested ways to counsel and discuss safe driving habits, alternatives to driving, and possible driving retirement with older adults and their loved ones.



## **Program Organization Guide**

The organization guide walks you through the steps for planning, promoting, and presenting public informational events. The steps include:

- **Targeting audiences** – determining the audience
- **Setting goals** – determining what you want to accomplish
- **Developing messages** – forming what you want to say to your audience and deciding how often to give your message
- **Creating programs** – based on your plan. The basic program planning activities are:
  - Reviewing program material (content and format)
  - Finding a location
  - Identifying and recruiting presenters
  - Publicizing the program
  - Coordinating the program
  - Developing a referral list of community resources
  - Creating handouts and packets
  - Planning the evaluation and conducting the follow-up

The following are sample evaluation tools to follow the steps.

## **Older Driver Training Events**

The Training Events section offers you sample public education programs. The section lists the key messages for you to convey to the audience followed by sample scripts. Scripts are available for short (30-minute) and long (90-minute) programs. The major sections divide the chapter by:

- Programs for older adults;
- Programs for families, loved ones, and friends; and
- Programs for professionals providing service to older adults.

## **Community Building**

The section offers suggested steps in building community support and sustainability for your older driver programs. This chapter outlines developing partnerships and organizing and running collaborative programs to create a community environment that encourages safe, healthy, and active aging.



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## Educational and Advocacy Material

Communicating to local leaders and media is an essential element in keeping your community involved in issues concerning older drivers. This section provides sample articles and letters and suggestions for working with the media and public leaders.

- **Promotion and community action**
  - Sample letter to a community leader
  - Sample talking points
  - Sample letter to the editor
  - Sample newsletter article
  
- **Promotion and media tools**
  - Tips on how to reach the media
  - Sample media advisory
  - Tips on making follow-up calls to the media
  - Media kits: sample news release, sample fact sheets
  
- **Resource listings**
  - Demographic and statistical overview
  - General overview of older drivers
  - Tips for safe driving: information for older adults
  - Older adult psychosocial concerns
  - Health care issues
  - Environment issues related to older drivers
  - Driving assessment
  - Special transportation needs and equipment
  - Community resources on driver education and retraining
  - Community resources for caregivers
  
- **Evaluation forms**

## Handouts

Providing information for program participants to take home reinforces the messages that you conveyed in the sessions. This chapter provides you with handouts discussed in the chapters entitled *Older Adult Training Event and Video Guide*, in 14-point type ready for copying.



## **Moderator's Video Guide**

The toolkit includes a video to help you generate discussion on topics such as age-related physical changes in older adults, adapting to a changing driving environment, dementia and driving, transportation alternatives, and family conversations about driving. This chapter provides you with a moderator's guide with questions to open conversations on each video segment.

## **Evaluations**

To maintain the quality of your programs and for planning future events, evaluations serve as a key feedback tool. This chapter includes forms from the Program Organization Guide ready for you to copy and distribute to your participants.



## **Chapter 2. Background on Older Driver Safety: Key Issues for Community Action**

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## Older Drivers: Who Are They?

In 2005, 191,000 older individuals were injured in traffic crashes, accounting for 7 percent of all people injured in traffic crashes during the year. These individuals, age 65 and older, made up 15 percent of all traffic fatalities, 14 percent of all vehicle occupant fatalities, and 20 percent of all pedestrian fatalities. Most traffic fatalities involving older drivers in 2005 occurred during the daytime (79%), on weekdays (73%), and involved other vehicles (73%). When a crash occurs, the older driver is more often injured than the passengers in the other car<sup>1</sup>.

Older adults are the fastest-growing segment of the U.S. population. Not only will there be more drivers, but these drivers will also drive more miles per year than previous generations, and will drive at older ages. There were 28 million older licensed drivers in 2004 — a 17-percent increase from the number in 1994<sup>2</sup>. By 2020, estimates are that more than 40 million older Americans will be licensed drivers<sup>3</sup>.

Older drivers made up 15 percent of all drivers in 2004. Two-thirds of women over 65 now drive. By the year 2030, nine out of ten older women are expected to be behind the wheel.

Many older adults rely heavily on the automobile for transportation because they have moved out of urban areas, or raised families and aged in suburban or rural communities away from public transport systems.

For older adults now and in the future, driving represents the ability to maintain connections, contribute to the community, and participate in meaningful activities.

## Why Are Older Drivers a Concern? Just the Facts

### Older Drivers and Public Safety

**Fact:** Older drivers, especially those over 75, are more likely than younger drivers over 20 to suffer injuries or die when involved in a motor vehicle crash.

A contributing factor is the greater fragility that comes with age. Increasing bone frailty and the increased likelihood of heart disease or other illnesses may

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- 1 Austin, R.A. and Faigin, B.M. (2003) "Effect of Vehicle Crash Factors on Older Occupants." *J Safety Res.* 34(4):441-52.
  - 2 National Highway Traffic Safety Administration. (2006) *Traffic Safety Facts 2004: Older Population.* DOT HS 809 910: 1
  - 3 National Center for Injury Prevention and Control (2003) "Preventing Injury to Older Adult Drivers." Retrieved from Centers for Disease Control and Prevention on the Web at <http://www.cdc.gov/programs/injury12.htm>



precipitate injury or death in a crash. In 2005, more than 6,512 adults 65+ and older died in motor-vehicle crashes. In 2005, 191,000 older individuals were injured in traffic crashes<sup>4</sup>. Drivers 85 and older have higher crash fatality rates than all but the youngest drivers<sup>5</sup> and the rates are rising. This is primarily due to age and type of crash. Increased fragility associated with age affects the ability to absorb impacts and recover from injury. The most deadly type of crash, side impact, occurs more characteristically with older drivers.

**Fact: Among these growing numbers, male drivers are particularly vulnerable.**

In 2005, male drivers 65 and older were twice as likely as female drivers to die in a crash (either through their fault or the other driver's)<sup>6</sup>. While similar differences between the sexes exist with younger drivers, a possible explanation for these differences later in life is that older men drive later in life and more often than women.

**Fact: Older drivers usually moderate and self-monitor their driving.**

On average, older adults drive fewer miles per year than drivers of other ages. With fewer miles of exposure to crash risk, the statistics understandably show older drivers do not crash as often as other age groups.

Although the growing number of older drivers may result in elevated numbers of crashes and fatalities, older adults will most likely never drive as often as younger drivers. Also, many older adults deliberately avoid driving during rush hour,<sup>7</sup> which is when most multiple-vehicle crashes occur,<sup>8</sup> and at night,<sup>9</sup> which is when the most severe crashes occur.<sup>10</sup>

These self-imposed limitations provide evidence that older drivers are not a disproportionate menace to others. In fact, they are more likely to affect only themselves when they do crash.

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4 National Highway Traffic Safety Administration. Traffic Safety Facts 2004 Available at NHTSA on the Web at at

<http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSF2004/809910.pdf>

5 Ibid.

6 Ibid.

7 San Francisco Metropolitan Transportation Study, 2002

8 US Department of Transportation (1996): "Travel Tek" found on the Web at

<http://www.itsdocs.fhwa.dot.gov/jpodocs/edlbrow/3b01!.pdf>

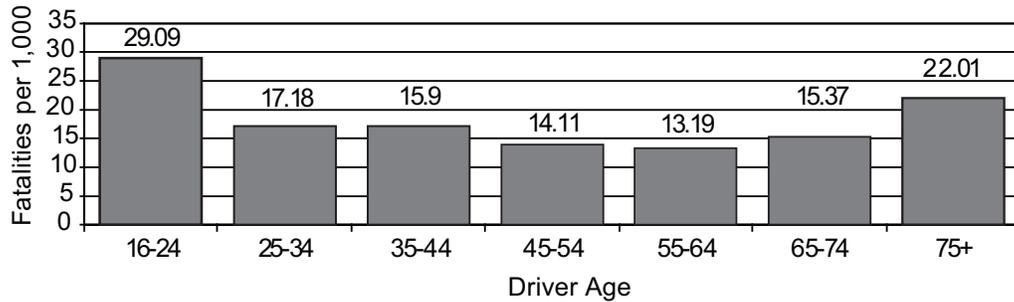
9 Metropolitan Transportation Commission (2002): *San Francisco Bay Area Older Adults Transportation Study*, Nelson/Nygaard Consulting Associates, San Francisco, CA.

10 U.S. Department of Transportation (1996): "Travel Tek" found on the Web at

<http://www.itsdocs.fhwa.dot.gov/jpodocs/edlbrow/3b01!.pdf>



**Fatality Rate by Age Group, 2002**  
**Based on the number of deaths per 1,000 people in a specific age group.**



Source: National Center for Statistics and Analysis, 2002

**Fact: Most older drivers should expect to outlive their driving ability.**

While many older adults can continue to drive safely for many years, a study comparing average life expectancy and maximum driving age for people over 70 suggests that the majority of older drivers in the United States will outlive their ability to drive by about 7 to 10 years<sup>11</sup>. Many communities are not equipped to handle the needs of large numbers of older adults who are no longer able to drive. In addition, older adults who stop driving may have higher rates of institutionalization than adults who drive.<sup>12</sup>

**Fact: Some drivers know when to restrict or cease driving and some don't. Objective assessment may be needed.**

Some problems, such as declining central vision, may be quite obvious to drivers. Cognitive changes, however, are subtler; their onset reduces the driver's ability to detect loss of function. Thirty percent of older adults with dementia are current drivers.<sup>13</sup>

Some older people who are physically and cognitively capable of driving may simply lose confidence in their ability to drive or no longer feel comfortable or secure traveling at certain times or under certain conditions. In particular, older women who drive infrequently may lose confidence or key driving skills through lack of practice.

11 Foley, D.J., Heimovitz, H.K., Guralnik, J., and Brock, D. (August 2002). "Driving life expectancy of persons aged 70 years and older in the United States." *American Journal of Public Health* 92(8):1284-89.

12 Freeman, E.E., Gange, S.T. Munoz, B., west, S.K. (2006) "Driving status and risk of entry into long-term care in older adults" *American Journal of Public Health* 96 (7): 1254-59

13 Carr, D.B., Duchek, D., Meuser, T.M., Moriss, J.C. (2006). "Older adult drivers with cognitive impairment." *American Family Physician* Web site. Available at [www.aafp.org/afp](http://www.aafp.org/afp)



## Effects of Aging on Driving

**Fact:** Functional decline related to conditions associated with aging does not affect all drivers at the same rate or in the same way.

Although specific abilities needed to drive safely—such as vision, memory, physical strength, reaction time, and flexibility—may decline as we age, the rate of change varies greatly across the older-adult population.

Many older people do not differ significantly in their driving habits from their middle-aged counterparts, who statistically are the safest group on the road.

By improving their functioning, by learning new or compensatory strategies, or by using and training on adaptive equipment, many older adults can continue to drive safely. Providing information about alternative ways to get around, communities also can help older adults make smoother transitions from driving full-time to cutting back or stopping driving altogether.

## Effects of Driving Privileges on Older Motorists

**Fact:** The ability to drive may also affect health status.

Preliminary studies of older drivers show there may be a relationship between health, sense of autonomy, and ability to drive. Mobility declines can lead to depression,<sup>14</sup> reduced life satisfaction,<sup>15</sup> and isolation and loneliness.<sup>16</sup> Non-drivers are more likely to be institutionalized in long-term care settings than those who drive.<sup>17</sup>

## What Effect Does Aging Have on Driving?

Driving is a highly complex task that puts many demands on a driver. Age-related changes in body and mind can affect driving abilities in three functional areas. Drivers must have the ability to:

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14 Marottoli, R.A., et al. (1995) “Consequences of driving cessation among elderly individuals.” *Journal of the American Geriatrics Society* 43, SA6 (cited in Transportation Research Board Transit Cooperative Research Program (2002) *Improving Public Transit Options for Older Persons* 39. TCRP Report 82, vol. 2: Final Report).

15 Cutler, S.J. (1975) “Transportation and changes in life satisfaction.” *The Gerontologist* 15, 155–59.

16 Russell, D.W. et al. (1997) “Loneliness and nursing home admission among rural older adults.” *Psychology and Aging* 12(4), 574–89

17 Freeman, E.E., S. J. Gange, B. Muñoz; S.K. West (2006) “Driving status and risk of entry into long-term care in older adults.” *American Journal of Public Health* 6; 96



- See traffic and road conditions
- Recognize these images, process what they recognize, and decide how to react to the situation
- Perform the physical movement required to control the vehicle<sup>18</sup>

**Conditions related to aging can bring the following changes that affect driving:**

<i>Change</i>	<i>Description</i>	<i>Effect on driving</i>
Vision	Near and far vision, depth perception, visual attention, peripheral vision, light and dark sensitivity, and the affect of glare	Ability to see other vehicles, traffic signals, signs, lane markings, road conditions, and pedestrians
Ability to see equipment and controls on own vehicle		
Cognition	Memory, attention, recognition, speed of decisions, and judgment	
	Ability to recognize traffic conditions and locations/ destinations, process the information, and make appropriate decisions	
Ability to recognize and understand operation of own vehicle		
Physical Function	Strength, flexibility, reaction time	Ability to perform physical movement to control own vehicle

Talking about these changes allows older drivers to make accommodations that keep them driving safely on the road longer.

## Vision

Vision is the primary sense used in driving. About 90 percent of the information re-

<sup>18</sup> Kaplan, W. (1999) "The occupation of driving: legal and ethical issues." *Physical Disabilities Special Interest Section Quarterly* 22(3):1. Bethesda, MD: American Occupational Therapy Association.



quired for driving safety relates to vision. Normal aging affects a number of eye functions key to older drivers seeing objects on and near the roadway. Many older adults can or have adapted their driving when they recognize these normal changes. These changes include:

### **Dynamic Visual Acuity**

Dynamic visual acuity is the ability to see a moving object. With age this ability declines, especially under low-light conditions that occur at dusk and dawn.

One example is driving at dusk when it begins to rain. A pedestrian steps off the curb a half a block away from the driver, who has difficulty seeing the pedestrian until only a few feet away.

### **Depth Perception**

Depth perception is the ability to determine distance of objects. With age, changes in the eye's lens decrease the ability to accurately determine distances between two objects. Older drivers tend to use the distance of the approaching vehicle, rather than the speed of the vehicle, to determine safe turning, changing lanes, or merging.<sup>19</sup>

### **Useful Field of View**

The “useful field of view” refers to the area that one can see and cognitively process and interpret. When in complex driving situations, attention is restricted to the area immediately in front of the driver. For drivers with this decreased visual attention, they can only see the car directly in front and not the pedestrian stepping from the curb. Drivers may be able to increase their useful field of view through retraining by an occupational therapist or other health professional.

### **Contrast Sensitivity**

The capacity to sharply see the difference between two similarly colored objects indicates one's ability to perceive contrast. With age, older adults tend to develop cataracts that change perception of color and background. When driving, the inability to see the difference in contrast affects distance judgment. Drivers may have difficulty in determining distance of an object, resulting in “tailgating” or hitting a curb. Other examples include the ability to see objects lying in the road that are a similar color to the pavement, faded highway lane makers, or pedestrians in dark clothing at night.

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<sup>19</sup> National Highway Traffic Safety Administration (Aug. 2001) “Depth Perception.” *Older Road User Research Plan*. U.S. Dept. of Transportation. DOT HA 809 322. Retrieved from NHTSA on the Web at [www.nhtsa.dot.gov/people/injury/olddrive/OlderRoad/appendix.htm](http://www.nhtsa.dot.gov/people/injury/olddrive/OlderRoad/appendix.htm).



## Glare Recovery

Glare occurs when:

1. The intense brightness of an object – such as the headlights from an oncoming car overcomes our eyes' ability to accommodate, or
2. The eye's ability to focus on incoming light diminishes, due to aging or other causes.

With age, the eye's lens hardens, thereby increasing the amount of “stray” light that enters the eye. This light scatters, causing the appearance of “dazzling bright spots.” Resistance to glare declines by 50 percent every 12 years after age 40.<sup>20</sup> Time to recover from glare also increases with age. Glare affects driving by momentarily blinding the driver. Glare from on-coming headlights at night requires quick recovery to maintain the car's appropriate course.

## Peripheral Vision

Peripheral vision is the ability to see objects to the side when the eyes are focused forward. With age, the range of side vision decreases.

For example, many older people report that all of a sudden a car whizzed past or a vehicle from another lane pulled in front of them. Reduced peripheral vision results in “blind spots” around the car, so older people are suddenly surprised when something comes into their narrowed field of view. Adaptive equipment and retraining can improve the driver's ability to overcome the blind spots. In many cases, proper adjustment of side-view mirrors on a vehicle also can help eliminate some blind spots.

## Light/Dark Adaptation

Light and dark adaptation is the ease with which the eye can adjust to changes from dark or dim lighting to bright areas. Adaptation diminishes with age as the eye muscles become less elastic. For example, many older drivers have difficulty seeing when entering or leaving a tunnel.

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20 Hogan, D.B. (1999): “The Older Driver,” Calgary University Faculty of Medicine, found on the Web [www.med.ucalgary.ca/oemweb/elderdrivers/dementia.htm](http://www.med.ucalgary.ca/oemweb/elderdrivers/dementia.htm)



## Major Vision Conditions

**Conditions that affect vision and appear more frequently with age include cataracts, glaucoma, and macular degeneration, among others.**

Condition	Effect on Driving	Risk Factors for Developing Conditions	Crash Risk (Summary of Research Findings)
Cataracts <sup>21</sup>	<p>Obstruct vision, impairing ability to clearly see the road, pedestrians, signs</p> <p>Impair the ability to distinguish between light and dark (contrast sensitivity), causing distance misjudgment to other vehicles, road barriers or pedestrians</p>	<p>50 percent of those 65-74</p> <p>70 percent of those 75+<sup>22</sup></p>	<p>Crash risk: 1.33 times that of older drivers without similar medical conditions</p> <p>Crash risk after cataract surgery and lens implants reduced by 50 percent compared to crash risk before surgery<sup>23</sup></p>
Glaucoma <sup>24</sup>	<p>Blind spots develop as the optic nerve deteriorates</p> <p>Side vision (peripheral vision) reduced resulting in vehicles seemingly “to come out of nowhere.”</p>	<p>Age 40+</p> <p>Family history of glaucoma, diabetes, nearsightedness</p> <p>African American descent<sup>25</sup></p>	<p>Crash risk: 1.7 to 5.2 times that of drivers without glaucoma</p>

21 MEDLINEplus. Medical Encyclopedia: “Cataracts.” Retrieved from National Library of Medicine on the Web at [www.nlm.nih.gov/medlineplus/ency/article/000739.htm](http://www.nlm.nih.gov/medlineplus/ency/article/000739.htm)

22 Ibid.

23 Owsley, C, et al. (2002): “Impact of cataract surgery on motor vehicle crash involvement by older adults.” *Journal of the American Medical Association* 288:841–49.

24 National Eye Institute. “Facts About Glaucoma.” Retrieved from NEI on the Web at [www.nei.nih.gov/health/glaucoma/glaucoma\\_facts.htm](http://www.nei.nih.gov/health/glaucoma/glaucoma_facts.htm)

25 MEDLINEplus. Medical Encyclopedia: “Glaucoma.” Retrieved from National Library of Medicine on the Web at [www.nlm.nih.gov/medlineplus/ency/article/001620.htm#Causes,%20incidence,%20and%20risk%20factors](http://www.nlm.nih.gov/medlineplus/ency/article/001620.htm#Causes,%20incidence,%20and%20risk%20factors).



<i>Condition</i>	<i>Effect on Driving</i>	<i>Risk Factors for Developing Conditions</i>	<i>Crash Risk (Summary of Research Findings)</i>
Macular Degeneration	<p>Detailed vision diminishes (e.g., letters appear to be missing, straight lines appear crooked).</p> <p>Difficulty seeing road signs, traffic, and pedestrians.</p> <p>Difficulty staying in lane.</p> <p>Eyes may be more sensitive to light and glare, making night driving difficult.</p>	<p>Age 60+</p> <p>Family history</p> <p>People with light eye color</p> <p>Cigarette smoking</p>	Not Available

The information in this table is adapted from the following source unless otherwise cited. National Highway Traffic Safety Administration (April 1999): Safe Mobility for Older People: Notebook 3–29. U.S. Dept. of Transportation. DOT HS 808 853. Retrieved from NHTSA on the Web at [www.nhtsa.dot.gov/people/injury/olddrivesafe/01c03.htm](http://www.nhtsa.dot.gov/people/injury/olddrivesafe/01c03.htm).

## Cognition

Driving requires cognitive (mental) abilities such as memory, image recognition (visual processing), attention, and decision-making. Dementia and side effects from a variety of medications can affect cognition and increase crash risk.<sup>26</sup> The aging process tends to affect driving in areas of memory and attention in these ways:

### Memory

Older adults may become more easily distracted and therefore find difficulty paying attention to incoming information and storing it appropriately.<sup>27</sup>

Age-related conditions may slow the ability to retrieve memories. When driving, this slowed processing affects both the ability to quickly interpret the distance to oncoming traffic and the speed to respond.<sup>28</sup>

26 AMA, “Why are older drivers at risk?” found on the World Wide Web at [www.ama-assn.org/ama/pub/printcat/9115.html](http://www.ama-assn.org/ama/pub/printcat/9115.html).

27 National Highway Traffic Safety Administration (Aug. 2001): “Attention.” *Older Road User Research Plan*. U.S. Dept. of Transportation. DOT HA 809 322. Retrieved from NHTSA on the Web at [www.nhtsa.dot.gov/people/injury/olddrive/OlderRoad/appendix.htm](http://www.nhtsa.dot.gov/people/injury/olddrive/OlderRoad/appendix.htm).

28 Ibid.



## Attention

### *Attention-Switching*

Drivers must quickly transfer attention from one traffic situation to another. Attention switching requires rapidly processing a number of events while paying attention to steering a course. Vision, hearing, or cognitive impairments can influence attention switching.<sup>29</sup>

### *Divided Attention (“Multitasking”)*

Older drivers can experience difficulty in dividing their attention among multiple tasks. Difficulty in switching rapidly from one task to another makes using cellular phones, navigation systems, tuning the radio, or even listening to conversations among passengers disruptive to driving concentration.<sup>30</sup>

### *Complete Missing Information*

Drivers continually fill in missing information from cues around them. Fast-moving traffic, diminished visibility, or missing traffic signs may give only partial information that drivers must complete. With cognitive slowing, the ability to fill in missing information diminishes, putting the driver at risk.

## Dementia

Older adults who do not suffer from dementia are often able to assess their driving and make appropriate changes in driving behavior without family, partner, or professional help. Dementia affects cognitive functions critical to driving, such as judgment, reaction time, and problem-solving abilities, and causes physical and sensory problems that increase driving risk.<sup>31</sup>

Once a doctor diagnoses dementia, the question is not “if” a person should stop driving, but rather “when.” For Alzheimer’s disease, early and clear warning signs indicating the disease is affecting driving can include:

- Needing more help than in the past with directions or learning a new driving route
- Having trouble remembering the destination of the trip or locating one’s parked car
- Getting lost in familiar places
- Having trouble making turns, especially left turns

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29 Ibid.

30 Meyer and Coughlin, p. 3.

31 The Hartford (2000): “Why Dementia and Driving Is a Difficult Issue”. [www.thehartford.com/alzheimers/why\\_dementia.html](http://www.thehartford.com/alzheimers/why_dementia.html)



- Feeling confused when exiting a highway or by traffic signs such as a four-way stop
- Receiving citations for moving violations
- Finding that others frequently honk their horns
- Stopping at green lights or braking inappropriately
- Drifting out of road lane
- Causing damage to one's car without the ability to explain what happened
- Finding other people are questioning the patient's driving safety
- Having difficulty controlling anger, sadness, or other emotions while driving

At the point when these signs occur, the driver should see a driver rehabilitation specialist immediately for an evaluation. A driver rehabilitation specialist provides on- and off-road tests to assess driving and can help determine how driving ability is changing. The driver rehabilitation specialist can help determine when driving is no longer safe. To find a local driver rehabilitation specialist, go to [www.aota.org/olderdriver](http://www.aota.org/olderdriver) or call a hospital or rehabilitation facility to find an occupational therapist with special training in driving skills assessment and remediation. This evaluation gives a starting point for measuring safe driving capabilities. As the disease progresses, driving will become unsafe. A doctor can help decide when driving should stop.

In addition to dementia, other conditions may result in similar types of cognitive impairment including stroke, Parkinson's disease, diabetes, cardiovascular damage, and the side effects of some medications.<sup>32</sup> Sometimes a change in medications, dosage, or timing of doses may be sufficient to restore memory and attention functions.

## **Medications**

Older Americans as a group consume more medications and have more chronic conditions than any other portion of the population. Adults over 65 make up 13 percent of the population, but account for 34 percent of all prescription medications and 42 percent of retail prescription expenditures.<sup>33</sup> Risk for medication side effects and interactions increases with the number of medications taken each day. These side effects influence the ability to drive safely. As a group, older adults are more susceptible to adverse reactions to medications because of the number of medications they take each day and because of physiological changes due to aging.

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<sup>32</sup> Ibid.

<sup>33</sup> Families USA Report (2000): "Cost Overdose: Growth in Drug Spending for the Elderly 1992-2010." Washington, DC: Families USA.



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Medications with strong potential to affect a patient's driving performance include:

- Anticholinergics
- Anticonvulsants
- Antidepressants
- Antiemetics
- Antihistamines
- Antihypertensives
- Antiparkinsonians
- Antipsychotics
- Benzodiazepenes and other sedatives/anxiolytics
- Muscle relaxants
- Narcotic analgesics<sup>34</sup>

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<sup>34</sup> Wang, C.C., Kosinski, C.J. and Schwartzberg, J.G. (2003): *Physicians Guide to Assessing and Counseling Older Drivers*, American Medical Association, Chicago, IL:163



*Conditions Affecting Cognition and Driving* <sup>35</sup>

<i>Condition</i>	<i>Effect on Driving</i>	<i>Risk of Developing Condition with Aging</i>	<i>Crash Risk (Summary of Research Findings)</i>
Dementia <sup>36</sup>	<p>Loss of internal “map” and points of reference can result in weaving in traffic lanes, disorientation, and getting lost in familiar places</p> <p>Disorientation can cause driving at dangerously slow speeds, inappropriate turns, or stopping</p> <p>Perception of own driving ability usually does not match other people’s perceptions or the actual driving performance</p>	<p>11.6 percent for those 65-84</p> <p>47.8 percent for those 85+</p>	Up to 3-4 times higher than older adults with no cognitive impairment

35 NHTSA. Safe Mobility for Older People: Notebook.

36 MEDLINEplus. Medical Encyclopedia: “Dementia.” Retrieved from National Library of Medicine on the Web at [www.nlm.nih.gov/medlineplus/ency/article/001001.htm](http://www.nlm.nih.gov/medlineplus/ency/article/001001.htm).



Condition	Effect on Driving	Risk of Developing Condition with Aging	Crash Risk (Summary of Research Findings)
Medications <sup>37</sup>	<p><b>Antidepressants, antihistamines, benzodiazepenes:</b> can cause blurred vision, (affecting how the driver sees traffic) drowsiness (affecting driving response), and motor coordination (affecting the physical response to traffic situations)</p> <p><b>High blood pressure medication</b> can impair the driver’s response by causing dizziness and fatigue. Beta blockers may cause confusion and insomnia (resulting in poor driving response time or falling asleep at the wheel)</p> <p><b>Pain killers,</b> even some Nonsteroidal anti-inflammatory drugs (NSAIDs), can cause confusion that results in dangerously slowed driving, and poor response time to traffic situations. Muscle relaxants and narcotics increase this affect.</p>	Drivers who take tricyclic antidepressant have shown an increased crash risk	
Parkinson’s Disease	<p>Slowed processing speed and delays in initiating movements can result in problems at intersections</p> <p>Decision making, memory, attention, reaction time, and vision are affected.<sup>38</sup></p>	Incidence of Parkinson’s Disease increases over the age of 60	

37 American Medical Association (2003) Physician’s Guide to Assessing and Counseling Older Drivers Retrieved from AMA on the Web at <http://www.ama-assn.org/ama/pub/category/10791.html>

38 Uc, E.Y., Rizzo, M., Anderson, S.W., Sparks, J. Rodnitzky, R.L., and Dawson, J.D. (2006) “Impaired Visual Search in Drivers with Parkinson’s Disease” *Annals of Neurology*. 60:4, 407-413.



## Physical Function

### Reaction Times

Conditions associated with aging decrease the speed and coordination of movement.<sup>39</sup> Yet in certain well-learned tasks such as routine driving, older adults seem unimpaired. But add unfamiliar settings, emergency stops for pedestrians or animals, and “surprise” maneuvers made by other vehicles, and the affects of slowed reaction time may become apparent.

### Strength and Flexibility

Conditions associated with aging affect head and neck mobility, muscle strength, endurance, and flexibility necessary for driving a car and turning to view traffic. Arthritis is a common condition that restricts movement, slows reaction time, and is sometimes painful enough to affect concentration. Arthritis or other conditions that limit joint mobility make it difficult to get in and out of a vehicle or fasten a seat belt.

Many people compensate for these diminishing functions and remain safe drivers, but for some the severe loss of function may mean cutting back or stopping driving.

Methods of compensation can include changing driving patterns, increasing physical exercises, or installing and using adaptive equipment in the vehicle. Many older drivers understand that unfamiliar locations and unexpected traffic patterns present problems for them. In response, they try to avoid driving in these situations.<sup>40</sup> Exercise can reverse some problems with strength and endurance. Adaptive equipment fitted to cars accompanied with training drivers in the use of such features can help with these limitations in movement and response time.

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39 MEDLINEplus. Medical Encyclopedia: “Dementia.” Retrieved from National Library of Medicine on the Web at [www.nlm.nih.gov/medlineplus/ency/article/001001.htm](http://www.nlm.nih.gov/medlineplus/ency/article/001001.htm).

40 NHTSA. “Attention”: [www.nhtsa.dot.gov/people/injury/olddrive/OlderRoad/appendix.htm](http://www.nhtsa.dot.gov/people/injury/olddrive/OlderRoad/appendix.htm).



**Conditions Affecting Motor Function and Driving<sup>41</sup>**

Condition	Effect on Driving	Risk of Developing Condition with Aging	Crash Risk (Summary of Research Findings)
Arthritis, <sup>42</sup> crippling inflammation of joints	<p>Dexterity loss can affect the use of dashboard controls.</p> <p>Reduced range of motion affects reaching for and fastening seat belts.</p> <p>Loss of strength required for turning the steering wheel or pressing the gas and brake pedals affects vehicle operation.</p>	<p>50 percent of middle-aged adults</p> <p>80 percent of people in their 70s</p>	May increase crash risk
Sleep apnea <sup>43</sup>	<p>Disrupts sleep at night causing daytime drowsiness. Affects alertness when driving.</p> <p>Drivers are prone to falling asleep at the wheel</p>		May increase crash risk

41 Ibid.

42 National Highway Traffic Safety Administration (Aug. 2001): “Physical Risk Factors” (based on Marottoli (1996)). *Older Road User Research Plan*. U.S. Dept. of Transportation. DOT HS 809 322. Retrieved from NHTSA on the Web at [www.nhtsa.dot.gov/people/injury/olddrive/OlderRoad/appendix.htm](http://www.nhtsa.dot.gov/people/injury/olddrive/OlderRoad/appendix.htm).

43 NHTSA. “Physical Risk Factors”: [www.nhtsa.dot.gov/people/injury/olddrive/OlderRoad/appendix.htm](http://www.nhtsa.dot.gov/people/injury/olddrive/OlderRoad/appendix.htm).



<i>Condition</i>	<i>Effect on Driving</i>	<i>Risk of Developing Condition with Aging</i>	<i>Crash Risk (Summary of Research Findings)</i>
Leg problems	Ability to move the foot between the brake and gas pedal.	Severity and pain increase with age	Three or more foot abnormalities result in twice the crash risk compared to people with two or fewer foot abnormalities
Falls	Can be the result of balance problems, vision, sensory or strength, These in turn affect speed in responses to traffic, staying in traffic lanes and responding to visual cues	One-third of adults 65 + fall each year. <sup>44</sup>	Crash involvement is significantly related to having fallen within the past two years
Cold feet, legs, and hands in cold weather (poor circulation)	Slower mobility affects driving operations and slows depressing of the brake.		May increase crash risk

## Conditions with Multiple Effects

Some conditions, such as diabetes and heart disease, affect more than just one of function—vision, cognition, judgment, or physical function.

### Diabetes

Diabetes can affect vision, physical function, and cognition. In terms of vision, diabetic retinopathy—loss of blood circulation to the retina of the eye—is a serious condition, which can cause blindness. The condition develops in 70 percent of people with insulin-dependent diabetes. As the disease progresses, it seriously affects how well drivers can see the road and traffic.

People with diabetes who experience pain or loss of feeling in their feet may have difficulty moving their feet. Diabetes can affect a person’s ability to operate brakes, clutch, and the gas pedal.

<sup>44</sup> NHTSA. “Physical Risk Factors”: [www.nhtsa.dot.gov/people/injury/olddrive/OlderRoad/appendix.htm](http://www.nhtsa.dot.gov/people/injury/olddrive/OlderRoad/appendix.htm).



In the short term, diabetes can cause blood glucose (sugar) levels to be too high or too low. As a result, a diabetic can feel sleepy, light-headed, confused, or can even lose consciousness or have a seizure. These cognitive changes compromise driving alertness and ability.

**Diabetes and Associated Conditions <sup>45</sup>**

<i>Condition</i>	<i>Risk of Developing Condition with Aging</i>	<i>Crash Risk (Summary of Research Findings)</i>
Blood sugar not in balance resulting in confusion or unconsciousness	Nearly half of all diabetes cases occur in people 60 and older	Crash risk increases up to four times with diabetic retinopathy
Vision impairments	70 percent of people dependent on insulin develop diabetic retinopathy.  40 percent of people dependent on insulin develop bleeding from the back of the eye. If untreated, both lead to serious visual loss <sup>46</sup>	

**Parkinson’s Disease**

Parkinson’s disease can cause arms, hands, or legs to shake – even when relaxed. The disease affects balance and the ability to start a movement after having been still. Parkinson’s affects driving by limiting the ability to:

- React quickly to a road hazard;
- Turn the steering wheel; and
- Use the gas and brake pedals.<sup>47</sup>

<sup>45</sup> American Diabetes Association. Available on the Web at [www.diabetes.org](http://www.diabetes.org).

<sup>46</sup> National Center for Chronic Disease Prevention and Health Promotion. “The Prevention and Treatment of Complications of Diabetes Mellitus: A Guide for Primary Care Practitioners.” *Diabetes Public Health Resource*. Retrieved from CDC on the Web at [www.cdc.gov/diabetes/pubs/complications/eye.htm](http://www.cdc.gov/diabetes/pubs/complications/eye.htm).

<sup>47</sup> NHTSA (2003): *Driving When You Have Parkinson’s*. Retrieved from the Web at <http://www.nhtsa.dot.gov/people/injury/olddrive/Parkinsons%20Web/index.html>



## Heart and Circulation

People with irregular heartbeats can experience light-headedness and disorientation, which interferes with the ability to interpret and respond to traffic. Crash risk increases for those with irregular heartbeats.<sup>48</sup>

## Who Is Safe and Who Is Unsafe? The Driving Spectrum

In carrying out the three functions associated with driving—vision, cognition, and physical capacity—older drivers, like all other drivers, exhibit a wide range of driving ability. Functional ability changes at different rates for each person. Therefore, safe operation of a vehicle varies with the driver's degree of functional ability, competence in adapting to physical changes, and the support from the environment to assist with those adaptations.

Unsafe drivers are often so because:

- Physical, sensory, or mental impairments may prevent them from being the safe drivers they once were, and their adaptation strategies do not work;
- Risk-taking habits continue from a younger age, and the driver fails to develop cautious behavior to match declining skills. These habits may include making a left turn with oncoming traffic, driving in the “fast lane,” or aggressive driving; and
- Psychosocial factors or mood-altering substances come into play. For example, older adults who abuse alcohol or other drugs, or whose medications are not appropriately adjusted, could be unaware of the risks they are taking because their perception of reality may be altered.

Some interventions can help keep some older drivers safely on the road longer. Approaches for addressing the needs of older drivers vary with each stage of the spectrum and will be addressed later.

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<sup>48</sup> NHTSA (1999): *Safe Mobility for Older People: Notebook*. Retrieved from the Web at <http://www.nhtsa.dot.gov/people/injury/olddrive/safe/>





<i>Degree of Driving Ability</i>	<i>Skills and Conditions at Each Degree of Driving Ability</i>
Serious Impairment of Mobility, Vision or Cognition  (Requires remediation and adaptation)	Drivers recently experiencing limitations in any of the areas Vision, Attention/Perception/Cognition or physical capabilities AND who have had two unsafe driving events such as traffic tickets, warnings, or near-misses in two years
Unable to Continue Driving	(Requires transition to other types of transportation)  Drivers with functional impairments due to chronic conditions: <ul style="list-style-type: none"> <li>• Cognitive impairment due to Alzheimer’s or other dementias</li> <li>• Vision disability—Blindness or very low vision due to macular degeneration, diabetic retinopathy or glaucoma</li> </ul>

## Why Is Driving So Important to Older Adults?

For most Americans, a driver’s license is considered the first outward and visible step toward becoming an adult. Today, many of us see cars as physical extensions of ourselves—transporting us wherever we want, whenever we want, like a high-speed second pair of legs—as well as extensions of our personalities and tastes. Driving indicates adulthood and freedom to make decisions such as when and where to go. Understandably, many older adults who are told to restrict or stop driving respond strongly to what seems a threat to freedom, spontaneity, and even their roles as respected adults.

There are at least three important reasons to maximize the ability of older adults to continue driving for as long as it is safe:

- Many older adults living in suburban or rural areas do not have access to adequate public transportation.
- Alternative transportation systems such as paratransit and volunteer rides are stretched to capacity in many communities, and are often able to provide only limited service. Often advance reservations are required. Paratransit programs usually limit service to older adults with disabilities and low incomes. Visits with friends and other social activities important in maintaining quality of life aren’t usually accessible through these programs.



- Family members may live out of State and are not available. Family or friends who do live nearby may not have time to drive an older person to many places beyond the doctor's office and grocery stores. Older adults may want to lessen the burden on those who care for them by limiting their requests.

As a result, many older adults who stop driving suffer from isolation that affects both their mental and physical health status. Similarly, when older adults stop driving, the loss of independence may worsen their health status as well as their confidence in their ability to care for themselves.

## Who Can Play a Role in Older-Driver Safety?

### Introduction

Many community organizations—both public and nongovernmental— provide information and education about options for older-driver safety. Families and community groups look to these organizations to answer questions about driving wellness.

Service providers for older adults can act as focal points for driving wellness activities, such as coordinating communication and disseminating information. They also can identify unsafe drivers who attend programs and receive services from their organizations.

Mobility case managers who coordinate the transportation needs of older people with available options, including driving with restrictions, should develop a network of transportation alternatives.

### Family, Partners, and Friends

Research indicates that families and friends of older drivers see few benefits to discussing driving concerns with loved ones. Although older adults and their families say they *should* discuss the process of reducing and ceasing driving, in practice such a conversation either rarely takes place or goes poorly. Here are some reasons:

- A significant barrier to talking about driving is fear of the older person's response.
- Families and partners may find confronting older adults about unsafe driving to be “disrespectful” or “meddling,” and may be accompanied by disapproval from others in the family or community.
- The older driver's adult children and grandchildren may not want to deal with the question of what roles they might have to play in meeting transportation needs if driving is restricted.



- If the loved one is the main driver in the household, isolation might increase not just for that driver but for the non-driver spouse or partner as well.
- Well-meaning older drivers may resist offers from relatives and friends for rides by simply responding, “I don’t want to be a burden.”
- The discussion is postponed until a crisis has occurred – a poor time for developing a transportation plan.

On the other hand, receiving rides from family and friends can foster a sense of being cared for and provides a positive social interaction that can reduce loneliness.<sup>50</sup>

Overwhelmingly, the personal automobile remains the transportation method of choice for both drivers and nondrivers. Nondrivers identified riding with a friend or family member as the most preferred alternative to driving or to taking some form of public or assisted transportation.<sup>51</sup>

Yes, discussions can be effective. In a survey conducted by The Hartford/MIT AgeLab of 7,200 home-dwelling adults age 50 and older, more than half of the older adults followed the suggestions made in conversations about driving.<sup>52</sup>

## Service Providers for Older Adults

Service providers are employees and volunteers of organizations, agencies, or governmental programs who offer services to older adults.

## Working with Families, Partners, and Caregivers

Even when family members, friends, and providers are willing to tackle these difficult conversations, research shows they want more information with which to begin the discussion. Providers can assist by preparing families for the discussion by supplying:

- A list of signs and “symptoms” indicating driving problems;
- Tips on observing the older driver’s driving abilities;
- Assistance in understanding the meaning of driving from the loved one’s perspective;

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50 Glasgow, N. (2000): “Older Americans’ Patterns of Driving and Using Other Transportation.” *Rural America* 15(3):1–5. Retrieved from U.S. Dept. of Agriculture on the Web at <http://www.ers.usda.gov/epubs/pdf/ruralamerica/sep2000/sep2000f.pdf>

51 Coughlin, J., and Straight, A. (2001): *Transportation and Older Persons: Perceptions and Preferences—A Report on Focus Groups*. Retrieved from AARP on the Web at [http://research.aarp.org/il/2001\\_05\\_transport\\_1.html](http://research.aarp.org/il/2001_05_transport_1.html)

52 Age-Lab and The Hartford (2005): *Family Conversations with Older Drivers*. Retrieved from The Hartford on the Web at <http://www.thehartford.com/talkwitholderdrivers/driversatrisk.htm>



- Suggestions on how to begin the driving discussion;
- Ideas on how best to talk about appropriate driving choices and ways to travel around the community;
- A list of community resources for driving evaluation and remediation;
- Strategies for driving reduction or retirement; and
- Local transportation alternatives for the older driver.

## **Working with Older Drivers**

Staff members of community organizations can work with older drivers and their families to help older motorists stay behind the wheel. By offering programs that emphasize maintaining driving longevity rather than driving cessation, these agencies develop trusting relationships with all parties and can encourage and assist the older driver to continue driving safely by:

- Developing opportunities to assess the driving environment;
- Creating or providing referrals to driving programs that assess capability and provide on- and off-road training programs;
- Providing assessments for driving function;
- Distributing information on safe driving and self-assessment;
- Creating supportive options for older drivers who must reduce driving or retire from the wheel; and
- Collaborating with transportation and service providers to ensure that transportation options are available for drivers who reduce or stop driving.

## **Law Enforcement**

Older drivers want to drive safely and are not opposed to fair and unbiased evaluations. The law enforcement community can play an integral part in collaborating with community organizations and government agencies by providing training, information programs and material, and self-assessment techniques for the older driver.

Officers acting as concerned representatives of the community can intervene because many older citizens trust police officers. To help a driver steer clear of harm's way on the road, law enforcement officers can offer the following:



### **Interventions with the older driver:**

- Providing a referral to a local assistance agency that coaches and counsels older citizens on safe vehicle operation, or makes recommendations for other mobility options;
- Encouraging self-assessment;
- Offering driver refresher courses;
- Citing drivers who violate traffic laws; and
- Making referrals to the licensing agency.

### **Interventions with the family, partner, or friends:**

- Acting as a trusted authority in evaluating driving safety;
- Supporting legal efforts to appropriately restrict or remove driving privileges; and
- Seeking information and assistance on the health and mobility situation of the older driver from loved ones.

### **Interventions with other community agencies:**

- Offering the assistance of the law enforcement community in conducting safety programs.

### **Departments of Motor Vehicles (DMVs)**

Many motor vehicle departments take a proactive approach to assisting older drivers. DMVs in some States have:

- Developed driver-assessment programs or assessment counseling;
- Hosted driving-training programs;
- Offered pamphlets or conducted information campaigns on safe driving; and
- Participated in transportation committees to improve drivability of roads and review alternatives to driving.

Some States have shortened the time span between renewal periods for a license based on the driver's age. Other States issue restricted licenses to drivers based on individual capabilities (only daytime driving, only driving a designated number of miles from home).



## Healthcare Providers

### Doctors

The safety of older drivers has long been a concern of the American Medical Association and the American Academy of Family Physicians. As associations representing and speaking to doctors, each has developed manuals and information pages to assist members and medical colleagues in counseling older drivers. NHTSA sponsored the development of the American Medical Association Physician's Guide to Assessing and Counseling Older Drivers that can be found on the Internet at [www.nhtsa.dot.gov/people/injury/olddrive/OlderDriversBook/pages/Preface.html](http://www.nhtsa.dot.gov/people/injury/olddrive/OlderDriversBook/pages/Preface.html).

The doctor's role in older-driver safety covers three areas:

- Public health:
  - Providing preventive care for potential impairments;
  - Assessing individuals for medical fitness to drive;
  - Referring patients for functional evaluation and rehabilitation; and
  - Counseling patients on driving safety.
- Medical:
  - Assessing the capabilities of the older driver to successfully function behind the wheel in terms of:
    - Vision;
    - Cognition;
    - Alertness; and
    - Physical ability to operate the vehicle's steering, speed, and safety mechanisms.
  - Making referrals to Certified Driving Rehabilitation Specialists (CDRSs) for assessment and rehabilitation.
- Legal/ethical:
  - Understanding the American Medical Association's policy recommending physicians counsel the patient regarding medical evidence for substantial driving impairment that threatens the patient's and/or the public's safety;
  - Advising the patient
    - On prevention and safety information;
    - To cut back on driving; and
    - To consider driving retirement, as a last resort.
  - Notify the DMV if the advice to discontinue driving is ignored by the patient, which the AMA considers both desirable and ethical.<sup>53</sup>

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53 Schwartzberg, J. G. (Mar. 13,2003): "The Physician's Role in Older Driver Safety." Presented at the Joint Conference of the American Society on Aging and the National Council on Aging.



## Nurses

Nurses can play a role in:

- Disseminating information about health and safe driving to older patients;
- Making appropriate referrals;
- Keeping doctors apprised of family and patient concerns about vehicle operation;
- Participating in or conducting a community information effort to promote older-driver safety; and
- Conducting office-based assessments at direction of physicians.

## Occupational Therapists

Physicians can refer patients to occupational therapists for more help with driving issues. Some occupational therapists have taken advanced training to conduct both on- and off-road driving-fitness assessments and interventions, and can identify alternative mobility solutions. Occupational therapy driver rehabilitation specialists can prescribe adaptive features to the vehicle that can extend the period of safe driving. More information about occupational therapists and older drivers is available at [www.aota.org/olderdriver](http://www.aota.org/olderdriver).

### *Certified Driver Rehabilitation Specialists*

The Association of Driver Rehabilitation Specialists (this organization formally changed its name from the Association for Driver Educators for the Disabled in 1997, but kept its old acronym, ADED) offers training and certification to professionals who work to maintain and improve driving safety. The American Occupational Therapy Association also offers training and continuing education to practitioners.

Driver rehabilitation specialists may:

- Provide clinical driving assessments;
- Conduct on-road evaluations;
- Follow up with training in safe driving techniques; and
- Recommend adaptive devices and train drivers on their use.

Most certified driver rehabilitation specialists are occupational therapists. Under certain circumstances, these services may be paid for by health insurance companies. Medicare does not pay for most assessment and retraining courses. A listing of driver rehabilitation specialists certified by ADED is available at [www.aded.net](http://www.aded.net).



## **Hospital Rehabilitation Professionals**

Some hospital rehabilitation centers can conduct a driving assessment based on a doctor's order. The assessment may include evaluation of:

- Strength
- Coordination
- Vision (night vision and depth perception)
- Divided attention
- Brake reaction
- Understanding of road signs

Sometimes the centers conduct on-road driving tests. Costs for hospital assessments vary, but are commonly \$200–\$600. Additional rehabilitation services may be needed for some drivers after the initial assessment.

## **Volunteer Organizations**

Volunteer organizations provide many services including driver education and transportation alternatives. AARP stands as perhaps one of the first organizations to use volunteers as peer instructors for driving-refresher courses. Instructors of the AARP Driver Safety Program, formerly called “55 Alive,” have trained millions of experienced drivers during the past 20 years. The program has an online course for older drivers to take at [www.aarp.org/families/driver\\_safety/driver\\_safety\\_online\\_course.html](http://www.aarp.org/families/driver_safety/driver_safety_online_course.html)

Volunteers from AARP, AAA Car Clubs, the American Occupational Therapy Association, and the American Society on Aging may host a CarFit Event. Trained volunteers help mature drivers find out how well they currently fit their personal vehicle, and provide tips drivers can use to improve their fit. For information visit [www.asaging.org/carfit](http://www.asaging.org/carfit)

Volunteers from non-profit organizations help keep down the costs of transportation programs by driving older community members to needed destinations. For information about volunteer driver programs, go to <http://www.seniordrivers.org/notdriving/notdriving.cfm>.

## **Religious Organizations**

Religious communities and organizations often help the older adult who has restricted or ceased driving by providing rides to religious services, social events, medical appointments, or spiritual activities. Some of these organizations have developed supplemental transportation programs adding to alternative transportation options in a community.



## **Community Colleges and Universities**

A number of universities, colleges, and community colleges sponsor older-adult education opportunities either through special classes for the older learner or as courses anyone can take without receiving graduation credits. Many educational institutions want to be responsive to their local communities and welcome involvement in creating courses or offering special seminars for older adults.

Some colleges have sponsored courses that touch on the topic of physical and psychological changes as we age. Such courses could incorporate the topic of driving in discussions about adaptation and functioning. Other schools have specifically sponsored driving-refresher courses.

## **Transportation and Safety Organizations**

### **National Safety Council**

The National Safety Council (NSC) and local branches operating under its umbrella are sources for information about NSC-approved motor-vehicle accident-prevention courses.

### **AAA (formerly known as the American Automobile Association)**

AAA has several local offices that support the “Safe Driving for Mature Operators Driving Improvement Programs.” Participants receive valuable tips on safety involving good visual habits, road communication (signs, turn signals, and horn use), speed adjustment to match the road conditions, response to driving emergencies, and car maintenance. Many insurance companies provide discounts to their clients who participate in this and other driver refresher courses. These courses are available through local car clubs. Contact the AAA national office for a listing of these clubs by visiting [www.aaa.com](http://www.aaa.com).

Roadwise Review is a self-assessment tool (CD-ROM) developed for AAA and is available at AAA chapter clubs.

### **Local Driving Schools**

In some States, driving schools hire State-certified instructors and driver educators experienced with older or disabled persons to provide an impartial, behind-the-wheel evaluation. Instructors do not recommend automatic loss of license if the driver performs unacceptably. A certified instructor writes a report (and sometimes makes a videotape) detailing the performance and documenting the need for remedial instruction or recommendation for driving retirement. However, driving-school instructors and



driver educators often lack the medical knowledge that driving-rehabilitation specialists bring to the evaluation.

## What Are the Key Health Promotion Messages for Older-Driver Fitness?

### Driving Discussions

**Message:** Hold discussions about driving plans before a crisis.

Unfortunately, too often, a crisis forces an older-adult driving discussion to take place and may focus on ways to take away the car keys. Few discussions take place about driving behavior itself or strategies that help avert problems with on-road safety. Not surprisingly, initiating conversations with older adults about driving is difficult at best.

For many people, financial planning is central to retirement planning. Encourage older adults to develop transportation strategies in combination with their financial plans. When moving to a home in later years, suggest considering:

- The availability of transportation in the surrounding area;
- Proximity to services; and
- Availability of sidewalks and crime-free neighborhoods for walking to services.

Safety promotion discussions before a crisis takes place encourage driving wellness and safety. Early planning for older adults' driving future may:

- Reduce stress on the older driver who may feel “forced” to continue driving when skills have diminished because no alternatives were planned;
- Avoid crash fatalities and injuries with discussions about safety promotion; and
- Reduce family and partner stress in struggling over the car keys;
- Reduce use of door-to-door public transportation (paratransit) by ensuring that capable drivers remain on the road.



**Message: Fit your car to you.**

Having a car with an automatic transmission, power steering, and power brakes can transform an uncomfortable vehicle into a more accommodating environment.

Also, anecdotal evidence suggests that a surprisingly large number of older drivers do not know how to adjust mirrors, steering wheels, car seats, head restraints, or seat belts. These simple changes can be made by the older person or the family member. There are also adaptive devices that do not require any special training or expertise to install or purchase, which may also help, including:

- Easy-locking seat belts;
- Visor extenders;
- Steering wheel covers to improve grip on the steering wheel;
- Seat and back support cushions to relieve back pain or improve the ability to see over the steering wheel. Such cushions may change how the driver sees out of the mirrors and make contact with the gas and break pedals; and
- Keyless ignition, doors that automatically lock and open.

To improve driving safety and comfort, trained professionals can add devices (such as special equipment for steering and foot-pedal operation) to help older drivers. Occupational therapists, driver rehabilitation specialists, and other professionals from rehabilitation facilities first should perform an assessment of the driver's needs. Second, the equipment must be properly installed, and third, as with most new tools or pieces of equipment, training and practice need to follow before getting on the road. Adaptive devices include:

- Larger panoramic rear and side mirrors;
- Pedal extenders to better reach the brake and accelerator while keeping the seat back at a safe distance (11 inches) from the airbag in the steering wheel;
- Hand controls for the brake and gas;
- Car lifts and carrying devices for a wheelchair or scooter;
- Steering device to aid in grabbing the wheel and making turns easier or more efficient;



- Seat belt adapters to make belts easy to reach, improve fit, and make release buttons easier to operate by arthritic hands; ribbons attached to seat belts can assist in reaching for the belt;
- Special torso restraints to hold the driver upright;
- Turn-signal crossovers to shift operation of turn signals to the other side or to the floor for foot operation (to use the driver's stronger arm or leg);
- Extra-loud turn-signal "clickers" or relocated/brighter turn-signal indicators on the dashboard;
- Left-foot accelerator pedal for those with limited or no use of the right foot;
- Touch pads or voice-scan activation systems for car controls and electronic joystick controls for steering, gas pedal, and brake;
- Handybar which acts as a removable arm on a chair, helpful for driver or for passengers in getting in or out of the vehicle; and
- Leg lifter which allows for ease of transfers and pivoting into the seat. A loop is placed over foot to assist in manually "lifting leg" into the vehicle. Also an alternative is to move the leg into vehicle by pulling on pant leg or manually lifting thigh.

A professional assessment by an occupational therapist or a certified driving rehabilitation specialist ensures the need for the appropriate equipment to save money and ensure safety. Proper installation by trained staff ensures proper fit and safety. And finally, training by a driver rehabilitation specialist on the use of the new equipment increases the likelihood of safe vehicle operation.

After installation, the drivers may not perform as effectively. Therefore, training and practice using most of these devices play an essential role to ensure safe operation.

Most newer vehicles come equipped with seat belts that adjust from the pillar just behind the front seat. These adjustments help to lower the shoulder positions of the belts to accommodate a smaller-stature person.

**Message: Refresh your knowledge of the rules of the road.**

Many older drivers today never took a formal driver-education class. They passed their driving tests by reading the DMV's booklet and practicing with a family member in a parking lot or field. Automobiles, roads, and driving have changed over the past 40 years or more, and drivers have had few opportunities to refresh their knowledge aside from "on-the-road" training.



To help older drivers review safe driving practices, community agencies can sponsor driver refresher courses specifically tailored to seasoned drivers. Referrals to the AARP course and others sponsored by the AAA and the National Safety Council allow older drivers to stay current on today's driving practices and laws.

## **Driving Fitness**

**Message: Physical activity and exercise improve driving ability.**

Driving a car requires strength and agility to depress the brake and gas pedals, turn the steering wheel, shift gears, and even to enter and exit the vehicle. Flexibility is essential for looking over the shoulder, changing lanes, and looking left or right to check for traffic. Reaching for a seat belt requires a certain range of motion in the shoulders. The driver must also have the endurance to physically perform and remain alert.

**Message: Mental alertness contributes to driving fitness**

Maintaining mental agility as one grows older is as important as maintaining physical agility. Intellectual stimulation promotes brain growth in animals and protects against cognitive decline in humans. In animal studies, brains can shrink if deprived of thought-provoking toys and enriched environments. These results lead researchers to conclude that in humans, age-associated memory loss could be partly attributed to lack of mental stimulation.

**Message: Know the effects of your medications on driving alertness.**

Some medications affect alertness and vision. The more medications consumed, the greater the risk for side effects and interactions. These side effects may influence the ability to focus on driving. Older adults as a group are more susceptible to adverse reactions to medications because of the number they take each day—more than any other age group—and because of physiological changes due to aging. Therefore, optimal management of medications becomes even more crucial for older drivers. Encourage older drivers to speak with their prescribing physicians or pharmacists about the affect of their multiple medications on driving.

**Message: Get adequate sleep and rest for driving alertness.**

Not being able to get the proper rest during the night can cause sleep deprivation that impairs concentration and leads to mistakes. Surprisingly, the person may not even feel sleepy.

## **Safety Habits**

**Message: Buckle up—always.**

Seat belt campaigns over the past 20 years have ingrained in most Ameri-



cans the importance of buckling up. Today, more than 80 percent of Americans buckle up; however, NHTSA estimates that an additional 5,838 lives could have been saved by seat belt use in the year 2004 alone. Lap/shoulder seat belt use has been shown to reduce fatal injury by 45 percent and moderate-to-critical injury by 50 percent to drivers and front-seat passenger car occupants.<sup>54</sup> The functional limitations an aging person experiences may create barriers to complying with the seat belt message. In particular, decreases in flexibility and strength to grab, pull, and latch the belt may limit use of seat belts.

Use of seat belts with adapters makes belts easier to reach and improve the fit. New styles of seat belts feed out more gradually and work with airbags to reduce bone injuries during crashes. Promoting these devices will assist in making seat belt use a habit.

**Message: Don't drink and drive.**

Alcohol involvement is one of the most important factors in fatal crashes. Never drink and drive at any age. For older adults, alcohol is processed more slowly and stays in the body longer. Alcohol depresses all the body's systems and significantly decreases the skills needed to drive safely. Use of any amount of alcohol can intensify the actions of many medications, leading to increased sedation and disorientation, which increases the risk of falls or car crashes.

## **What Screening Tools and Assessments of Driving Fitness Are Available?**

### **Screening Tools**

Screening tools can seem less threatening than a test and provide good feedback to the driver. The following are a few examples:

For a thorough but lengthy self-assessment tool, check the Driving Decisions Workbook, available on the Internet at [www.umtri.umich.edu/library/pdf/2000-14.pdf](http://www.umtri.umich.edu/library/pdf/2000-14.pdf)

A booklet with questions to consider, *Driving Safely While Aging Gracefully*, is available from NHTSA at [www.nhtsa.dot.gov/people/injury/olddrive/Driving%20Safely%20Aging%20Web/index.html](http://www.nhtsa.dot.gov/people/injury/olddrive/Driving%20Safely%20Aging%20Web/index.html)

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<sup>54</sup> NHTSA (2004). "Occupant Protection." *Traffic Safety Facts: 2004 Data*. Retrieved from NHTSA on the Web at: <http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSF2004/809909.pdf>.



AAA also has a computer-based screening program called “Roadwise Review” that helps individuals check their visual, mental, and physical responses and identifies steps to reduce risk behind the wheel. Copies of the computer program are available from local AAA clubs.

## **Functional Assessments**

Taking a “test” can stir anxiety in the bravest driver. Therefore, a driving assessment conducted in a comfortable environment by staff from a trusted organization can make the process more acceptable. Driving assessments should be helpful to people who:

- Want to confirm their level of driving fitness;
- Are able to drive safely but lack confidence;
- Seek a plan for the future when driving may no longer be possible;
- Could potentially endanger themselves and others.

## **Using a Driver Rehabilitation Specialist**

You can encourage an assessment by a driver rehabilitation specialist who understands the affects of muscle strength, memory, decision-making, and self-awareness of personal skills on driving ability. Depending on the State, older drivers may be required to get a prescription from a physician for an assessment.

Many driver rehabilitation specialists are occupational therapists who are trained in evaluation of function and the impact of impairments on performance. Occupational therapy driving rehabilitation specialists perform comprehensive evaluations including clinical evaluation, on-road evaluation, prescription of adaptive tools and equipment, and training in their use. The rehabilitation team may address and optimize impairments through clinical intervention, with the goal of keeping the person on the road and mobile for as long as safely possible.

An occupational therapy driver rehabilitation specialist may conduct the following assessments to determine driving capacity, possible measures to improve driving, or to make recommendations for retirement from driving:

- Clinical assessment (checking muscle strength, range of motion, vision, memory, speed in processing what one sees, and decision making);
- Self-assessment (observing the driver’s insight into any driving problems, self-limitation of driving activity, receptiveness to transportation options);
- On-road assessment (riding with the driver beginning in familiar locations and light traffic and progressing into heavier traffic); and



- Family or partner's assessment (listening to reports from family or partners for example, about the driver becoming lost, negative reactions from other drivers such as honking or near misses, personal fears in riding with the older driver, and their observation of the person's driving).

Assessing the older person's alternative transportation fit:

- Memory to use public transportation with or without an escort;
- Physical abilities to ride a certain type of service;
- Comfort level in riding with strangers; and
- Family and friends' availability to provide transportation.



**The assessments that the driver rehabilitation specialist might use include:**

<i>Vision</i>	<i>Near and distant-</i>  Ability to see distant road signs or nearby dashboard gauges	<i>Contrast sensitivity-</i>  Ability to see gray cars, on a dark road on a cloudy day	<i>Color-</i>  Ability to distinguish color of traffic signal lights	<i>Depth perception-</i>  Ability to judge adequate distance for merging or parking	<i>Visual field scanning -</i>  Ability to pick out objects by glancing around Physical
<i>Physical</i>	<i>Pain-</i>  Ability to move leg from gas to brake pedal, or hold the steering wheel	<i>Strength-</i>  Ability to move legs	<i>Endurance-</i>  Ability to drive one hour	<i>Joint range of motion-</i>  Ability to reach seat belt or turn head and neck to check traffic	
<i>Visual Processing</i>	<i>Useful Field of Vision-</i>  Ability to see and attend to images in side vision (peripheral vision) especially important at intersections	<i>Trailmaking (A)</i>  Requires maintaining attention in sequencing written numbers  Ability to maintain attention and focus	<i>Trailmaking (B)</i>  Requires drawing a line between sequential numbers and letters that are scattered on a page  Ability to switch attention from one focus to another		
<i>Cognition</i>	<i>Traffic symbol recognition-</i>  Ability to interpret the meaning of traffic signs	<i>Short Blessed Test</i>  Requires remembering current dates, sentences and counting backwards  Ability to recall memories, take new directions and make judgments			

Adapted from Hunt, Linda (2003): "Driving Assessments," American Society on Aging Web Seminar, June 20, 2003



## Turning to Doctors

As previously mentioned, the safety of older drivers has long been a concern of the American Medical Association and the American Academy of Family Physicians, who have developed manuals and information pages to assist members and medical colleagues in counseling older drivers. Their role in older-driver assessment is based on prevention and medical intervention. Doctors conduct assessments of patients' vision, cognition, alertness, and physical ability. These functions often have a direct effect on the ability of an older person to drive safely.

Assessment of medical fitness to drive begins with a review of medical history. The doctor searches for these red flags:

- Medical conditions that may lead to impaired driving (dementia, arthritis, foot abnormalities, cataracts, etc.);
- Medications that can affect alertness and response time (antihistamines, decongestants, sleep medications, cough medicines, antidepressants, tranquilizers, narcotic painkillers); and
- Recent health events (surgery, stroke, heart attack).

During the assessment, the doctor observes the appearance and behavior of the person, looking for:

- Level of personal hygiene and grooming;
- Ability to walk and get in and out of chairs;
- Ability to accomplish visual tasks;
- Sharpness of attention, memory, and understanding; and
- Concerns of the patient and family or partner about driving capability.

The second step is to determine medical intervention if needed and the subsequent course of medical treatment. The doctor will treat the condition or make referrals to vision specialists, driving-rehabilitation specialists, or physical or occupational therapists. If the patient appears functionally fit, the doctor can advise the driver about health behaviors to maintain fitness. Finally, if the patient is not able to safely operate a car despite medical intervention and driving rehabilitation, the doctor can counsel the patient on driving retirement. Some States have mandated that physicians report patients to the DMV when driving skills may be impaired. Because of fear of liability, concern about breaking doctor-patient confidentiality, and lack of evidence-based research linking specific levels of functional decline to driving safety, compliance is inconsistent. The AMA and NHTSA have developed a guidebook for physicians on counseling older drivers, which is available on the Web at [www.nhtsa.dot.gov/people/injury/olddrive/OlderDriversBook/pages/Preface](http://www.nhtsa.dot.gov/people/injury/olddrive/OlderDriversBook/pages/Preface).



## How Do You Talk About Driving?

Families often ask service providers about the signs of driving impairment. This gives service providers an opening to talk about the spectrum of driving ability and to make suggestions on approaching driving discussions with older drivers.

### Preparing for the Conversation

To prepare for useful discussions with the older driver, have family and partners focus on the older driver's functional capacity, not age or disease. *People age at different rates and age-related problems known to affect driver performance do not occur in all people at the same rate or to the same degree.*<sup>55</sup> The discussion should:

- Clarify for the family and partner the transportation needs of the older person;
- Highlight steps that older drivers have taken to ensure their own safe driving, such as limiting driving at night, in poor weather conditions or during busy traffic times;
- Develop strategies to improve driving; and
- Result in positive action to ensure safety.

Preparation for the conversation begins with fact finding. The more information collected, the better and more complete the picture of the driver's needs and capabilities, and the more informed discussions can be. The information can help family members, friends, health care professionals, and the older driver decide what 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.

Have families and partners identify signs of driving problems. With concrete examples, you as a provider can help them consider positive approaches such as focusing the conversation on remediation and not loss of keys. Provide families and partners with the following list of signs to identify driving problems.

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<sup>55</sup> Stressel, D.L. (2000): "Driving Issues of the Older Adult." *OT Practice: AOTA Continuing Education Article* 1-9.



Signs of Driving Problems:<sup>56 57</sup>

- Vehicle crashes;
- New dents or dings in the car;
- Observations by neighbors or friends about unsafe driving;
- Police visits;
- Two or more traffic tickets, warnings, collisions or “near misses” within the last two years;
- Increases in car insurance premiums because of collisions; and
- Getting lost on familiar streets.

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. 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 family or friends frequently observe these behaviors or signs, they likely signal the need for action. These behaviors can indicate the person is at risk if he or she continues to drive.<sup>58</sup>

56 Sterns, H.L., Sterns, R., Aizenberg, R. and Anapole, J. (2001): *Family and Friends Concerned About an Older Driver*. National Highway and Safety Administration Research Report No. DOT HS 809 307. Washington, DC: U.S. Department of Transportation. Also available on the Web at [www.nhtsa.dot.gov/people/injury/olddrive/FamilynFriends/faf\\_index.htm](http://www.nhtsa.dot.gov/people/injury/olddrive/FamilynFriends/faf_index.htm)

57 LePore, P.R. (2000): *When You Are Concerned—A Handbook for Families, Friends and Caregivers Worried About the Safety of an Aging Driver*. Albany, NY: New York State Office on Aging.

58 National Highway Traffic Safety Administration (2006). *How to Understand and Influence Older Drivers*. Washington, DC: Department of Transportation



To prepare for the conversation with the older driver, have the family member or partner observe driving performance. Encourage the concerned relative to ride with the older driver. Remind them to look for the strengths of the older driver's performance. Then consider how to strengthen the weaker areas. The observer should ride with the older driver two or three times at different times of the day and under different conditions. Suggest that the rider just observe and not comment while in the car.

After the ride, have the relative consider factors that might have interfered with driving performance. Provide some of the following suggestions:

Contributing Factors to Driving Problems:

- Inappropriate adjustment of the seat, steering wheel, mirrors, or seat belt;
- Difficulty seeing;
- Problems with neck flexibility in turning to see traffic on the left or right;
- Difficulty hearing;
- Medication reactions; and
- Alcohol misuse.

Help the family and partner develop supportive strategies to respond to these challenges.

## **Beginning the Discussion**

Encourage the family to talk about the two or three drives and observations made on the rides. Emphasize that the discussion should provide helpful feedback for the driver, not punishment. Counsel that productive conversations come when family and partners:

- Make the goal of the conversation to preserve independence (not necessarily by driving);
- Ask the older driver how he or she felt about the drive;
- Take responsibility for concern by sharing how they feel, not how they want the driver to respond;
- Use words such as “safe conditions,” not “restrictions;”
- Listen with respect and sensitivity to feelings a person may have about the situation;
- Open up options such as an outside assessment or taking a driver refresher course; and



- Prepare for negative reactions such as anger.

If the family or partner can't arrange to ride with the older driver, these suggestions can still act as an opener for discussion about driving. Emphasize giving the older driver room to talk about perceived driving performance and feelings about driving.

Here are a few ways *not* to approach the subject:

- The goal of the conversation is to “get him/her off the road;”
- Make accusations of unsafe driving; and
- Have a big family discussion so the driver feels “ambushed” and out-numbered.

## **Developing Strategies**

### **Keeping the Car**

Reducing or retirement from driving does not automatically mean giving up the car. The car may have great meaning to the older adult. Suggest that the car be used to transport the older person to the doctor or to shopping. Being able to offer a car to others can help retain the sense of independence.

### **Investigating Adaptive Equipment**

Ask families or partners to consider supporting the older drivers by ensuring they drive under the best possible circumstances. Have loved ones investigate adaptive equipment. For more information, see page 188 in this toolkit.

### **Exploring Alternative Ways to Get Around**

Recommend that families and loved ones might want to practice getting around using means other than the car. Invite the older person to join them on excursions using alternative transportation or set up special occasion days to do errands together with the older person as the passenger.

If the result of the discussion with the older driver is recognition of diminished capacity for driving or retirement from the wheel, family members and partners should be encouraged to check in frequently and provide ongoing support for the driver. Developing a plan to meet the mobility needs of the older person assists in keeping older adults connected to the community.

### **Encouraging Self-Assessment**

In addition to the family or partner's 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 “Test Your Driving IQ” 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/families/driver\\_safety](http://www.aarp.org/families/driver_safety) and click on the link in the “Test Your Driver Safety IQ” box.
- The AAA Foundation for Traffic Safety has a quiz (<http://seniordrivers.org/quiz/driver55.cfm>) 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.<sup>59</sup>

## After the Discussion

Leaving the wheel is often a watershed event for an aging driver. It represents the end of a unique form of individual freedom that the driver may have known and counted upon for most of his or her life. Suddenly, that freedom and all it conveys disappears forever. This passage can bring forth the strong emotions of any major loss. Driving cessation is one of the greatest predictors of depression.<sup>60</sup> Families and partners can help with the loss of driving by:

- Encouraging involvement with friends and continuation of usual activities outside the home;
- Arranging for a DMV nondriver identification card which does more than just continue the driver’s primary form of identification—the card can build a feeling of connection to society; and
- Making plans for visitors either through family or friends or a friendly visiting program.

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59 National Highway Traffic Safety Administration (2006). *How to Understand and Influence Older Drivers*. Washington, DC: Department of Transportation

60 Marottoli, R.A., Mendes de Leon, C.F., Glass, T.A., Williams, C.S., Cooney, L.M., Jr., Berkman, L.F., and Tinetti, M.E. (1997) “Driving Cessation and Increased Depressive Symptoms: Prospective Evidence from the New Haven Established Populations for Epidemiologic Studies of the Elderly.” *Journal of the American Geriatric Society* 45(2):202–06.



## **Coping with Reactions**

Reactions to the discussion can vary from acceptance to denial. Families may express to service providers concern and upset over the older driver's reactions to driving discussions. In surveys conducted by the New York State Department on Aging, families, friends, and caregivers reported the following range of responses from older drivers:



<i>Acceptance</i>	<i>Anger</i>	<i>Embarrassment</i>	<i>Sadness/Depression</i>	<i>Disbelief and Denial</i>
<p>She agreed to the sale of her car</p> <p>He was resigned to not driving again, and also relieved</p> <p>He has reluctantly accepted</p>	<p>At first, he was resentful and sarcastic She vehemently protested, got angry, cried.</p> <p>She brings it up with relatives and friends</p> <p>She has gone to see several doctors to try to get them to permit her to drive</p> <p>She was negative, sarcastic, and angry</p> <p>There was pouting, resentment, hostility, and vindictiveness</p> <p>He was argumentative and difficult</p> <p>My mother has always been a lady. When the DMV took her license, she was furious, she was yelling foul language and screaming. My father couldn't stand the abuse. My sister and I had to help calm her down. It took four days!</p>	<p>He does not want to see anyone because he feels the loss of his license labels him as unfit</p> <p>It hurt her feelings</p> <p>She was deeply offended by the intervention</p>	<p>There has been withdrawal and depression</p>	<p>She said, "How could you do this to me? I don't believe you did this to me!"</p> <p>He talked about his perfect driving record for over 60 years</p> <p>She said there was nothing wrong with her driving</p> <p>She has ignored me</p>



Allow family members and partners to identify their emotions and those of the older driver. Explain that reactions can be expected and may be unpleasant. Listen and provide support without taking sides. You may want to respond with phrases such as:

- “I understand that this reaction is upsetting;” or
- “You obviously care a great deal about your (partner, father, etc.) and want to keep him safe.”

You can help families and partners by sharing the following tips on coping with reactions.



### ***Tips: Responding to the Hostile or Angry Driver***

Listen:	<ul style="list-style-type: none"><li>• Hear the person out. Allow them to express anger and hostility</li><li>• Answer concerns where appropriate</li></ul>
Use logic:	<ul style="list-style-type: none"><li>• Where appropriate, go over the reasons and the evidence of why driving is now dangerous</li><li>• Where appropriate, review the ramifications of continuing to drive. Explain how an injury could be much more disruptive to one's life than not driving. Ask how they would feel if driving caused injury to or killed another person. Ask what the implications would be to the individual's estate</li><li>• Share information about similar situations where a driver refused to stop driving when it was time, and then later crashed or caused injury</li></ul>
Suggest a Second opinion:	<ul style="list-style-type: none"><li>• Suggest an assessment from a driving specialist or a health professional</li></ul>
Look at advantages:	<ul style="list-style-type: none"><li>• When appropriate, point out that the stresses of driving could be eliminated ("Mom, you won't have to service the car, worry about finding a parking space, or worry about how other people drive")</li><li>• Point out the cost of driving including maintenance, gasoline, insurance and registration. AARP estimates these costs to range between 50¢ and 75¢ per mile driven.</li><li>• Point out that past concerns (perhaps about crashing or getting lost) could also be eliminated</li></ul>
Develop alternatives:	<ul style="list-style-type: none"><li>• Affirm your desire to help with transportation if the person has to stop driving</li></ul>

## Chapter 3: Program Organization Guide

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## **Developing a Community Awareness and Action Program**

This chapter gives you a step-by-step outline for developing public information events and building community awareness and capacity. By answering four key questions, the Program Organization Guide walks you through the process.

- 1) Who is the audience?
- 2) What do you want to accomplish?
- 3) What do you want to say to your audience and how often?
- 4) How do I get from plan to program?

### **How do you begin the planning process?**

Begin your program planning or campaign development by involving a planning team. Teams can help develop a single class or activity, or a full campaign that uses various programs and activities in a sustained manner.

To address older driver safety, you can offer a single course to older drivers and their loved ones, or conduct a broader campaign. You may find that resources and funding limit the scope of your efforts and restrict you to a single program.

A campaign, on the other hand, using various public information tools and media channels sustained over a longer time, has a far greater chance of successfully affecting your community and older drivers.

Creating awareness of older driver safety begins the process of changing behavior and changing the environment of a community to encourage safer mobility. A campaign can take the next step in prompting the community to take action and continue the plan. Using community members and key organizational partners in either effort further increases your chances for success.

### **Who is the audience?**

Before developing goals, begin your planning process by identifying the intended audience. In fact, you may have several distinct audiences that you want to address with a number of programs or in a sustained campaign. Will the audience be your usual clients—or can the topic, goals, and content level appeal to a broader population? Or will you develop material for a more targeted audience, perhaps people affected by a specific condition, or their caregivers?

In defining your audience, consider the action you'd like them to take as a result of your campaign.



- What do they believe now?
- What benefit do they receive from listening to your program?
- How can you make it easy for the audience to become involved and take action in your campaign?

How you answer these questions and the nature of your audience will determine your selection of messages to deliver, as well as your advertising, location, and speakers.

### **What do you want to accomplish?**

Have your planning team determine four to six goals. These goals will help you focus the program and evaluate its success. Ask yourself, “Are the goals clearly stated and measurable so I will know if I achieved them?” For more information about measurable goals, see “The Art of Appropriate Evaluation: A Guide for Highway Safety Program Managers” available on NHTSA’s Web site at [www.nhtsa.dot.gov/people/injury/research/ArtofAppEvWeb/index.htm](http://www.nhtsa.dot.gov/people/injury/research/ArtofAppEvWeb/index.htm).

In addition to your own goals, consider the needs of your organization, your clients, and potential partners. You should ensure that the goals of potential collaborators are consistent with your own. Even if a presenter comes to you with a great idea for a program, establishing goals will assure that your efforts stay aligned.

If you have more than one target audience, have strategies to address your overall goals with each group.

### **How do I get from plan to program?**

The eight basic steps for program planning include:

1. Reviewing program material (content and format)
2. Finding a location
3. Identifying and recruiting a presenter
4. Publicizing the program
5. Coordinating the program
6. Developing a referral list of community resources
7. Creating handouts or packets
8. Planning the evaluation and follow-up

Once you have completed these eight steps, you are ready to implement the program.



## Step 1. What: Content and Format

Ask yourself

- What are some format options for program presentations?
- What content is best conveyed in any one type of format?
- How does my audience best learn or accept the material that we present?
- How does the audience's learning style dictate the format?

### Formats

#### Lecture followed by a one-on-one session

The lecture format, usually followed by a question and answer session with participants, can be adapted to a variety of settings. The program may be funded through a grant sponsored by a potential partner. In discussing collaboration with potential partners, you may also find excellent speakers for lectures or other presentations.

- **Large-group (more than 30 people) lecture**

This format works for topics that do not heavily rely on discussion and acts as an introductory lecture to a series of programs on a topic. The format lends itself to providing information as a foundation for awareness building followed by interaction with the audience. The general theme might be Myths and Facts About Older Drivers, Secrets to Coping with Traffic, or Adaptive Equipment for Driving Comfort and Safety. Lectures followed by questions and answers, or lectures followed by opportunities for one-on-one interaction are common and effective formats.

- **Small-group interaction**

This format ideally engages the audience and is especially useful for a small, select audience—for instance, people who have recently retired from driving, caregivers, or drivers who have recently experienced a serious medical illness. Consider the potential for privacy issues in a small-group setting, when participants may share information about their health and/or therapy.

- **Extended series of informational sessions**

A series of presentations on driving safety by single or diverse speakers can attract a large audience, especially if there are incentives such as discounts on insurance or reduced costs for special events or programs.

- **One-on-one sessions**

Although not designed to affect a large number of people, working with one person at a time can achieve your goals and provide positive outcomes on an individual basis. In addition, word of resulting positive outcomes can quickly spread among your target audience and create more demand for the service you are providing.



### *Community programs for caregivers*

Certain topics such as Alzheimer's disease, fear of disclosing driving abilities, or discomfort in contradicting family members' desires may be more appropriate for the caregivers than for the patients themselves. Support groups for caregivers operated by other community organizations may include topics on safe driving.

Because families, partners, and friends may have deep concerns about driving and transportation issues, providing classes or support information to them may prove helpful.

### **Effectiveness of Formats**

What formats have been successful for other programs and how can those be adapted to provide information about driving?

You may want to review evaluations of previous programs to find the most successful formats. A structured evaluation determines the effectiveness of a program and the lessons learned. Check the format as well as the content.

### **Step 2. Where: Determining the Location**

Begin by determining the locations available in your community for public meetings and programs.

- Are there free or low-cost meeting rooms?
- Are local businesses willing to provide space?
- Is the location convenient and acceptable to your intended audience?

Again, return to your goals and your intended audience to focus your location selection. Your format will also help determine the best location – size and privacy considerations for a lecture and small group, or sufficient accommodations for a larger health fair type venue. In addition, think of possible partners for the program. They may be able to provide a suitable venue, help with sustained publicity about the event, and thereby increase attendance.

What safe and comfortable space near convenient transportation or parking can you use for your program?

Consider personal safety in your choice of locations. Older people may be fearful of what they perceive as high-crime areas, of young people who may frequent a site, or of their own inability to navigate stairways or public transportation. Ensure that there is convenient and adequate parking and encourage people to arrive in groups or to car-pool for safety. Avoid starting or ending programs during rush hour.



The time of day and day of the week you hold your program can affect participation. Older drivers may only be comfortable driving during the day. In general, programs for older people should end before rush hour begins in your community. However, evenings may be good times for families to drive older people to events, especially if intergenerational participation is desired. Adult children of older individuals may be informal caregivers, potentially responsible for their parents' future transportation or driving decisions.

Take into account religious observances during the week. For example, among some denominations, Wednesday night is reserved for religious study or family services.

Some location ideas for a driving safety program:

- Senior centers
- Automobile clubs
- Continuing-care communities
  - These often have community rooms and residents who are ideal audiences for driving-wellness programs
  - Other housing sites with a large older population
  - Some urban centers have apartment complexes that cater to older adults
- Civic groups
  - These may include clubs that own facilities such as Elks, Veterans of Foreign Wars (VFW) posts, Moose lodges, etc.
  - You may seek an invitation to meetings and to present where those members congregate, such as at restaurants or houses of worship
- Pharmacies, especially if they cater to an older population
  - Driving and medication-related impairments are of concern to pharmacists, too
- Community rooms in county buildings or libraries
- Community colleges
- Hospitals and clinics
  - They may connote illness and frailty for some audiences but they are respected sources of information for others
- Religious and spiritual institutions
  - Certain religious institutions may be uncomfortable for some cultural groups



### **Step 3. Who: Identifying and Recruiting a Presenter**

What groups or individuals in the community have expertise and interest in the content?

Sometimes, several speakers from different disciplines can provide a comprehensive perspective, depending on the specific topic, content, and format of the presentation. For instance, a law-enforcement officer and a healthcare provider can complement each other in delivering the material effectively.

Three key criteria for selecting speakers:

- Expertise with the content
- Ability to convey material in an interesting manner
- Willingness to participate and to help promote the program

*Are your speakers appropriate for culturally diverse populations?*

Try to find speakers who are either from the targeted culture or who know the language. At the least, they should have knowledge of or experience with the community.

Sharing your insight as a community resource for each audience can increase the presenter's understanding of traditions and beliefs. Ignorance of cultural and community differences can negatively affect programs. In contrast, incorporating knowledge about the culture or community into programs increases the potential for success.

*Is your speaker familiar with community resources?*

Speakers may be knowledgeable about laws, safety issues, or healthcare, but not about services and access issues in your community. If your speaker is not knowledgeable in these areas, you may want to team the presenter with social workers, case managers, transportation providers, or information and referral specialists from your community.

### **Step 4. How: Publicizing the Program**

What resources do you have to advertise and produce this program or campaign?

Here are some steps to consider:

- Develop a budget, including the costs of advertising, rentals, food, speaker(s) and other incidentals. Does your final proposed budget support your goals for the program?



- Advertise in the local newspapers. You may not have the budget for a full-page advertisement, but small-town newspapers often offer short announcements in the main section of the paper as a public service.
- Contact the local newspaper and speak with an editor or reporter. See if anyone is assigned to the “age beat.” Try to increase their awareness of the issues surrounding older adults and driving. Speak to the reporter about writing a general- or human-interest story around the topic, highlighting your program. Have events included in community events or bulletin board sections.
- Contributing information to the local cable station can result in a posting on the station’s community bulletin board listing.
- Contact community cable and radio stations for inclusion on event announcements or for talk show or news interviews.
- Design one-page flyers and distribute them in locations frequented by your target audience. Consider local pharmacies, clinics, senior centers, adult daycare centers, retirement homes, or continuing-care centers. You can also ask them to cosponsor your program or event.
- Work with your partners to assist in the program promotion.
- If the budget allows for a well-known speaker, plan a full lecture with media coverage.
- To advertise your program, use the resources of other health- and aging-related agencies, such as area agencies on aging, health departments, and hospitals.

You can execute a low-cost publicity effort to notify individuals and groups of your program and intended audience. Five levels of promotion are:

- Using word-of-mouth (least costly)
- Pitching the program in newsletters
- Contacting the local media (more time consuming)
- Distributing flyers (moderate cost and moderate time involvement)
- Posting information on your Web site, on partners’ Web sites, or on listservs

## **Using Word-of-Mouth**

1. Contact past participants in older-adult programs, such as:
  - Health-promotion program attendees
  - Nutrition-site participants and meals-on-wheels volunteers
  - Arts and recreation class members
  - Fitness class participants
  - Tax aid program participants



2. Make announcements at all your organization's events.
3. Offer door prizes or a drawing to participants who bring friends.

### **Pitching the Program in Newsletters**

1. Identify relevant newsletter sources:
  - Hospitals or HMOs
  - Pharmacies
  - Chiropractors
  - Senior centers
  - Civic organizations (e.g., Rotary Club, Kiwanis Club)
  - Religious groups
  - Retirement communities
  - Health clubs
  - Older-adult organizations, such as local chapters of the Older Women's League or Gray Panthers
  - Health advocacy and information groups (your local chapter of the Alzheimer's Association, the American Stroke Association, the American Parkinson's Disease Association, Diabetes Associations, etc.)
  - Advocacy groups such as the NAACP; La Raza; lesbian, gay, bisexual and transgender (LGBT) advocacy or social groups
2. Contact the organization's leader, minister, priest, or information director to secure a commitment to include the information in one of their newsletters or bulletins.

Create a brief news story of 150 to 200 words that newsletter editors can inset into their publication. Be sure to include the topic, speaker, place, time, and contact information.

### **Contacting the Local Media**

1. Create a list of local print and broadcast media, using the telephone directory or other community listings as a starting point. Include the following information:
  - Type of media
  - Name of publication or broadcasting station
  - Contact names, including the appropriate reporter or editor (obtained by calling each media outlet)
  - Section of the paper (lifestyles, health, or community section or a special older-adult insert)
  - Addresses
  - Phone/fax numbers
  - E-mail addresses
  - An explanation of how specific news outlets prefer to receive media advisory and other news release: fax, e-mail, or other.



2. Develop strategies to sell the impact of the older driver safety issue to media in your community such as:
  - How do aging and mobility affect older adults in your community?
  - How do aging and mobility affect the health of your community?
  - How are family members affected? Does that affect business and employers?
  - What is the urgency for the reporter coming to this program now?

Collect “hard data” on the issue. Use reliable sources such as the National Highway Traffic Safety Administration or the Centers for Disease Control and Prevention, and reference the information or statistics. Reliable sources and references boost your credibility.

3. Mail or fax an announcement for the weekly calendar and media advisory to the appropriate reporters/editors at the local radio and TV stations, as well as newspapers, magazines, and community organization newsletters.
4. Follow up with a phone call to confirm receipt of the notices and to encourage media outlets to broadcast or publish the information.

### **Distributing Flyers**

1. Develop a flyer outlining the following:
  - Location
  - Time and date
  - Presenter information
  - Brief description of what will be covered
  - Invite participation such as “let your voice be heard”
  - Cost
  - Sponsoring groups
2. Determine the best locations to promote your program, by mail or hand delivery, such as:
  - Local offices or chapters of national health organizations (e.g. the Alzheimer’s Association, the American Stroke Association)
  - AARP chapters
  - AAA car club affiliates
  - Local Area Agencies on Aging
  - Cooperative Extension Offices
  - Departments of Motor Vehicles
  - Hospitals and health clinics
  - Senior centers, older-adult clubs, and retirement groups
  - Libraries, schools, colleges, local bookstores
  - Pharmacies
  - Physician offices and clinics catering to older adults



- Churches, synagogues, mosques, temples
- Civic groups and local businesses such as barbershops
- Laundromats and grocery stores
- YMCAs and YWCAs
- Restaurants frequented by older adults
- Nutrition sites
- Housing sites

## **Step 5. How: Coordinating the Program**

### **Developing an Action Plan and Timeline**

Initial planning should include goal setting, budgeting, and developing an action plan. An action plan and timeline lists tasks and identifies who is responsible to do what by when. It is a good way to keep track of the multiple steps carried out by many people for a successful program. Use the action plan and timeline at program meetings with your organization, volunteers and partners to help run your meetings efficiently. Establishing expectation helps to avoid misunderstandings.

Meet with partners and advisory groups regularly. If you can't meet face-to-face, conference calls to report on program planning also can be effective. Send out frequent updates to let them know what is going on and how their efforts are making a difference.

General tasks for coordinating a successful program can include:

- Determine the location
- Confirm speaker(s)
- Determine speaker needs for audiovisual equipment and handouts
- Secure audiovisual equipment
- Obtain additional informational materials for distribution
- Make arrangements for refreshments
- Locate wheelchair-accessible areas
- Plan room setups
- Check the heating/cooling and lighting systems

### **Including Handouts**

Your program should include handouts with referral and resource information and the major points outlined in the program. Chapter six of this toolkit contains numerous handouts that you may choose from. Work with your speakers to determine what handouts and resource material they may already have and wish to distribute. Additionally, if you have contacted potential speakers who are unable to participate, it may be worthwhile to ask them for ideas for resource material.



## **Determining What Local Resources Are Available for Attendees**

Make a local resource list for participants. With transportation consistently listed as the number-one need for older adults, program participants may appreciate having a list of all transportation options in the local area. Contact the agencies and individuals you plan to list in advance to confirm their information and any waiting lists.

Include the following basic information on the list:

- Name of facility/organization
- Contact person(s)
- Addresses and phone numbers

Office hours or hours of operation

- Payment coverage or cost

You also could include the following:

- Exercise programs (local older-adult fitness programs in health clubs, YMCAs, or community centers)
- Dietitians (to evaluate nutrition levels and identify problems associated with memory or vision that might be related to food)  
Physical therapists (to provide advice and treatment for health issues related to physical mobility and strength)
- Occupational therapists (for functional evaluation and recommendations for adaptive equipment for the car and to help with mobility planning if one needs to cut back on or stop driving)
- Local hospital
- Alzheimer's Association (local chapter)
- Local transit provider

## **Step 6. How Well: Evaluation and Follow-Up**

### **How do you know you were successful?**

The goals you developed at the beginning of the planning process become your measuring stick for success. To know if you have successfully reached these objectives, set benchmarks indicating satisfactory levels of accomplishment. To determine when the program has reached these levels, you must measure your progress. Design your evaluation forms in concert with your goals.



To determine whether you were successful, divide your evaluation into three measurement areas:

- Exposure
- Effectiveness
- Cost-effectiveness

## **Exposure**

Did you meet your projection for number of attendees?

Did the program get adequate exposure?

There are two aspects to exposure: before and after.

### **1. Before: Informing the community**

Your evaluation should answer questions such as:

- How many news stories, articles, radio announcements, television spots, posters, and flyers were distributed
- Where were the announcements placed?
- Where did participants hear about the program
- Did families and partners respond to the publicity?
- How many personal contacts were made?

### **2. After: Reporting on the events**

Your evaluation should answer questions such as:

- Did the media distribute information about safe driving in the older population after the event?
- Did reporters attend?
- Were there follow-up stories?
- Were there follow-up responses from older adults and/or caregivers?

## **Effectiveness**

Was the program effective in achieving your goals?

- You should test the level of knowledge about your program's topic prior to conducting your program. You can follow up with a second test following the program.
- Note whether participants ask for additional information or programs, and/or ask questions of the speaker.



- If the program follows a small-group and one-on-one format, how many participants take advantage of the one-on-one portion?
- Follow up at a later time with participants to determine how they used the information.

## **Cost Effectiveness**

Did the program's cost in time and resources provide enough benefit to satisfy the community, funders, and your organization?

An ideal benefit from the program would be a decrease in crashes involving older drivers, which comes from earlier recognition of unsafe driving habits and their willingness to change their driving habits. This sort of evaluation, involving in-depth, long-term research, is expensive and remains outside the financial capabilities of most community organizations, unless you have close ties with university research departments or organizations funded to conduct this research. If so, they may be interested in helping you measure the effectiveness of your programs.

Despite these evaluation challenges, documenting the cost-benefit outcomes of a program results in better planning for the next project, and may in fact be required for continued outside funding.

The examples of participant and program coordinator evaluations along with a summary evaluation can be found in Chapter 8. These or similar forms should be completed and kept with other program material so that they can be reviewed when future programs are planned.

These forms are found in Chapter 8. Evaluations



### ***Example—Evaluation Forms: Program Satisfaction***

#### **How did you hear about this program?**

Rate each speaker. Circle 1 if you agree and circle 5 if you disagree. If you neither agree nor disagree, circle 3.

	Agree			Disagree	
1. The speaker was well-informed about the subject.	1	2	3	4	5
2. The speaker used easy-to-understand examples.	1	2	3	4	5
3. The speaker was interesting.	1	2	3	4	5
4. The speaker was organized.	1	2	3	4	5
5. There was time allowed for questions.	1	2	3	4	5
6. I learned new information.	1	2	3	4	5
7. I plan to use the information when I return home.	1	2	3	4	5

What else would you like to know about this topic?

Other comments (What was most helpful? Least helpful? Would you like to see more programs of this type in the future?)



**Example—Evaluation Forms: Program Monitor**

Monitor's Name:	Date:		
Presenter:			
1. How many people attended the program at the beginning of the session?			
_____			
How many people remained until the end? _____			
	Very	Somewhat	Not at All
2. How knowledgeable was the speaker on this topic?	1	2	3
3. How well did the speaker communicate to the audience?	1	2	3
4. If the speaker used audiovisual equipment, how effective was its presentation?	1	2	3
5. If the speaker used handouts, how helpful were they in conveying the health messages to the audience?	1	2	3
6. Did the audience participate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Comments or suggestions on improving this presentation as a whole:			



**Example—Evaluation Forms: Exposure**

<b>Exposure Evaluation</b>	
Number of news releases _____	
Areas of distribution _____	
_____	
Most Effective Promotion Areas Newsletters (which) _____	
_____	
Radio (which stations) _____	
Newspapers (which) _____	
Flyers (what areas) _____	
Word-of-mouth (original sources/agency) _____	
_____	
What increases from normal intake in volume or attendance occurred?	
_____	



**Example—Final Evaluation Worksheet**

Program/Campaign \_\_\_\_\_

Date Began \_\_\_\_\_

Date Completed \_\_\_\_\_

**CONTENT:**

Strengths: \_\_\_\_\_

Areas for Improvement: \_\_\_\_\_

**PROMOTION:**

Successful Exposure Areas: \_\_\_\_\_

Least Successful: \_\_\_\_\_

Areas for Improvement: \_\_\_\_\_

**TARGET AUDIENCE:**

Who was the target audience? \_\_\_\_\_

Who participated in the program? \_\_\_\_\_

What changes in the participants were observed? \_\_\_\_\_

\_\_\_\_\_

What changes were planned for, but did not occur? \_\_\_\_\_

\_\_\_\_\_

What area(s) in the program or campaign can be changed to address these issues?

What sources should be consulted to facilitate this change? \_\_\_\_\_

\_\_\_\_\_

## Chapter 4. Older Driver Training Events

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## Introduction and How to Use This Trainer's Guide

This section on presentations offers you scripted, interactive talks for older adults, family members and interested community members.

The guide includes a script for the facilitator, instructions for activities, and suggested time allocations for each segment. The facilitator's script is introduced with facilitator in boldface and italics. For example:

***Facilitator:*** How many of you....

Directions on conducting activities or listening for key words during audience participation are in italics. For example:

*Write down the audience responses.*

You do not need to follow the script word-for-word. Often, putting the questions in your own words and tailoring the language to your audience is better. Use real life examples or appropriate stories from the media. Script examples are provided only to get you started with your presentation. Also note the suggested time is given for each segment listed after the title to help you cover all material in the scheduled time.

Equipment needed for your presentation includes:

- Blackboard or a whiteboard
- Flip chart

Optional equipment, supplies and materials include:

- Slide projector or computer and projector
- Overhead projector
- At the end of the session, provide a referral list to community resources for health-education programs and exercises programs. Make sure the list includes organizations that provide services to ethnic and minority people

Handouts

All the handouts can be found in the section titled "Handouts."



## Key Messages for Older Adults

Key messages that you want to convey in your presentations to older drivers should include the discussions about maintaining driving fitness, safety habits, fitting the vehicle to the driver, and beginning driving discussions.

### Driving Fitness

**Message: Physical activity and exercise improve driving ability.**

Driving a car requires strength and agility to depress the brake and gas pedals, turn the steering wheel, shift gears, and even to enter and exit the vehicle. Neck and trunk flexibility is essential for looking over the shoulder, change lanes, and look left or right to check for traffic. Reaching for a seat belt requires a certain range of motion in the shoulders. The driver also must have the endurance to physically perform and remain alert.

**Message: Have your eyes tested annually.**

About 90 percent of the information required for driving safety relates to vision. Normal aging affects a number of eye functions key to older drivers seeing objects on and near the roadway. Conditions that affect vision and appear more frequently with age include cataracts, glaucoma, and macular degeneration, among others.

**Message: Mental alertness contributes to driving fitness.**

Maintaining mental agility as one grows older is as important as maintaining physical agility. Intellectual stimulation promotes brain growth in animals and protects against cognitive decline in humans. In animal studies, brains can shrink if deprived of thought-provoking toys and enriched environments. These results lead researchers to conclude that in humans, age-associated memory loss could be partly attributed to lack of mental stimulation.

**Message: Know the effects of your medications on driving alertness.**

Some medications affect alertness and vision. The more medications consumed, the greater the risk for side effects and interactions. These side effects may influence the ability to focus on driving.

Older adults as a group are more susceptible to adverse reactions to medications because of the number they take each day—more than any other age group—and because of physiological changes due to aging. Therefore, optimal management of medications becomes even more crucial for older drivers. Encourage older drivers to speak with their prescribing physicians or pharmacists about the affect of their multiple medications on driving.



**Message: Get adequate sleep and rest for driving alertness.**

Not being able to get the proper rest during the night can cause sleep deprivation that impairs concentration and leads to mistakes. Surprisingly, the person may not even feel sleepy.

## **Safety Habits**

**Message: Buckle up—always.**

Seat belt campaigns over the past 20 years have ingrained in most Americans the importance of buckling up. Today, more than 80 percent of Americans buckle up; however, NHTSA estimates that an additional 5,838 lives could have been saved by seat belt use in the year 2004 alone. Lap/shoulder seat belt use has been shown to reduce fatal injury by 45% and moderate-to-critical injury by 50% to drivers and front-seat passenger car occupants<sup>61</sup>. The functional limitations an aging person experiences may create barriers to complying with the seat belt message. In particular decreases in flexibility and strength to grab, pull and latch the belt may limit use of seat belts. Use of seat belts with adapters makes belts easier to reach and improves the fit. New styles of seat belts feed out more gradually and work with airbags to reduce bone injuries during crashes. Promoting these devices will assist in making seat belt use a habit.

**Message: Don't Drink and Drive**

Alcohol involvement is one of the most important factors in fatal crashes. Never drink and drive at any age. For older adults, alcohol is processed more slowly and stays in the body longer. Alcohol depresses all the body's systems and significantly decreases the skills needed to drive safely. Use of any amount of alcohol can intensify the actions of many medications, leading to increased sedation and disorientation, which increases the risk of falls or car crashes.

**Message: Refresh Your Knowledge of the Rules of the Road**

Many older drivers today never took a formal driver-education class. They passed their driving tests by reading the DMV's booklet and practicing with a family member in a parking lot or field. Automobiles, roads and driving have changed over the past 40 years or more, and drivers have had few opportunities to refresh their knowledge aside from "on-the-road" training.

To help older drivers review safe driving practices, community agencies can sponsor driver refresher courses specifically tailored to seasoned drivers. Referrals to the AARP course and others sponsored by the AAA and the National Safety Council allow older drivers to stay current on today's driving practices and laws.

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61 NHTSA (2004). "Occupant Protection." *Traffic Safety Facts: 2004 Data*. Retrieved from NHTSA on the Web at: <http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/TSF2004/809909.pdf>.



## Fitting the Vehicle to the Driver

**Message: Fit your car to you.**

Having a car with an automatic transmission, power steering, and power brakes can transform an uncomfortable vehicle into a more accommodating environment.

Anecdotal evidence suggests that a surprisingly large number of older drivers do not know how to adjust steering wheels, car seats, or seat belts. To improve driving safety and comfort, trained professionals can add devices (such as special equipment for steering and foot-pedal operation) to ease the handling of vehicles due to chronic conditions. Occupational therapists, driver rehabilitation specialists, and other professionals from rehabilitation facilities first should perform an assessment of the driver's needs. Second, the equipment must be properly installed, and third, as with most new tools or pieces of equipment, training and practice are needed before getting on the road.

## Driving Discussions

**Message: Hold discussions about driving plans before a crisis.**

A crisis may force a driving discussion to take place and may focus on ways to take away the car keys. Few discussions take place about driving behavior itself or strategies that help avert problems with on-road safety. Not surprisingly, initiating conversations with older adults about driving is difficult at best.

For many people, financial planning is central to retirement planning. Encourage older adults to develop transportation strategies in combination with their financial plans. When moving to a home in later years, suggest considering:

- The availability and affordability of transportation options in the surrounding area;
- Proximity to services;
- Availability of sidewalks and crime-free neighborhoods for walking to services.



## **Key Messages for Family and Community Members**

Key messages that you want to convey in your presentations to family members, loved ones, and community members should include the discussions about beginning discussions early, knowing the facts about older drivers, finding the resources to assist in transitions.

### **Driving Discussions**

**Message: Hold discussions about driving plans before a crisis.**

- Safety promotion discussions before a crisis takes place encourage driving wellness and safety. Early planning for older adults' driving future may:
  - Reduce stress on the older driver who may feel “forced” to continue driving when skills have diminished because no alternatives were planned;
- Avoid crash fatalities and injuries with discussions about safety promotion;
- Reduce family and partner stress in struggling over the car keys; and
- Reduce need for door-to-door public transportation (paratransit) by ensuring that capable drivers remain on the road.

### **Know the Facts**

**Message: Base judgments about driving capability on facts, not age.**

### **Provide Alternatives**

**Message: Before a discussion, gather information about resources to assist in driving wellness and provide alternatives to driving.**

The curriculum and activities offer a solid starting point. Tailor these programs to reflect your local conditions, resources and information needs.



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## Presentations for Older Drivers

### Briefings (10-15 minute presentations)

- Giving Up the Car Keys: Easier Said than Done
- Five Simple Actions to Improve Driving
- Beginning the Driving Conversation

### Goals and Objectives

The goal of this session is to introduce audiences to older driver issues and topics. The session can either be an interactive session with the handouts as the focus or a brief talk.

At the end of this class, audience members will be able to:

1. Name three healthy habits that can improve their ability to operate a car safely or begin discussions at home about driving safety;
2. Identify steps that can be taken to discuss road safety with friends or family members; and
3. Understand where more extensive discussions, classes, and print/Web materials may be found on older driver safety.

To help the audience better remember your messages, write the topics on a flipchart or blackboard. Use the handouts as reminders for audiences for future actions and discussion with friends and relatives.

### Giving Up the Car Keys: Easier Said Than Done (10 minutes)

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#### Introduction

*Provide a brief introduction about yourself.*

#### Audience Participation: The Importance of Driving

**Facilitator:** Let's begin by each of you placing your car keys on the table. Now imagine that today, I am collecting all the keys and you will not be able to drive for the rest of your life.

Tell me your first reaction.

*Get feedback from the audience.*

**Facilitator:** Now, tell me how you will get done all the things on your list to do today. What are your options?



*Get feedback from the audience.*

**Facilitator:** Now let's talk about how older adults might react if they were told that they could no longer drive. How do you think their reactions might be the same or different?

*Get feedback from the audience.*

**Facilitator:** In America, driving a vehicle is not just a way to get from one place to another. It frequently means something about who we are and how we conduct our lives. If we lose the ability to drive, we're losing more than just transportation. So it is well worth investing the time and energy to maintain or strengthen our driving skills.

There are a number of ways we in the community can support older adults in maintaining these skills and making accommodations to changes in physical capabilities.

At this point, you can describe some of the local driver safety programs, fitness programs, work of occupational therapists in adapting cars and retraining older drivers. Base this brief discussion on your community resources.

## Five Simple Actions to Improve Driving (15 minutes)

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### Introduction

*Provide a brief introduction about yourself.*

**Facilitator:** In America, driving a vehicle is not just a way to get from one place to another. It frequently means something about who we are and how we conduct our lives. If we lose the ability to drive, we're losing more than just transportation. So it is well worth investing the time and energy to maintain or strengthen our driving skills.

Today, we'll take a look at how we can maintain these skills, make accommodations to changes in our own bodies, and prepare for a safe trip based on our assessment of today's roads and drivers.

### Action One: Maintaining Strength and Endurance (2 minutes)

**Facilitator:** Aging can bring diminished muscle flexibility and strength in legs, arms, and handgrip, which are all important to responding quickly in traffic situations. For example,

- Strength to grip the steering wheel can mean the difference between a quick turn to avoid a crash and hands slipping on the wheel, unable to steer.



- The ability for leg muscles to engage fast enough to hit the brakes is necessary on residential streets where children may run out chasing a ball.
- Flexibility to look over the shoulder to change lanes or look left and right to check for traffic is important as well as for reaching for a seat belt.
- Endurance to physically perform and remain alert.

You can maintain muscle strength through regular strength-building exercises that can be done at home. With stretching and physical activity, older adults can postpone or control many disabling conditions. Before beginning a program of physical activity, speak with your doctor.

### **Action 2: Know Your Medications and How They Affect Your Driving (3 minutes)**

**Facilitator:** Let's talk about health conditions and medications we use to control and maintain our health. Medications may be appropriate for our health, but we should know how these medications affect alertness, and make accommodations for any changes. Ask your doctor or pharmacist about what effect of your medications may have on driving.

How do you react to some of your medications?

How many of you have felt drowsy or tired after taking your medications?

Keep in mind that:

- The more medications that you take, the greater the risk for side effects and interactions that influence the ability to drive safely
- Older adults as a group are more susceptible to adverse reactions to medications because:
  1. Of the number of medications taken each day; and
  2. Physiological changes due to aging affect how the medications react in the body. Older adults take an average of six<sup>62</sup> prescriptions and over-the-counter medications every day, more than any other age group. In addition, many individuals take herbal supplements that can affect an individual's ability to drive safely.

Be sure that you know how you react to a medication before getting behind

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62 U.S. Food and Drug Administration. (1997/2003, updated): "Medications and Older People." *FDA Consumer Magazine*. Retrieved from the U.S. Food and Drug Administration on the Web at: [http://www.fda.gov/fdac/features/1997/697\\_old.html](http://www.fda.gov/fdac/features/1997/697_old.html).



the wheel. You may want to time your driving to when you are most alert during the cycle of your medications. For example, you may need to wait two hours after taking a medication to be most alert.

### **Action Three: Staying Sharp and Alert (5 minutes)**

**Facilitator:** Driving a car requires:

- Making decisions quickly, which depends on mental alertness;
- Switching attention quickly among multiple activities on the road. For example, paying attention to pedestrians entering crosswalks, bicyclists riding on the side of the road, and passing cars;
- Dividing attention among multiple tasks. For example, multiple tasks that often occur in driving include steering, shifting gears, controlling speed, checking mirrors, and looking ahead to gauge traffic; and
- Memorizing information, for example recalling the destination of the trip and how to get there.

Keeping your mind alert contributes to maintaining these mental skills for driving. Because mentally stimulating environments promote brain growth in animals, many people in the field of aging believe that stimulating environments can also ward off mental decline in humans.

**Facilitator:** A healthy mind is more than a good memory. Think about how you stay sharp. How do you keep a mentally stimulating environment in your life? Use this handout to check the number of activities that you do in each category.

*Distribute the “Keeping Mental Sharp” handout.*

### **Action Three: Have Your Eyes Checked Annually (2 minutes)**

**Facilitator:** About 90 percent of the information used in driving comes through the eyes. Vision changes affect how we monitor traffic around us. Our eyes determine how close other vehicles or pedestrians may be to our car and how fast they may be approaching. I’m handing out a list of some of the major vision changes that we might experience.

*Distribute “Vision Changes” handout.*

**Facilitator:** Talk with your eye doctor about these changes. Have your eyes checked for cataracts, macular degeneration, and glaucoma to ensure that you are preventing or controlling these conditions that can interfere with your driving.



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**Action Four: Get Adequate Sleep and Rest (2 Minutes)**

**Facilitator:** Sleep and rest affect your attention when driving. Lack of sleep can lead to mistakes on the road. How many of you enjoyed a good night's sleep last night? I'm handing you a true and false game about sleep for you to play later.

*Distribute the "Sleep" handout.*

**Action Five: Visit Your Doctor Regularly (2 minutes)**

**Facilitator:** Keeping yourself in prime driving-wellness condition means checking your own systems as well as those of the car.

*Distribute the "Tune-ups and Service for the Body" handout and briefly review.*

**Facilitator:** Thank you for your time today. Be healthy and safe out there.

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**Beginning the Driving Conversation (15 minutes)**

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**Introduction (2 minutes)**

*Provide a brief introduction about yourself.*

**Facilitator:** 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 (4 minutes)**

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.

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.

### **Step 2: Developing a Plan of Action (5 minutes)**

Now that you collected the information, you will now 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?

*Distribute “Discussion Reactions” and “What Do I Do With Anger?” handouts.*

### ***Tips for Conversation***

Here are a few tips to help this conversation to go well.

1. Base the recommendations in the action plan on the observations from Step 1.
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. Pick someone in the family or a trusted friend who the older adult driver may “hear” better than others to begin the conversation.
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.
  - 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 the friend would be willing to speak with the older person about how it is possible to keep connected to meaningful activities in the community.

Work together to develop a written action plan. Ideally, discussing a plan of action should take place before problems exist. The goal of a plan is to preserve the independence and freedom of the person and keep the person connected to the activities that give meaning to and that enhance the quality of life.

### **Step 3: Following Through on the Plan (4 minutes)**

Older adult drivers should be deeply involved in every step of their transportation planning and implementation process. 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. Remember to review the plan periodically to accommodate changes.

**Facilitator:** We know that this is not an easy conversation. Try to begin your conversations before a crisis. Keep the conversations going. The safety of your loved one is important.



## **Staying Healthy for Driving Fitness (30 minutes)**

- Introduction
- Changes in Roads and Changes in Us
- Staying Fit for the Road—Taking Charge
  - Mental Vitality: Keeping Sharp
  - Physical Fitness: Maintaining Strength, Flexibility, and Endurance
  - Sleep and Rest
  - Medications: Evaluating Medications That Can Affect Driving
  - Alcohol Misuse
  - Tune-ups for the Body

### **Goals and Objectives**

The goal of this session is to introduce participants to strategies many older drivers can use to remain safe drivers on today's roads. Operating a vehicle requires a complex set of responses and decisions. The older driver's ability to respond quickly and decisively can be boosted by mental and physical exercise, and other healthy living habits. In addition to discussing healthy habits, this session will introduce adaptive equipment, car adjustments and trip-planning ideas.

At the end of this class, audience members will be able to:

1. Name three healthy habits that can improve their ability to operate a car safely; and
2. List four action steps to planning safe trips.

To help the audience better remember your messages write the topics on a flipchart or blackboard as follows:

#### **Staying Fit for the Road—Taking Charge**

- Mental Vitality: Keeping Sharp
- Physical Fitness: Maintaining Strength, Flexibility and Endurance
- Sleep and Rest
- Medications: Evaluating Medications That Can Affect Driving
- Alcohol Misuse
- Tune-ups for the Body

### **Opening Section (3 minutes)**

#### **Introduction**

Welcome and introductions

#### **Audience Participation— Why Do We Drive?**



**Facilitator:** In America, driving a vehicle is not just a way to get from one place to another. It frequently means something about who we are and how we conduct our lives. If we lose the ability to drive, we're losing more than just transportation. So it is well worth investing the time and energy to maintain or strengthen our driving skills.

Today, we'll take a look at how we can maintain these skills, make accommodations to changes in our own bodies, and prepare for a safe trip based on our assessment of today's roads and drivers.

### Changes in Roads and Changes in Us

Audience Participation — Changes in Roads (5 minutes)

**Facilitator:** Think about the first cars you drove. How are today's cars different?

You might hear:

- Cars were bigger and heavier
- Cars didn't have airbags or even seat belts
- More vehicles had standard transmissions
- Seat adjustments were simpler
- Cars today are more (or might say less) comfortable
- Seat belts are difficult to reach
- There are more gadgets today

**Facilitator:** What about the roads and driving today? How has driving changed?

About the Road

- Gas prices have gone up
- There are more paved roads
- There used to be less traffic
- Drivers used to be less aggressive, more polite
- People did not drive as fast
- There were slower/higher speed limits
- There were no such things as sport utility vehicles (SUVs)
- Freeway lanes are narrower
- Roadway markings are sometimes damaged, and signs are confusing and hard to read
- Work zone areas are not distinctly marked

*Prompt the audience with answers if they are reluctant to respond.*



## Changes in Us

### Vision (6 minutes)

**Facilitator:** Driving is not the same as it was when you were younger. We have all learned to adapt to changes that we might experience on the roads. In the same way, road conditions have changed, many of us experience changes as we age. This happens in different ways and times for each of us. What are some of the changes that we might experience?

*Prompt the Audience to list the following:*

- Vision
- Strength and Endurance
- Chronic Condition such as arthritis, diabetes, heart disease
- Memory

**Facilitator:** Let's look at some of these important changes that can affect operation of a vehicle.

About 90 percent of the information used in driving comes through the eyes. Vision changes affect how we monitor traffic around us. Our eyes determine how close other vehicles or pedestrians may be to our car and how fast they may be approaching. I'm handing out a list of some of the major vision changes that we might experience.

*Distribute "Vision Changes" handout.*

**Facilitator:** What are some things you can do to adapt to vision changes?

*Prompt the audience to:*

- Adjust mirrors properly before beginning driving;
- Check the rearview mirrors every 10 to 20 seconds;
- Turn head and look when changing lanes or merging with traffic, and when using mirrors;
- Avoid night driving;
- Watch the outside lane markers so as not to look directly at oncoming headlights; and
- Not wear sunglasses at night or in tunnels.

*Distribute "Adjusting Your Mirrors" handout. You might want to have this on a file card so participants can slip it into the glove compartment as a reminder on mirror adjustment.*



**Facilitator:** It may be helpful to avoid driving during rush hour. We can see how speed affects our vision, but stress and speed in rush hour also requires quick reactions from our muscles.

It is not possible to control other drivers, but we can avoid times that we drive, like rush hour, when there may be more fast, aggressive, inconsiderate drivers on the road. For many of us, our slower reaction time makes avoidance of rush hour a safe-driving practice.

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### Strength and Endurance (2 minutes)

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**Facilitator:** Aging can bring diminished muscle flexibility and strength in legs, arms, and handgrip, which are all important to responding quickly in traffic situations. For example,

- Strength to grip the steering wheel can mean the difference between a quick turn to avoid a crash and hands slipping on the wheel, unable to steer.
- The ability for leg muscles to engage fast enough to hit the brakes is necessary on residential streets where children may run out chasing a ball.
- Flexibility to look over the shoulder to change lanes or look left and right to check for traffic is important, as well as for reaching for a seat belt.
- Endurance to physically perform and remain alert.

Many older adults maintain muscle strength through regular strength-building exercises that can be done at home. With stretching and physical activity, older adults can postpone or control many disabling conditions. Before beginning a program of physical activity, speak with your doctor.

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### Health Conditions and Medication Changes (3 minutes)

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**Facilitator:** Let's talk about health conditions and medications we use to control and maintain our health. Medications may be appropriate for our health, but we should know how these medications affect alertness, and make accommodations for any changes. Ask your doctor or pharmacist about what effect your medications may have on driving.

How do you react to some of your medications?

How many of you have felt drowsy or tired after taking your medications?

Keep in mind that:

- The more medications that you take, the greater the risk for side effects and interactions that influence the ability to drive safely



- Older adults as a group are more susceptible to adverse reactions to medications because:
  1. Of the number of medications taken each day; and
  2. Physiological changes due to aging affect how the medications react in the body. Older adults take an average of six<sup>63</sup> prescriptions and over-the-counter medications every day, more than any other age group. In addition, many individuals take herbal supplements that can affect an individual's ability to drive safely.

Be sure that you know how you react to a medication before getting behind the wheel. You may want to time your driving to when you are most alert during the cycle of your medications. For example, you may need to wait two hours after taking a medication before you drive to be most alert.

### Memory and Attention (8 minutes)

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**Facilitator:** Driving a car requires:

- Making decisions quickly, which depends on mental alertness;
- Switching attention quickly among multiple activities on the road. For example, paying attention to pedestrians entering crosswalks, bicyclists riding on the side of the road, and passing cars;
- Dividing attention among multiple tasks. For example, multiple tasks that often occur in driving include steering, shifting gears, controlling speed, checking mirrors, and looking ahead to gauge traffic; and
- Memorizing information, for example recalling the destination of the trip and how to get there.

Keeping your mind alert contributes to maintaining these mental skills for driving. Because mentally stimulating environments promote brain growth in animals, many people in the field of aging believe that stimulating environments can also ward off mental decline in humans.

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63 U.S. Food and Drug Administration. (1997/2003, updated): "Medications and Older People." FDA Consumer Magazine. Retrieved from the U.S. Food and Drug Administration on the Web at: [http://www.fda.gov/fdac/features/1997/697\\_old.html](http://www.fda.gov/fdac/features/1997/697_old.html).



**Facilitator:** A healthy mind is more than a good memory. Think about how you stay sharp. How do you keep a mentally stimulating environment in your life? Use this handout to check the number of activities that you do in each category.

*Distribute the “Keeping Mentally Sharp” handout.*

**Facilitator:** Investigations of crashes and fatalities involving older drivers show that inattention and failure to take appropriate action are underlying causes or contribute to the crash. Stress, wandering thoughts, or conversations with passengers are all distractions that slow reaction time.

Strategies include organizing each trip.

- Put your sunglasses where you can easily reach them;
- Have money ready for any toll roads; and
- Know where you are going before you start your trip to avoid fumbling with a map.

Use these strategies to eliminate distractions:

- Turn the radio or music to a lower volume or off;
- Ask passengers to keep conversations down during the drive;
- Watch your temper when other drivers perform rude or dangerous maneuvers on the road. Let their rude behavior go and concentrate on your driving; and
- Drive on familiar roads to reduce the stress and create confidence in knowing when to signal for a turn, where you can find easy parking, or which lane to take for your turns.

**Facilitator:** Sleep and rest affect your attention when driving and lack of sleep can lead to mistakes on the road. How many of you enjoyed a good night’s sleep last night? I’m handing you a true and false game about sleep for you to play later.

*Distribute the “Sleep Quiz and Answer” handouts.*

Alcohol can also affect alertness. For older adults:

- Alcohol is processed more slowly and stays in the body longer. Alcohol depresses all the body’s systems and significantly decreases the ability to drive;
- Use of any amount of alcohol can intensify the actions of many medications, leading to increased sedation and disorientation, which increases the risk of falls or car crashes; and
- Even a couple of drinks with dinner affect driving.



**Facilitator:** If you want to drink a glass of wine, beer or spirits, the best strategy is to enjoy that glass at home and drive tomorrow.

### **Tune-Ups for Your Body (5 Minutes)**

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**Facilitator:** Keeping yourself in prime driving-wellness condition means checking your own systems as well as those of the car.

*Distribute the “Tune-ups and Service for the Body” handout and briefly review.*

Closing (5 Minutes)

*Ask for questions.*

*Provide a referral list to community resources for health-education programs and exercise programs. Make sure the list include organizations that provide services to various ethnic groups and minorities.*

*Hand out and collect evaluations.*

*Thank the audience for attending.*

### **Driving After 60: Healthy Steps to Keeping the Keys (60 minutes)**

- Introduction: Why Do We Drive? The Importance of the Car to Our Lives
- Changes in Roads and Changes in Us
- Staying Fit for the Road—Taking Charge
  - Mental Vitality: Keeping Sharp
  - Physical Fitness: Maintaining Strength, Flexibility and Endurance
  - Sleep and Rest
  - Medications: Evaluating Medications That Can Affect Driving
  - Alcohol Misuse
  - Tune-Ups for the Body
- Beginning the Driving Discussion

### **Goals and Objectives**

The goal of this session is to introduce participants to strategies many older drivers can use to remain safe drivers on today’s roads. Operating a vehicle requires a complex set of responses and decisions. The older driver’s ability to respond quickly and decisively can be boosted by mental and physical exercise, and other healthy living habits. In addition to discussing healthy habits, this session will introduce adaptive equipment, car adjustments and trip-planning ideas.



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At the end of this class, audience members will be able to:

- Name three healthy habits that can improve their ability to operate a car safely;
- Describe three types of adaptive equipment or adjustments for the vehicle; and
- List four action steps to planning safe trips.

To help the audience better remember your messages, write the topics on a flipchart or blackboard as follows:

### **Staying Fit for the Road—Taking Charge**

- Mental Vitality: Keeping Sharp
- Physical Fitness: Maintaining Strength, Flexibility and Endurance
- Sleep and Rest
- Medications: Evaluating Medications That Can Affect Driving
- Alcohol Misuse
- Tune-Ups for the Body

### **Opening Sections (5 minutes)**

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#### **Introduction**

Welcome and introductions

#### **Audience Participation—Why Do We Drive?**

**Facilitator:** In America, driving a vehicle is not just a way to get from one place to another. It frequently means something about who we are and how we conduct our lives. If we lose the ability to drive, we're losing more than just transportation. So it is well worth investing the time and energy to maintain or strengthen our driving skills.

Today, we'll take a look at how we can maintain these skills, make accommodations to changes in our own bodies, and prepare for a safe trip based on our assessment of today's roads and drivers.

### **Changes in Roads and Changes in Us (5 minutes)**

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#### *Changes in Roads*

**Facilitator:** Think about the first cars you drove. How are today's cars different?

You might hear:

- Cars were bigger and heavier
- Cars didn't have airbags or even seat belts
- More vehicles had standard transmissions



- Seat adjustments were simpler
- Cars today are more (or might say less) comfortable
- Seat belts are difficult to reach
- There are more gadgets today

**Facilitator:** What about the roads and driving today? How has driving changed?

About the Road

- Gas prices have gone up
- There are more paved roads
- There used to be less traffic
- Drivers used to be less aggressive, more polite
- People did not drive as fast
- There were slower/higher speed limits
- There were no such things as sport utility vehicles (SUVs)
- Freeway lanes are narrower
- Roadway markings are sometimes damaged, and signs are confusing and hard to read
- Work zone areas are not distinctly marked

*Prompt the audience with answers if they are reluctant to respond.*

### Audience Participation—Changes in Us (2 minutes)

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**Facilitator:** Driving is not the same as it was when you were younger. We all have learned to adapt to changes that we might experience. What are some of the changes that we might experience?

*Prompt the Audience to list the following:*

- Vision
- Strength and Endurance
- Chronic Condition such as arthritis, diabetes, heart disease
- Memory

### Vision (8 minutes)

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**Facilitator:** Let's look at some of these important changes that can affect operation of a vehicle.

About 90 percent of the information used in driving comes through the eyes. Vision changes affect how we monitor traffic around us. Our eyes determine how close other vehicles or pedestrians may be to our car and how fast they may be approaching. I'm handing out a list of some of the major vision changes that we might experience.

Distribute "Vision Changes" handout.



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**Facilitator:** What are some things you can do to adapt to vision changes?

*Prompt the audience to:*

- Adjust mirrors properly before beginning driving;
- Check rearview mirrors every 10 to 20 seconds; and
- Turn head and look when changing lanes or merging with traffic, and when using mirrors.

*Distribute “Adjusting Your Mirrors” handout. You might want to have this on a file card so participants can slip it into the glove compartment as a reminder on mirror adjustment.*

**Facilitator:** It may be helpful to avoid driving during rush hour. We can see how speed affects our vision, but stress and speed in rush hour also requires quick reactions from our muscles.

It is not possible to control other drivers, but we can avoid times that we drive, like rush hour, when there may be more fast, aggressive, inconsiderate drivers on the road. For many of us, our slower reaction time makes avoidance of rush hour a safe-driving practice.

**Facilitator:** Think about night driving. What makes it so difficult?

*Pause for answers from the audience. You may hear:*

- Glare
- Blinding headlights

**Facilitator:** How have you coped with glare or changes in lighting conditions?

*Prompt the audience with answers such as:*

- Watching the outside lane markers so as not to look directly at on coming lights; or
- Not wearing sunglasses at night or in tunnels.

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### Strength and Endurance (5 minutes)

---

**Facilitator:** Aging can bring diminished muscle flexibility and strength in legs, arms and handgrip, which are all important to responding quickly in traffic situations. For example,



- Strength to grip the steering wheel can mean the difference between a quick turn to avoid a crash and hands slipping on the wheel, unable to steer;
- The ability for leg muscles to engage fast enough to hit the brakes is necessary on residential streets where children may run out chasing a ball;
- Flexibility to look over the shoulder to change lanes or look left and right to check for traffic is important, as well as for reaching for a seat belt; and
- Endurance to physically perform and remain alert.

Many older adults maintain muscle strength through regular strength-building exercises that can be done at home. With stretching and physical activity, older adults can postpone or control many disabling conditions. Before beginning a program of physical activity, speak with your doctor.

**Facilitator:** With changes you can also consider adaptive equipment for a more user-friendly vehicle. Equipment that you can add includes:

***For seat belts:***

- Seat-belt adapters to make belts easy to reach, improve fit, and make release buttons easier to operate by arthritic hands

***For control operation***

- Pedal extenders to better reach the brake and accelerator;
- Left-foot accelerator for those with limited or no use of the right foot;
- Extra-loud turn-signal “clickers” or relocated/brighter turn-signal indicator; and
- Turn-signal crossovers to shift operation of turn signals to the other side or to the foot (to use the driver’s stronger arm or leg).

***For getting in and out of the vehicle***

- Handy bar acts as a removable arm on a chair helpful for driver or for passengers in getting in or out of the vehicle;
- Leg lifter allows for ease of transfers and pivoting into the seat. A loop is placed over foot to assist in manually “lifting leg” into the vehicle. An alternative is to move the leg into vehicle by pulling on pant leg or manually lifting thigh.



**Facilitator:** Keep in mind that a professional should first assess your situation before you spend time and money on items that may be of little assistance to you. Also, as with most new tools or pieces of equipment, training and then practicing will lead to successful use. Driver rehabilitation specialists and other professionals from rehabilitation facilities can assist you in assessing your special needs, selecting the features that can best help you and training you on their use before you get on the road.

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### Health Conditions and Medication Changes (3 minutes)

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**Facilitator:** Let's talk about health conditions and medications we use to control and maintain our health. Medications may be appropriate for our health, but we should know how these medications affect alertness, and make accommodations for any changes. Ask your doctor or pharmacist about what effect of your medications may have on driving.

How do you react to some of your medications?

How many of you have felt drowsy or tired after taking your medications?

Keep in mind that:

- The more medications that you take, the greater the risk for side effects and interactions that influence the ability to drive safely.
- Older adults as a group are more susceptible to adverse reactions to medications because:
  1. Of the number of medications taken each day; and
  2. Physiological changes due to aging affect how the medications react in the body. Older adults take an average of six<sup>64</sup> prescriptions and over-the-counter medications every day, more than any other age group. In addition, many individuals take herbal supplements that can affect an individual's ability to drive safely.

Be sure that you know how you react to a medication before getting behind the wheel. You may want to time your driving to when you are most alert during the cycle of your medications. For example, you may need to wait two hours after taking a medication before you drive to be most alert.

*Distribute the "Driving and Medications" handout.*

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64 U.S. Food and Drug Administration. (1997/2003, updated): "Medications and Older People." FDA Consumer Magazine. Retrieved from the U.S. Food and Drug Administration on the Web at: [http://www.fda.gov/fdac/features/1997/697\\_old.html](http://www.fda.gov/fdac/features/1997/697_old.html).



## Memory and Attention (6 minutes)

---

**Facilitator:** Driving a car requires:

- Making decisions quickly, which depends on mental alertness;
- Switching attention quickly among multiple activities on the road. For example, paying attention to pedestrians entering crosswalks, bicyclists riding on the side of the road, and passing cars;
- Dividing attention among multiple tasks. For example, multiple tasks that often occur in driving include steering, shifting gears, controlling speed, checking mirrors, and looking ahead to gauge traffic; and
- Memorizing information, for example recalling the destination of the trip and how to get there.

Keeping your mind alert contributes to maintaining these mental skills for driving.

Because mentally stimulating environments promote brain growth in animals, many people in the field of aging believe that stimulating environments can also ward off mental decline in humans.

**Facilitator:** A healthy mind is more than a good memory. Think about how you stay sharp. How do you keep a mentally stimulating environment in your life? Use this handout to check the number of activities that you do in each category.

*Distribute the “Keeping Mentally Sharp” handout.*

Choose examples in each area that best reflect the cultural, economic, or social characteristics of the participants.

## Attention and Focus (3 minutes)

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**Facilitator:** Investigations of crashes and fatalities involving older drivers show that inattention and failure to take appropriate action are underlying causes or contribute to the crash. Stress, wandering thoughts, or conversations with passengers are all distractions that slow reaction time.

Strategies include organizing each trip.

- Put your sunglasses where you can easily reach them;



- Have money ready for any toll roads; and
- Know where you are going before you start your trip to avoid fumbling with a map.

Use these strategies to eliminate distractions:

- Turn the radio or music to a lower volume or off;
- Ask passengers to keep conversations down during the drive;
- Watch your temper when other drivers perform rude or dangerous maneuvers on the road. Let their rude behavior go and concentrate on your driving; and
- Drive on familiar roads to reduce the stress and create confidence in knowing when to signal for a turn, where you can find easy parking, or which lane to take for your turns.

### Sleep and Rest (3 minutes)

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**Facilitator:** Sleep and rest affect your attention when driving and lack of sleep can lead to mistakes on the road. How many of you enjoyed a good night's sleep last night?

Not being able to go through the proper cycles of sleep during the night can cause sleep deprivation. Sleep deprivation impairs concentration, which leads to mistakes. A sleep-deprived person is just as likely to cause a collision as an intoxicated driver. And, surprisingly, this person may not even feel sleepy.

I'm handing you a true and false game about sleep for you to play later at home.

*Distribute the "Sleep Quiz and Answers" handouts.*

### Alcohol Misuse (5 minutes)

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**Facilitator:** Alcohol can also affect alertness. For older adults:

*Read the story below and have participants react.*

**Facilitator:** A group of your friends are celebrating the birth of a grandchild. The group has two drinks at the beginning of the party and none after that. The party goes on for two more hours before people start to go home. Do you think this is a good strategy to avoid mixing alcohol and driving?



*Encourage participants to give their opinion.*

**Facilitator:** The strategy of waiting a few hours before driving might have worked in our younger days, but older partygoers, even after a few hours of non-drinking, may still have levels of alcohol in their bodies that affect their driving.

**For older adults:**

- Alcohol is processed more slowly and stays in the body longer. Alcohol depresses all the body's systems and significantly decreases the ability to drive;
- Use of any amount of alcohol can intensify the actions of many medications, leading to increased sedation and disorientation, which increases the risk of falls or car crashes; and
- Even a couple of drinks with dinner affect driving.

**Facilitator:** If you want to drink a glass of wine, beer, or spirits, the best strategy is to enjoy that glass at home and drive tomorrow.

### Tune-Ups for Your Body (3 Minutes)

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**Facilitator:** Keeping yourself in prime driving-wellness condition means checking your own systems as well as those of the car.

*Distribute the "Tune-ups and Service for the Body" handout and briefly review.*

### Talking It Over (8 Minutes)

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**Facilitator:** Do you see yourself driving a car into your 90s or at age 100? Driving depends more on how we function than on how old we are. Just as people plan for retirement from work, we also need to plan for possible retirement from driving.

Many people will not be able to drive their entire lives. Because of improvements in healthcare, most of us will live many years beyond our ability to drive safely.

How do you want to plan for the future?

**Facilitator:** Discussing driving issues are often difficult for families and loved ones. It's always easier if you approach the topic and talk about driving before a problem develops.



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*Distribute the “Driving Discussion” worksheet.*

**Facilitator:** This sheet is a tool to help you decide your future course of action if your driving becomes restricted. Here are a few topics that you can talk about with others. Complete the right hand column with your ideas about measuring your safety.

**Facilitator:** Most loved ones care about you and have your safety in mind. They just may not realize that you are also concerned about safety. This handout will provide you with a few strategies for safe driving.

If time permits, hold a group discussion sharing the answers in the driving discussion handout.

### **Closing (5 Minutes)**

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*Ask for questions.*

Provide a referral list to community resources for health-education programs and exercise programs. Make sure the list include organizations that provide services to various ethnic groups and minorities.

*Hand out and collect evaluations.*

*Thank the audience for attending.*



## **Driving Longevity: Keeping Fit to Keep the Keys (2 hours)**

- Introduction: Why Do We Drive? The Importance of the Car to Our Lives
- Changes in Roads and Changes in Us
- Staying Fit for the Road—Taking Charge
  - Mental Vitality: Keeping Sharp
  - Physical Fitness: Maintaining Strength, Flexibility, and Endurance
  - Sleep and Rest
  - Medications: Evaluating Medications That Can Affect Driving
  - Alcohol Misuse
  - Tune-Ups for the Body
- Talking It Over
- Strategies for Safe Driving

### **Goals and Objectives**

The goal of this session is to introduce participants to strategies many older drivers can use to remain safe drivers on today's roads. Operating a vehicle requires a complex set of responses and decisions. The older driver's ability to respond quickly and decisively can be boosted by mental and physical exercise, and other healthy living habits. In addition to discussing healthy habits, this session will introduce adaptive equipment, car adjustments and trip-planning ideas.

At the end of this class, audience members will be able to:

- Name three healthy habits that can improve their ability to operate a car safely;
- Describe three types of adaptive equipment or adjustments for the vehicle;
- List four action steps to planning safe trips; and
- Identify elements of a productive driving discussion.

To help the audience better remember your messages write the topics on a flipchart or blackboard as follows:

#### **Staying Fit for the Road—Taking Charge**

- Mental Vitality: Keeping Sharp
- Physical Fitness: Maintaining Strength, Flexibility, and Endurance
- Sleep and Rest
- Medications: Evaluating Medications That Can Affect Driving
- Alcohol Misuse
- Tune-Ups for the Body



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## Opening Sections (7 minutes)

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### Introduction

Welcome and introductions

### Audience Participation-Why Do We Drive?

**Facilitator:** Think about your favorite vehicle that you have owned. What made this car or truck so special?

Participants' responses may be similar to the following list. If the audience is slow to respond, provide a few examples.

- Pride of ownership
- Independence
- Freedom
- The image the car conveyed
- Feelings about colors or luxury interior

**Facilitator:** In America, driving a vehicle is not just a way to get from one place to another. It frequently means something about who we are and how we conduct our lives. If we lose the ability to drive, or even if we choose to limit our driving, we're losing more than just transportation. So it is well worth investing the time and energy to maintain or strengthen our driving skills.

Today, we'll take a look at how we can maintain these skills, make accommodations to changes in our own bodies, and prepare for a safe trip based on our assessment of today's roads and drivers.

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## Changes in Roads and Changes in Us (20 minutes)

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### Audience Participation — Changes in Roads

**Facilitator:** Think about the first cars you drove. How are today's cars different?

You might hear:

- Cars were bigger and heavier;
- Cars didn't have airbags or even seat belts;
- More vehicles had standard transmissions;
- Seat adjustments were simpler;
- Cars today are more (or might say less) comfortable;
- Seat belts are difficult to reach; and
- There are more gadgets today.



**Facilitator:** What about the roads and driving today? How has driving changed?

**About the Road**

- Gas prices have gone up;
- There are more paved roads;
- There used to be less traffic;
- Drivers used to be less aggressive, more polite;
- People did not drive as fast;
- There were slower/higher speed limits;
- There were no such things as sport utility vehicles (SUVs);
- Freeways lanes are narrower;
- Roadway markings are sometimes damaged, and signs are confusing and hard to read; and
- Work zone areas are not distinctly marked.

*Prompt the audience with answers if they are reluctant to respond.*

## Audience Participation — Changes in Us

**Facilitator:** Driving is not the same as it was when you were younger. We have all learned to adapt to changes that we might experience. What are some of the changes that we might experience?

*Write down the responses*

**Facilitator:** There are many misconceptions about older drivers.

*Distribute the “Myths and Facts Quiz” and the discussion sheet.*

**Facilitator:** Look at the Myths and Facts sheet. Which statements on the handout are myths about aging and driving, and which are facts? Let’s go over each statement. What do you think about the first one? Anyone can answer.

Now turn to the discussion sheet.

*Give 3-5 minutes for each question if the group wishes to discuss the answers.*

**Facilitator:** Just as roads have changed, so can our bodies. Let’s talk about some adaptations older drivers have made to accommodate for these changes. What are some of these precautions that you take?



Participants might say

- Drive during the day;
- Avoid rush hour;
- Drive on familiar roads; and
- Avoid high-speed freeways or expressways.

**Facilitator:** Let's look at some of the physical changes that can affect operation of a vehicle.

### Vision (10 minutes)

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About 90 percent of the information used in driving comes through the eyes. Vision affects how we monitor traffic around us. Age-related changes may occur that can affect driving. Vision changes are the main reason for restricting driving to the daylight hours.

*Distribute "Matching Vision to Driving" handout.*

**Facilitator:** Let's try this exercise. In the left column you find a description of various abilities that our eyes perform. In the right column is a list of situations that could happen as a result of changes in these abilities.

The goal here is to draw a line from the ability to the potentially dangerous driving situation that happens as the ability diminishes.

For example, the first ability in the left hand column is "Ability to quickly process visual information" called Perceptual Reaction Time (PRT). Now I look for the situation that could arise if the eye and brain have slowed PRT. I see letter D in the right column "Entering a school zone, a child runs between two cars dropping off children and runs into the street. The driver's car just misses the child." The sudden appearance of the child required the driver to see the danger, send the message from the eyes to the brain and then have the brain send the signal to the muscles to react with greatest speed. These reactions often slow with age.

So I draw a line from number 1 in the first column to letter D in the second. Are you ready to do the other seven items on your own?

If the participants still seem a little confused by the exercise do another one with them.

*Hand out the answer sheet.*

**Facilitator:** Let's go over the games together. Here are the answers:



Go through the answers together and compare the information to the “Vision Changes” handout

In Game 1	In Game 2
1 matches D	5 matches E
2 matches B	6 matches G
3 matches A	7 matches F
4 matches C	8 matches H

**Facilitator:** How many people have experienced any of the situations described in the games and handout?

**Facilitator:** What are some things you can do to adapt to your peripheral vision changes?

*Prompt the audience to*

- Before beginning driving, adjust mirrors properly;
- Check your rearview mirror every 10 to 20 seconds; and
- Turn your head and look when changing lanes or merging with traffic, and in using mirrors.

*Distribute the handout. You might want to have this on a file card so participants can slip it into the glove compartment as a reminder on mirror adjustment.*

**Facilitator:** Think about night driving. What makes it so difficult?

*Pause for answers from the audience. You may hear:*

- Glare
- Blinding headlights

**Facilitator:** How have you coped with glare or changes in lighting conditions?

*Prompt the audience with answers such as*

- Watching the outside lane markers so as not to look directly at on coming lights; or
- Not wearing sunglasses at night or in tunnels.

**Facilitator:** We also mentioned earlier to avoid rush hour. We can see how speed affects our vision, but stress and speed in rush hour also requires quick reactions from our muscles.



It is not possible to control other drivers, but we can avoid times that we drive, like rush hour, when there may be more aggressive, fast or inconsiderate drivers on the road. For many of us, our slower reaction time makes avoidance of rush hour a safe-driving practice.

**Facilitator:** As you age, you might notice diminished muscle strength in legs, arms, and handgrip, which are all important to responding quickly in traffic situations. For example, strength to grip the steering wheel can mean the difference between a quick turn to avoid a crash and hands slipping on the wheel, unable to steer. The ability for leg muscles to engage fast enough to hit the brakes is necessary on residential streets where children may run out chasing a ball.

What can you do to maintain muscle strength?

*Pause and wait for answers.*

Many older adults maintain muscle strength through regular strength-building exercises that can be done at home. With stretching and physical activity, older adults can postpone or control many disabling conditions. Before beginning a program of physical activity, speak with your doctor.

## Staying Fit for the Road—Taking Charge

**Facilitator:** In this section, we will talk about measures that you can take to maintain your fitness-to-drive over the years. These will include:

- Mental Vitality: Keeping Sharp;
- Physical Fitness: Maintaining Strength, Flexibility, and Endurance;
- Sleep and Rest;
- Medications: Evaluating Medications that Affect Driving;
- Alcohol Misuse; and
- Tune-Ups for the Body.

### Mental Vitality: Keeping Sharp (10 minutes)

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**Facilitator:** Driving a car requires:

- Making decisions quickly, which depends on mental alertness;
- Switching attention quickly among multiple activities on the road. For example, paying attention to pedestrians entering crosswalks, bicyclists riding on the side of the road, and passing cars;
- Dividing attention among multiple tasks. For example, multiple tasks that often occur in driving include steering, shifting gears, controlling speed, checking mirrors, and looking ahead to gauge traffic; and



- Memorizing information, for example recalling the destination of the trip and how to get there.

Keeping cognitively alert contributes to maintaining these mental skills for driving. Because mentally stimulating environments promote brain growth in animals, many people in the field of aging believe that stimulating environments can also ward off mental decline in humans.

*Distribute the “Keeping Mentally Sharp” handout.*

**Facilitator:** A healthy mind is more than a good memory. Think about how you stay sharp. How do you keep a mentally stimulating environment in your life? Use this handout to check the number of activities that you do in each category. If you have other activities, add them now.

Choose examples in each area that best reflect the cultural, economic or social characteristics of the participants.

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### Physical Fitness: Maintaining Strength, Flexibility, and Endurance (5 minutes)

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**Facilitator:** Driving a car requires:

- Strength to depress the brake and gas pedals, to turn the steering wheel, to shift gears, and even to get in and out of the car;
- Flexibility to look over the shoulder to change lanes or look left and right to check for traffic. Reaching for a seat belt requires a certain range of motion in the shoulders; and
- Endurance to physically perform and remain alert.

Regular physical activity maintains your ability to remain fit for driving. There are three important points to make about physical exercise:

1. Begin a routine;
2. Continue the exercise habit; and
3. Ask your health care provider about any health concerns you have before starting your routine.

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### Sleep and Rest (10 Minutes)

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**Facilitator:** How many of you enjoyed a good night’s sleep last night? For those who slept well, do you feel alert, rested, and energetic?

Not being able to go through the proper cycles of sleep during the night can cause sleep deprivation. Sleep deprivation impairs concentration, which leads



to mistakes. A sleep-deprived person is just as likely to cause a collision as an intoxicated driver. Surprisingly, this person may not even feel sleepy.

**Facilitator:** Now, turn to the handout. Go ahead and check the answers that you think are true.

*Distribute the “Sleep” handout.*

After most of the participants have completed their quiz, read off the answers and have participants correct their own papers.

**Facilitator:** The answers are:

1. **FALSE:** The research on this is somewhat controversial, but seems to indicate that about 13 percent of older people do indeed need less sleep—but that about 87 percent need as much (and some of them need more) sleep than younger people. What is true is that the sleep patterns of older people change and sleep problems increase as they get older; these sometimes combine to give the appearance that they “sleep less.”
2. **TRUE:** People with insomnia have trouble falling asleep and staying asleep. They may wake up early in the morning and not be able to fall back to sleep.
3. **TRUE:** Sleeping pills can interfere with the REM cycle of sleep and contribute to poor sleep quality.
4. **TRUE:** The body is tuned to feeling tired in the dark. Sleeping when too warm causes restlessness.
5. **TRUE:** Too little exercise can contribute to sleeping problems.
6. **TRUE:** Eating a heavy meal before going to bed interferes with natural sleep.
7. **TRUE:** Drinking alcohol before bed produces poor-quality sleep.
8. **TRUE:** Drinking tea, coffee, and cocoa less than six hours before retiring to bed may contribute to sleep problems.
9. **FALSE:** Developing a cycle of sleep tunes the body to anticipate rest and contributes to better sleep quality.



## Medications: Looking at Medications that Can Affect Driving (5 Minutes)

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**Facilitator:** Let's talk about our medications. Some medications, including prescription, over-the-counter and herbal supplements, can affect the alertness and vision that are so important to the ability to safely drive a car. Some medications, of course, improve your alertness; for example, medications for people with diabetes.

How do you react to some of your medications?

How many of you have felt drowsy or tired after taking your medications?

Keep in mind that:

- The more medications that you take, the greater the risk for side effects and interactions that influence the ability to drive safely.
  
- Older adults as a group are more susceptible to adverse reactions to medications because:
  1. Of the number of medications taken each day; and
  
  2. Physiological changes due to aging affect how the medications react in the body. Older adults take an average of six<sup>65</sup> prescriptions and over-the-counter medications every day, more than any other age group. In addition, many individuals take herbal supplements that can affect an individual's ability to drive safely.
  
- Talk with your doctors or pharmacists about medication reactions. It's a good idea to talk with your healthcare providers annually about your medications – both prescription and over-the-counter – as well as herbal supplements you may be taking.

Be sure that you know how you react to a medication before getting behind the wheel. You may want to time your driving to when you are most alert during the cycle of your medications. For example, you may need to wait two hours after taking a medication before you drive to be most alert.

## Alcohol Misuse (5 minutes)

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**Facilitator:** I want to begin our discussion about alcohol use with a story.

*Read the story below and have participants react.*

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<sup>65</sup> U.S. Food and Drug Administration. (1997/2003, updated): "Medications and Older People." FDA Consumer Magazine. Retrieved from the U.S. Food and Drug Administration on the Web at: [http://www.fda.gov/fdac/features/1997/697\\_old.html](http://www.fda.gov/fdac/features/1997/697_old.html).



**Facilitator:** A group of your friends are celebrating the birth of a grandchild. The group has two drinks at the beginning of the party and none after that. The party goes on for two more hours before people start to go home. Do you think this is a good strategy to avoid mixing alcohol and driving?

*Encourage participants to give their opinion.*

**Facilitator:** The strategy of waiting a few hours before driving might have worked in our younger days, but older partygoers, even after a few hours of non-drinking, may still have levels of alcohol in their bodies that affect their driving.

**For older adults:**

- Alcohol is processed more slowly and stays in the body longer. Alcohol depresses all the body's systems and significantly decreases the ability to drive;
- Use of any amount of alcohol can intensify the actions of many medications, leading to increased sedation and disorientation, which increases the risk of falls or car crashes ; and
- Even a couple of drinks with dinner can affect driving.

**Facilitator:** If you want to drink a glass of wine, beer, or spirits, the best strategy is to enjoy that glass at home and drive tomorrow.

Realistically, many people enjoy an occasional evening out and enjoy it with a drink. The best advice is never drink and drive. Your body processes the alcohol more slowly with age. The reaction of your body to alcohol also depends on medications you are taking. Some medications may increase the intensity of your reaction to alcohol and increase the time your body takes to process the alcohol. Be safe. Never drink and drive.

### **Tune-Ups for Your Body (5 Minutes)**

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**Facilitator:** Keeping yourself in prime driving-wellness condition means checking your own systems as well as those of the car.

*Distribute the "Tune-ups and Service for the Body" handout and briefly review.*



## Strategies for the Road

### Memory and Attention (6 minutes)

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**Facilitator:** Investigations of crashes and fatalities involving older drivers show that inattention and failure to take appropriate action are underlying causes or contribute to the crash. Stress, wandering thoughts, or conversations with passengers are all distractions that slow reaction time. The wise driver focuses on the drive and stays alert in potentially dangerous situations.

What have you done to keep mentally alert and focused while driving?

*Pause and wait for answers.*

Strategies include organizing each trip.

- Put your sunglasses where you can easily reach them;
- Have money ready for any toll roads; and
- Know where you are going before you start your trip to avoid fumbling with a map.

Use these strategies to eliminate distractions:

- Turn the radio or music to a lower volume or off;
- Ask passengers to keep conversations down during the drive;
- Watch your temper when other drivers perform rude or dangerous maneuvers on the road. Let their rude behavior go and concentrate on your driving;
- Drive on familiar roads to reduce the stress and create confidence in knowing when to signal for a turn, where you can find easy parking, or which lane to take for your turns; and
- Dress for driving. Avoid wearing sandals or shoes with edges between the sole and the toe box that might get caught on the brake or gas pedal.

*Acknowledge adaptations or changes in driving that participants have made.*

**Facilitator:** Negotiating parking lots requires great attention to avoid fender benders.



Here are a few strategies:

- If there are two open spaces, one in front of the other (fender to bumper), pull into the space and move to the second space. When you leave, you only need to pull out and not back out;
- Park last in a row and make sure there is enough room;
- After checking for traffic or pedestrians, back out slowly to let others know you are coming;
- When you get into your car, observe things around your car. Has someone parked too close to you? Note how much space there is between cars.
- Expect the unexpected—be alert.

### Using the Right Tools: Car Fitness for Your Safety (10 minutes)

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**Facilitator:** What safety features would you like to see on your car?

*Make a list on a board or paper.*

**Facilitator:** Features to help you control and feel comfortable in your car have become standard in many late-model cars. These include:

- Automatic transmissions
- Power steering and power brakes
- Power seat and mirror adjustment features
- Headlights that bend as you round a corner for better illumination

**Facilitator:** What types of adjustments, if any, have you made to your car for safer driving?

*Make a list on a board of paper. If the group seems reluctant to talk, suggest the following adjustments:*

- Seat
- Headrest
- Mirrors
- Seat Belts

*Distribute the “Fitting the Car to the Driver” handout and read about proper adjustments*

*Adaptive Equipment for a User-Friendly Vehicle*



**Facilitator:** Equipment that you can add includes:

**For seat belts:**

- Seat belt adapters to make belts easy to reach, improve fit, and make release buttons easier to operate by arthritic hands;
- Styles of belts that feed out more gradually and work with airbags to reduce bone injuries during crashes; and
- Special torso restraints to hold the driver upright.

**For control operation:**

- Pedal extenders to better reach the brake and accelerator;
- Left-foot accelerator for those with limited or no use of the right foot;
- Extra-loud turn-signal “clickers” or relocated/brighter turn-signal indicator;
- Turn-signal crossovers to shift operation of turn signals to the other side or to the foot (to use the driver’s stronger arm or leg);
- Keyless ignition; and
- Doors that automatically lock and open.

**For better view of the road:**

- Full-view inside mirrors and side “spot” mirrors to minimize blind spots; and
- Windshields programmed to reduce glare and improve night vision.

**For getting in and out of the vehicle**

- Handybar acts as a removable arm on a chair helpful for driver or for passengers in getting in or out of the vehicle;
- Leg lifter allows for ease of transfers and pivoting into the seat. A loop is placed over foot to assist in manually “lifting leg” into the vehicle. An alternative is to move the leg into vehicle by pulling on pant leg or manually lifting thigh.

**Facilitator:** Keep in mind that a professional should first assess your situation before you spend time and money on items that may be of little assistance to you. Also, as with most new tools or pieces of equipment, training and then practicing will lead to successful use. Driver rehabilitation specialists many of



whom are occupational therapists and other professionals from rehabilitation facilities can assist you in assessing your special needs, selecting the features that can best help you and training you on their use before you get on the road.

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### Audience Participation — Maintenance that Matters (5 Minutes)

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**Facilitator:** What do you do to maintain your vehicle? Who do you go to for help with maintenance?

Remember that some participants may not have experience maintaining their cars. You may want to discuss having family members help with maintenance, or provide a list of local mechanics who are willing to help with these minor maintenance jobs or help participants learn.

**Facilitator:** First, always check your vehicle's owner's manual for manufacturer recommendations. Many gas stations are now self-service. A few stations have kept some full-service islands. If you need help in checking your car, it is valuable to pay a little extra for gas and receive the services.

*Distribute "Maintenance that Matters" checklist.*

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### Timing Your Moves (5 minutes)

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**Facilitator:** Think about what you cannot control when driving. Weather, traffic, and complex driving situation due to construction are good examples. These outdoor conditions may be out of our control, but we can control how we respond to them.

#### Weather

**Facilitator:** What weather conditions present the most difficult driving?

Find out how participants cope with those weather conditions. Many may refrain from driving.

**Facilitator:** Here are a few suggestions on how to cope with difficult conditions.

*Distribute "Weather-Wise" Handouts*

#### Traffic

**Facilitator:** When are the best times to drive and avoid traffic?



If people are shy to answer, ask about work rush hours, school times, weekend or holiday traffic. Reinforce that avoiding these busy times on the road are good strategies.

**Facilitator:** Where do you go to keep yourself up on current driving issues and skills?

*Distribute the “Community Resources for Maintaining Driving Fitness” handout. Highlight any local resources that might serve as resources.*

*Distribute “Driving Strategies” handout.*

### Talking It Over (20 Minutes)

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**Facilitator:** Do you see yourself driving a car into your 90s or at age 100? Driving depends more on how we function than on how old we are. But just as people plan for retirement from work, we also need to plan for possible retirement from driving.

Many people will not be able to drive their entire lives. Because of improvements in healthcare, most of us will live many years beyond our ability to drive safely.

How do you want to plan for the future?

### Talking it Over With Others

**Facilitator:** Discussing driving issues is often difficult for families and loved ones. It’s always easier if you approach the topic and talk about driving before a problem develops.

Has anyone had a discussion about driving with others? With loved ones? With friends? What was hard, or what do you think will be hard about this conversation? What can make this easier or a more helpful discussion?

*Distribute the “Driving Discussion” worksheet.*

**Facilitator:** This sheet is a tool to help you decide your future course of action if your driving becomes restricted. Here are a few topics that you can talk about with others. Complete the right hand column with your ideas about measuring your safety.

**Facilitator:** Most loved ones care about you and have your safety in mind. They just may not realize that you are also concerned about safety. This handout will provide you with a few strategies for safe driving.



## Talking it Over With the Community

**Facilitator:** Have you talked with public officials about what cutting back on driving or giving up the car keys may mean for older people? If you have, what made the conversation difficult? If you haven't what do you think would make the conversation difficult? What would make it easy?

In what ways could our community help older adults avoid the isolation and loss of independence that no longer driving can bring? Is there adequate transportation available for you to stay connected to your community activities? How can our community address transportation for older adults?

Participants might list the following:

- Safer walking areas
- Better public-transit vehicles
- Alternative transportation options that are:
  - Convenient
  - Affordable
  - Accessible
  - Available

*Write down participants' thoughts on a flip chart or whiteboard.*

**Facilitator:** Where could you go to be heard about these options for older adults? Is there someone you could write or call?

*Brainstorm for a minute before closing the discussion.*

## Closing

*Ask for questions.*

*Provide a referral list to community resources for health-education programs, exercise programs and healthcare providers. Make sure the list includes organizations that provide services to various ethnic groups and minorities.*

*Hand out and collect evaluations.*

*Thank the audience for attending.*



## Driving Longevity Reunion (90 Minute Booster Session)

- Introduction: Reorienting to the Road— What’s Different?
- Staying Fit for the Road
  - Medications Check—Visiting Pharmacist
  - New Warm-Ups for the Brain
  - New Warm-Ups for the Body
- Tips for the Road from the Expert—Visiting Law Enforcement Officer
- What Do You Know?
- Close

## Driving Longevity Reunion

### Goals and Objectives

The goal of this session is to reinforce the information participants learned in the past two sessions—“Driving Longevity: Keeping Fit to Keep the Keys” and “Driving After 60: Healthy Steps to Keeping the Keys.” Unless adults use the information they receive in a classroom, the brain will not retain the information in long-term memory. In addition to discussing healthy habits, this session will bring respected experts to the audience to emphasize the importance of the information.

*Plan this session two to three months following the other two sessions.*

At the end of this presentation, audience members will be able to:

1. Identify two ways that medications can affect driving.
2. List two healthy driving habits.

### Reunion Preparation

*Invite your guests: a pharmacist and a police officer.*

### Opening Sections

Introduction

Welcome and introductions

### Audience Participation—Reorienting to the Road (10 minutes)

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**Facilitator:** Let’s go around the room and give your name and describe one healthy driving habit that you began since the last class.

Have audience members talk about any new behaviors they have initiated since the last class. These might include:



- Increase in physical activity
- More rest
- Discussed driving with loved ones
- Implemented driving strategies
- Taken retraining classes

## Staying Fit for the Road

### Medications Talk (20 Minutes)

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Have the pharmacist open the session with a few introductory remarks about checking medications annually with the healthcare provider. Have the pharmacist cover the following points:

- Some medications can affect alertness and vision;
- The more medications each participant takes, the greater the risk for side effects and interactions that influence the ability to focus on driving;
- Older adults as a group are more susceptible to adverse reactions to medications because of the number taken each day (more than any other age group) and the physiological changes due to aging; and
- Before getting behind the wheel, participants should talk with their doctor or pharmacist about medication reactions.

Participants should know how they react personally to a medication before taking it and getting behind the wheel.

### New Warm-ups for the Brain (15 minutes)

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Try either of these brain warm-ups found at the end of this section.

1. Hand out the “Tuning Your Reactions” practice sheet and follow the directions on the top of the page. Give the participants one timed practice run before beginning the exercise on their own. Time the group at least two more times to see if people improve their scores. Now ask people to practice at home changing the rules. What about doing only the even numbers, and then the odd? Try counting backwards. (These sheets are found in the handout chapter)
2. Give participants the “Driving Crossword” found in this Toolkit Handout section. Have the participants do this as a group. (The crossword is found in the handout chapter.)



## New Warm-Ups for the Body (15 minutes)

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*Turn to the session in the Exercise book available at [www.asaging.org/cdc](http://www.asaging.org/cdc) in the Roadmap to Driving Wellness module*

*Do two or three stretching exercises.*

## Tips for the Road from the Expert

### Visiting Law Enforcement Officer (20 minutes)

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Invite a local law enforcement officer to the class. Ask the officer to make a few remarks about people's pet peeves about driving—not just those of older drivers, but of all ages. These can include:

- Driving slowly in the passing lane
- Using cell phones while driving
- Making illegal turns

*Have the officer advise participants how to handle these situations.*

*Have the officer inform the group on State licensing laws and required reporting by officers for testing of potentially dangerous drivers. He or she could also provide tips on how to deal with various dangerous local intersections, speed traps, and high-traffic areas.*

Questions and Answers

*Provide the opportunity for the participants to ask questions.*

### What Do You Know? (5 minutes)

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**Facilitator:** Before we close, I'd like each of you to share a few tips about:

- Driving safely and confidently
- Saving money on transportation costs
- Dealing with concerned family members

*Give each participant a reunion certificate or prize. Prizes can include discounts at local theaters, restaurants, or oil-change services.*

Closing



**Facilitator:** Are there any final questions?

Thank all of you for coming today. I wish you safe driving ahead.

## Activities for Safe Driving

Instead of creating all new programs, program planners can easily adapt existing programs. You can supplement your regular program content with the following suggestions, designed to incorporate information about safe driving in later years. The goal is to encourage older people interested in driving fitness to participate in the regularly scheduled programs.

## Tips for Existing Health-Promotion Programs

### Goals and Objectives

- To draw new audiences
- To offer supplemental information

### Strategies

The following are suggestions for retooling or adapting existing health-promotion and physical-activity programs to target older-driver wellness.

- Driving Safety Month
- Older-Driver Newsletter Outreach
- Keeping the Car Keys Fitness Program
- Mind the Keys Folders
- Environment of Driving Wellness

## Driving Safety Month

### *Things to Do:*

- On a given day, provide a sampling of existing classes for free in some of the following areas:
  - Physical activity
  - Walking clubs
  - Bridge, current-affairs or language classes (to keep the mind sharp)
  - Health-screening clinics
- Present an orientation to a driving-fitness program with demonstrations or speakers, including, for example, occupational therapists, certified driving-rehabilitation specialists, healthcare providers, and representatives from alternative transporta-



tion agencies, the department of motor vehicles, law enforcement, and driving-education programs.

- Develop a special flyer highlighting these programs and activities, and explaining how they help older adults keep the car keys longer.
- Sponsor a driving-fitness triathlon. Have participants use check sheets to record three activities they engage in each day that contribute to mental sharpness, physical activity, health checkups, restful sleep, or medication management. Present prizes at the end of the month for those who complete the triathlon activities 20 of the 30 days.
- Partner with the local public transit company to sponsor a group trip to a cultural, sports, or entertainment event. Use the event as an introduction to use of the transit system.

### **Older-Driver Newsletter Outreach**

#### ***Things to Do:***

- Feature an existing class or activity in your newsletter, explaining its benefits, using information found in this module
- Initiate a “Driving Fitness” column in each issue of the newsletter. The column could provide tips on healthy behaviors, activities or cues for improving driving function.

### **Keeping the Car Keys Fitness Program**

#### ***Things to Do:***

Create a fitness class geared to maintaining driving function. Most activities will focus on fall-prevention exercises, since falls are one predictor of driving crashes. Concentrate on stretching, flexibility, endurance, and range-of-motion exercises. Relate the exercises and motions to safe driving.



## Mind the Keys Folders

### *Things to Do:*

- For regular attendees of physical-activity classes, provide three-ring binders to interested participants. Each week, distribute an article or fact sheet on driving wellness and activities that contribute to keeping the car keys longer. Each article may be inserted into the binder. Expand the information beyond just physical activity to include diet, alcohol and medication use, driving-refresher classes, adequate rest and sleep, and mental alertness. Include the topics from Phase 3:
  - Mental Vitality: Keeping Sharp
  - Physical Fitness: Maintaining Strength, Flexibility and Endurance
  - Sleep and Rest
  - Medications: Evaluating Meds that Affect Driving
  - Alcohol Misuse
  - Tune-Ups for the Body
- Develop a portfolio of mobility resources for participants. Each week have class members list ways (other than driving their own car) to get to a new activity or reduce the number of cars on the road. Strategies can include taking advantage of car pools, grocery delivery, transportation opportunities to special events (sometimes special events host van service), and coupons for shuttle services to airports and taxi vouchers.

## Environment of Driving Wellness

### *Things to Do:*

Create an environment of driving wellness by posting appropriate, brief messages throughout your facility. Here are some examples:

- Tabletop displays in dining areas
- Notices in elevators
- Short messages in bathroom stalls
- Posters or flyers on bulletin boards
- Banners on your organization's website
- Notices in areas where people wait in line

You can also create bookmarks, refrigerator magnets, or pocket guides. These messages can be drawn from various DriveWell handouts.



## **Special-Event Driving Fair**

Simply talking about driving wellness to older adults may be limited in terms of how much they actually learn. Consider how adults learn best—by doing, by making the abstract concrete, by engaging in a “hands-on” experience. A driving fair with demonstrations and displays provides such an experience.

### **Objectives**

- To engage older adults in active learning about safe driving, driving fitness, and options for driving retirement
- To incorporate the larger community in better understanding the capabilities of older drivers
- To include the larger community in assisting older drivers to remain safely on the road and providing alternatives to driving



## Key Program Elements

***Displays: Enlist community members to develop display booths.  
These can include the following:***

<i>Organization</i>	<i>Message</i>	<i>Booth</i>
Area Agencies on Aging	Health-Promotion Services Keep Older Adults Active	Materials on services, information and assistance help lines, and special transportation task forces
Health Departments	Prevention Counts for Driving Wellness: Your Foods, Health Checks, and Immunizations	Health department services, clinic listings, food campaign materials
Senior Centers, Recreation Departments, YMCAs	Physical Activity to Keep the Keys  Staying Social: Staying Fit	Materials on health-promotion activities
Occupational Therapists, Rehabilitation Hospitals	Adaptive Equipment for Driving Safety Refreshing Your Driving Skills to Keep the Keys	Information on adaptive equipment and driving rehabilitation
Departments of Motor Vehicles	Driver's License Options: Keeping You on the Road	Materials and staff available to talk about testing, medical board and efforts to keep people safe
Pharmacists	Know Your Medications for a Safe Trip	Medication posters or pamphlets
Transportation Services	Choose When to Drive and When to Let Us Drive	Information about alternative transportation options—vans, buses, taxis, shuttles
Peer Counselors/Mental-Health Centers	Talking Driving Over with Others  Friends Talk to Friends About Safe Driving	Materials and staff available to talk about mental wellness
Automobile Dealers	Your Car Can Be Safer	Cars that display new safety options and features



## Demonstrations

Make your informative materials live. Enlist community groups to run demonstrations or provide entertaining talks. Demonstrations drive home the information you wish to convey. Seeing plus doing reinforces your messages. Consider including the following:

<i>Organization</i>	<i>Topic</i>	<i>Demonstration</i>
Senior Centers, Recreation Departments, YMCAs	<ul style="list-style-type: none"> <li>• Physical Activity</li> </ul>	<ul style="list-style-type: none"> <li>• Exercises for driving wellness, tai chi, yoga, dance</li> </ul>
Occupational Therapists, Rehabilitation Hospitals	<ul style="list-style-type: none"> <li>• Adaptive Equipment</li> <li>• Adjusting Your Vehicle</li> </ul>	<ul style="list-style-type: none"> <li>• Adaptive equipment</li> <li>• Use of mirrors and adjusting them</li> <li>• Fitting yourself to your car</li> </ul>
Department of Motor Vehicles/ Law Enforcement	<ul style="list-style-type: none"> <li>• Safety</li> </ul>	<ul style="list-style-type: none"> <li>• Safety options in a car</li> <li>• Driving an RV</li> <li>• What to do when there is a collision</li> </ul>
Pharmacists	<ul style="list-style-type: none"> <li>• Medications</li> </ul>	<ul style="list-style-type: none"> <li>• Medication consultation</li> </ul>
Automobile Association, AARP	<ul style="list-style-type: none"> <li>• Driving Training</li> </ul>	<ul style="list-style-type: none"> <li>• Driving tips from their classes</li> </ul>
Automobile Dealers	<ul style="list-style-type: none"> <li>• Safety Features</li> </ul>	<ul style="list-style-type: none"> <li>• New car-safety features</li> </ul>

## Partners

Health promotion takes advanced planning and adequate resources. Partnerships developed well in advance of the event are more likely to help generate the resources needed to present the event. Not all resources are financial. Consider the materials or services that you would purchase and seek out partners who could provide those services for free.

The following are a few suggestions:

<i>Need or Service</i>	<i>Possible Partner</i>
Location/Tent	Automobile dealership
Promotion	Automobile dealership, local newspaper, free classifieds or community calendars
Adaptive Equipment/ Occupational-Therapy Staffing	Hospitals, rehabilitation centers
Giveaways, prizes	Pharmacies, auto dealerships, hospitals, volunteer organizations, grocery stores, auto associations
Transportation to the Fair	Transportation services, houses of worship, taxi companies
Volunteers	Senior centers, volunteer organizations, AARP, churches, service clubs
Information/Materials	U.S. Department of Transportation, AAA, AARP, etc.

## **Presentation to Families, Loved Ones, and Friends of Older Drivers**

### **Addressing Your Loved One's Driving (90 minutes)**

- Introduction: Why is Driving Important
- Becoming Involved: How Can I Help?
  - Know the facts
  - Begin your conversation early
  - Watch for driving capabilities
  - Respond to driving problems with support
- Coping with Reactions to the Discussion: Listening
- What About Dementia and Driving
- Closing



Note: All the handouts may be found in the tabbed section titled “Handouts.”

## Goals and Objectives

The goals of this session are to (1) introduce participants to ways families and partners can help the older adult stay on the road safely and (2) assist when older drivers begin to limit or stop driving.

At the end of this presentation, audience members will be able to:

1. Identify three myths about older drivers.
2. Describe three types of adaptive equipment or adjustments for the vehicle.
3. Demonstrate confidence in helping older family members, partners, or friends to stay active.

## Introduction

**Facilitator:** Welcome. Today we will talk about older drivers, how you can help keep older people active in their communities, and ways to begin discussions about driving and getting around. First, let’s start with discussing the importance of driving.

## Why Is Driving Important? (5 minutes)

---

**Facilitator:** Take out your keys or driver’s license and put them on the table in front of you. What does driving mean to you?

What if I told you, “You’ll need to leave your keys and license here today?”  
What is your first thought?

If you left your keys with me, how would it change your everyday life?

How would you adjust to the change? What would make that difficult?

*Pause and let the audience react or reflect on these experiences.*

**Facilitator:** You’ve just had a brief experience on the importance of driving in your life. Imagine the impact of this loss and the possible feelings of helplessness, unimportance, dependence and isolation that many older adults feel when driving the car is no longer an option.



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## Become Involved: How can you help?

**Facilitator:** Let's take a step-by-step approach to becoming involved in driving issues for older adults.

These include

- 1) Know the Facts.
- 2) Begin Your Conversation.
- 3) Watch for Driving Capabilities.
- 4) Respond to Driving Problems with Support.

---

## Know the facts. (10 minutes)

**Facilitator:** Our first step is to know the facts about older drivers. Let's check your Older Driver I.Q.

*Distribute the "Test Your Older Driver I.Q." and the answer sheet.*

**Facilitator:** Look at the quiz. Which statements on the handout are myths about aging and driving, and which are facts? Let's go over each statement. What do you think about the first one? Anyone can answer.

Now turn to the answer sheet.

*Provide the information on the answer sheet. Read the information, and let the audience discuss the answers. Avoid posing the answers as right and wrong, but let the audience discover facts about driving. Give 3-5 minutes for each question if the group wishes to discuss the answers.*

---

## Begin Your Conversation Early (5 minutes)

**Facilitator:** Now that we have a few of the facts, let's look at how you can best help the older driver. Begin conversations early, before driving is a problem. Often, when a driving crisis arises, emotional involvement reaches its peak. Emotional involvement may not be as sensitive in early conversations when immediate action is not pushing the conversation.

How do you approach the subject? Follow the bit of wisdom that "it's what you say and it's the way you say it." So, prepare yourself for the discussion. Keep in mind that the goal of the conversation is to preserve independence (even if not necessarily by driving).



The discussion should:

- Clarify for the family and partner the transportation needs of the older person;
- Highlight steps that the older driver has taken to regulate driving;
- Develop strategies to improve driving and determine when to begin transitions to other driving adaptations or reducing driving; and
- Result in positive action to ensure safety.

**Facilitator:** Have any of you had these conversations before a driving problem started?

What approaches have been successful or unsuccessful for you?

*Let the audience respond. You may get a wide range of approaches. Some might include “I really noticed how aggressive drivers are these days” or “Did you hear about the crash reported on the news today?”*

**Facilitator:** Let’s walk through some steps that might improve the conversation.

- Start with observations you have made about traffic. Pose these observations as conversational questions, for example, “Have you noticed how aggressive drivers have gotten around town?”
- Talk about your own driving or a friend’s driving habits, for example, “I noticed Mr. Smith has stopped driving at night. He said the glare was bothering him. Have you noticed that?”
- If you notice the person has begun to self-limit their driving, this may be an excellent opportunity for discussion. Make sure recognize self limitation as a wise move.

### Warning Signs and Fact Finding (10 minutes)

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**Facilitator:** Before the conversation about limiting or driving retirement. Begin with fact finding. Have you identified any signs that there may be a problem? What are those?



Participants may identify the following:

- Vehicle crashes
- New dents or dings in the car
- Observations by neighbors or friends about unsafe driving
- Police visits
- Two or more traffic tickets, warnings, collisions, or “near misses” within the last two years
- Increases in car insurance premiums because of collisions
- Getting lost when driving on familiar streets

**Facilitator:** If you have observed any of these signs, it might be good to check out the older person’s driving by taking a ride with the driver to note safety problems.

Even if you are beginning the conversation without any of these concerns, consider taking a ride with the older driver to observe first hand their current driving behavior and comfort. If the older driver is self-limiting, this is a good time to observe as well.

### **Go for a Drive. Watch for Driving Capabilities**

**Facilitator:** Remember the saying “look for a half-full glass of water rather than a half- empty glass?” To keep a positive perspective, look for the strengths the family member or partner brings to their driving. Then consider how to strengthen the weaker areas.

First, let’s consider what makes a good driver.

*Have the group make a list of what to watch for from a good driver. Write these on a whiteboard or flip chart. These might include:*

- Stops at all traffic signals or stop signs and looks both ways to check for cross-traffic. When this behavior is absent or intermittent, the driver’s unsafe habits pose a high risk of injury to the driver and others sharing the highway.
- Obeys traffic signs (no left turn, no turn on red).
- Easily merges onto highways or turns onto busy streets.
- Yields right of way. Yielding the right of way, especially when merging, requires a driver to interact with changing traffic patterns rather than giving an automatic response. Repeated failure to yield right of way signals unsafe driving.



- Reacts appropriately (not too slowly or too suddenly, cutting off traffic) to sirens and flashing lights of emergency vehicles.
- Drives fast enough not to impede the safe flow of traffic but not so aggressively that others are endangered.
- Avoids weaving, straddling lanes, drifting into other lanes or changing lanes without signaling.
- Does not get lost or disoriented easily in familiar places.
- Pays attention to other vehicles, bicycles, pedestrians, and road hazards.
- Does not become angry or aggressive when driving.

**Facilitator:** Make a mental note about the good habits and those that may need suggestions for changing. Think about your own driving.

- Do you follow all of these characteristics of good drivers all of the time?
- How would you like to hear the information about improving your driving?
- What makes it hard or easy to be a consistently good driver?

*Allow the audience to think about their own approach or allow for responses.*

**Facilitator:** Are you currently worried about a friend or family member because his or her driving seems unsafe?

*See how many audience members have done a ride-along.*

**Facilitator:** Have you had one ride or have you observed the driver at different times of the day or different driving situations? I recommend that you include driving just around the neighborhood, in light and in heavy traffic and under various weather conditions. This information gives you a better overview of the driver's capabilities. The person may be a capable driver in certain situations.

**Facilitator:** What factors might be interfering with driving performance? For example, what about inappropriate adjustment of the seat, steering wheel, mirrors, seat belt? What are some others?



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Participants might include the following

- Difficulty seeing
- Problems with neck flexibility in turning to see traffic on the left or right
- Difficulty hearing
- Medications reactions
- Alcohol misuse
- Dementia

### Developing Strategies (10 minutes)

---

**Facilitator:** What are some supportive strategies you could suggest in your conversation concerning these factors?

*Participants may suggest*

- Visiting the eye doctor
- Visiting an occupational therapist
- Beginning a stretching program or class
- Visiting a hearing specialist
- Checking with a doctor or pharmacist about the medications
- Taking medications well before or after driving times
- Discussing alcohol misuse with the doctor

### Medical Checks

**Facilitator:** Regular visits an eye doctor help identify vision problems such as cataracts, macular degeneration, or glaucoma and allows for possible correction of vision.

Involving the doctor can assist in finding medical or medication problems affecting driving safety. In some cases the problems can be corrected. Let the doctor know about concerns over driving safety so that specific functions related to vehicle operation can receive attention.

### Equipment

**Facilitator:** Consider adaptive equipment.

*Distribute the “Supportive Assistance/Adaptive Equipment” handout. Highlight a few of the points, but don’t just read all of the information from the handout.*

**Facilitator:** There are some simple changes that you can make. But many will require you to get some training by a driver rehabilitation specialist to ensure



these changes can help with the control and awareness. Among the simple adaptive devices that do not require any special training are:

- Easy-locking seat belts
- Visor extenders
- Steering wheel covers to improve grip on the steering wheel
- Seat and back support cushions to relieve back pain or improve line of sight. Such cushions, however, are likely to change how you see out of your mirrors and make contact with your gas and brake pedals.

With other adaptive devices, you need to get the right product for your needs and may need training on how to use the device to maximize your safety. Using other adaptive equipment products:

1. Begins with a professional assessment by a driver rehabilitation specialist and professionals from rehabilitation facilities to ensure you are getting the appropriate equipment;
2. After you determine the appropriate equipment make sure that you receive proper installation by trained staff in order to avoid potentially voiding the equipment's warranty and to ensure proper fit and safety;
3. Before going on the road for a trial run, have the older driver receive training by a driver rehabilitation specialist. And allow for practice using the new equipment to increase the likelihood of safe vehicle operation.

### **Alternatives to Driving**

**Facilitator:** Limiting or stopping driving does not automatically mean giving up the car. The car may have great meaning to the older adult. Suggest that the car be used to transport the older person to the doctor, shopping or visiting friends. Being able to offer a car to others can help retain the sense of independence.

The sudden move from driving full time to not driving is a change that needs sensitivity and support. Help the person get comfortable and familiar with use of transportation alternatives to ease the transition. Consider riding with the older person for a few trips.



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## Begin the Discussion (10 minutes)

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**Facilitator:** You have your facts, you have thought about some solutions; now begin your conversation about driving. Talk about the drive and observations that you made on the ride with helpful feedback for the driver. Productive conversations come when family and partners:

- Make the goal of the conversation to preserve independence (not necessarily by driving).
- Ask the older driver how he or she felt about the drive.

Discuss how the driver can determine when to begin alternatives to driving. Get the driver's perspective.

- Ask the driver if he or she has considered alternatives if the driver could no longer operate a vehicle safely. Listen to these ideas, but don't argue if the driver denies that this will ever happen. You have planted a seed.
- Leave the door open for future discussions.

You also will want to:

- Take responsibility for your own concern by sharing how you feel not how you want the driver to respond.
- Use words such as safe "conditions," not "restrictions."
- Listen with respect and sensitivity to whatever feelings a person may have about the situation.
- Open up options such as an outside assessment or taking a driver refresher course.
- Prepare for negative reactions such as anger.

If you could not arrange for a ride with the older driver, the above suggestions can still act as an opener for discussion about driving.

Other openers can include:

- Talking about any problems the older driver now sees regarding traffic and on the road behavior of other drivers.
- Supporting the older driver in sharing concerns about driving, the signifi-



cance of a driver's license, transportation needs, and even the comfort level of discussing this issue.

Reassure the driver that this talk is not about taking away the car keys, but discussing choices to stay safe and maintaining connections to the community and the things that are important to the older person.

- Discuss changing driving habits such as avoiding night driving, driving in the morning when one is more alert, or driving on side streets and not on the highway as steps to staying safe in the car.
- Outline the potential consequences that concern you about unsafe driving:
  - Injury or permanent impairments to the driver;
  - Injury or permanent impairments to others riding in the car such as friends or grandchildren;
  - Injury or permanent impairments to others on the road—children on bicycles, pedestrians, or other drivers;
  - Legal costs from suits and financial judgments;

**Facilitator:** Here are a few ways not to approach the subject:

The goal of the conversation is to “get him/her off the road;”  
Make accusations of unsafe driving;  
Have a big family discussion so the driver feels “ambushed;”

**Facilitator:** How do you close the discussion while it is still productive?

Here are a few tips:

- Recognize when people become tired and set a time to discuss the issue again; or
- Leave the door open for future discussions if other issues arise.

### After the Discussion (10 minutes)

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**Facilitator:** Leaving the wheel represents the end of a unique form of individual freedom that the driver may have known and counted upon for most of his or her life. Suddenly, the outlook for that freedom and all it conveys could disappear forever. This passage can bring forth the strong emotions of any ma-



job loss. Driving cessation is one of the greatest predictors of depression.

Families and partners can help with the loss of driving by:

- Encouraging involvement with friends and continuation of usual activities outside the home;
- Exploring a restricted license. Often, DMVs can issue a license to restrict driving to daylight hours, to destinations within a limited number of miles from home or to side streets that avoid freeways;
- Arranging for a DMV nondriver identification card, or replacing a surrendered license with a DMV nondriver photo ID card ;
- Arranging for visitors either through family or friends or the community friendly-visiting program matching volunteer visitors to isolated older adults;
- Identifying counseling options. In some areas, peer counselors share their experiences in cutting back or quitting driving. See if such a program exists in your area. Occupational therapists are trained in helping people with the transition from driving, cutting back or not driving and in keeping them connected to the community;
- Taking public transportation together. If an outing is enjoyable with someone else, the new transit rider may be more confident in using the service in the future; and
- Explore taxi vouchers. In some locations, taxi companies provide prepaid vouchers. This may be a convenient transition if service is reliable in your area.

### Coping with Reactions to the Discussion (15 minutes)

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**Facilitator:** Reactions to the discussion can vary in responses from acceptance to denial. Families may express to service providers concern and upset over the older driver's reactions to driving discussions.

Based on a series of surveys conducted by the New York State Department on Aging, families, friends, and caregivers reported the following range of responses from older drivers:

*Distribute the "Discussion Reactions" handout.*

**Facilitator:** What reactions have you experienced from the older driver?



What reactions have you felt personally?

*Allow family members and partners to identify their emotions and those of the older driver. Note which reactions match those on the handout.*

**Facilitator:** Reactions can be expected and may be unpleasant. Be prepared for them without getting defensive. One of the most difficult aspects of facilitating is to listen and provide support without taking sides.

You may want to respond with phrases such as:

- “I understand that this reaction is upsetting”
- “You obviously care a great deal about your (partner, father, etc) and want to keep him safe.”

**Facilitator:** Be ready to listen, acknowledge the loss and the feelings that loss brings. What are some helpful phrases to use? For example, “Driving means a great deal to you. I can understand why this is upsetting.”

See if the audience develops some helpful words. Write down some key phrases on your flip chart.

These could include:

- “I know this is a big change in your life”
- “I know I would be feeling sad and worried if I couldn’t get around in my car.”
- “I hear your concerns. How can I make this change easier?”
- “I’d probably be angry too.”

**Facilitator:** Handling an angry family member or partner can

- Drain your energy
- Spark your anger
- Bring on feelings of guilt
- Feel overwhelming
- Result in withdrawing from the situation

These feelings come from the pain of loss. Try not to take comments made in anger personally. Accept that the older driver is angry and allow the person to vent their anger without engaging in a heated discussion about who is right



and wrong. Let's turn to the handout with a few more tips on coping with anger.

*Distribute the "What Do I Do with Anger?" handout.*

At a later time when emotions calm, you may want to address these issues.

**Facilitator:** The handout encourages four actions, always beginning with listening:

- Explain why you are concerned
- Suggest a second opinion
- Look at advantages
- Discuss alternatives

In a discussion, you may not get any further than listening and agreeing to talk about the issue again when things calm down.

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### What About Dementia and Driving? (10 Minutes)

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**Facilitator:** Join me in the quiz on dementia and driving. Which statements are true?

*Distribute the handout on "Dementia and Driving Quiz".*

*Read the first question and the options.*

**Facilitator:** In the first question, all the statements are true.

*Read the second question and all the options.*

**Facilitator:** In the second series, a diagnosis of dementia automatically means stop driving immediately can be true if the doctor assessing the situation believes that the condition is significantly advanced or has effects that compromise safety.

"Driving is like a bicycle, once you learn you never forget" is not totally correct. Often we can perform familiar activities based on long-developed "muscle memory." But driving requires some decisions that past experience cannot adequately address.

**Facilitator:** In summary, family members and partners must take a more active role in decisions when a person has dementia and lacks the insight in their condition and capabilities.



*Provide participants with the “Alzheimer’s and Driving” handout. Highlight each point in the handout.*

**Facilitator:** Here are a few more tips.

- Involving the person with dementia in the decision to reduce or stop driving may seem overwhelming as the disease progresses. Begin conversations about driving and transportation early in the disease process and before a driving crisis develops.
- Consider developing an “Agreement with My Family About Driving,” a document available from the Alzheimer’s Association. The agreement designates a person to assume responsibility for telling the person with dementia when to stop driving.
- Avoid copiloting; giving instruction to a driver with dementia is dangerous. Hazardous situations that require split-second timing may not allow enough room to give instructions and time for the driver to respond. Take a safer strategy. You drive and have the person with dementia act as copilot for you.

Be Firm. Taking away a license may not discourage driving. The Alzheimer’s Association encourages families and partners to be firm and avoid arguing or giving long explanations. Focus on activities that the person can do.

## **Closing**

*Ask for questions.*

*Hand out and collect evaluations.*

*Thank the audience for attending.*



# **Chapter 5. Community Support-Building For Improving Safety and Mobility for Older Drivers Through Partnerships and Coalitions**

## **Contents**

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## **Purpose of this Chapter**

### **Why come together?**

1. Because transportation and mobility issues present a cross-cutting issue for health care, social services, civic participation, and business concerns, representatives in each of these areas have a major stake in keeping older adults active, mobile, and connected to their communities.
2. The complexity of the issues and costs related to transportation and mobility present an overwhelming responsibility for any one sector. Building collaborations for coalitions or partnerships has greater power and probability for success than the sum of individual efforts.
3. Organizations and individuals with a stake in older adult mobility can come together to understand the capacity of older adults and the existing networks that they rely upon to stay connected. After assessing these resources, stakeholders can maintain and expand programs and services to reinforce the existing capacity of both older adults and networks without duplicating efforts.
4. A common voice from many organizations ensures greater consistency and frequency of key messages in public information initiatives.
5. By working together, organizations build trust and credibility within communities by establishing a partnership of “equals,” not ownership by one organization. The trust can increase the number of organizations and groups supporting a community initiative related to older drivers and transportation.

### **What you can do**

This section will assist community stakeholders to:

1. Come together in an organized manner to discuss issues of older drivers, transportation and mobility of older adults.
2. Develop strategies to maintain and expand community partnerships.
3. Create and implement an action plan.
4. Troubleshoot potential conflicts barring the coalition or partnership's success.



## **Introduction: What is Community Collaboration?**

Community collaboration is a group of agencies, organizations, community leaders, and consumers that come together as one identifiable group to address a special concern or accomplish a specific task.

A community partnership is the collaboration of agencies or organizations joining together as separate organizations to address a special concern or accomplish a specific task.

The task for either form of working relationship can include influencing people's behavior; coordinating community services; and developing new public policy or making changes to existing policy.

### **Key Elements of Successful Community Collaboration**

- Establishing dialogue
- Securing host organization to facilitate the effort
- Receiving commitment of resources by host organization and others to expand discussions and planning
- Increasing community knowledge about a common concern
- Establishing consensus thinking to address issues of mutual concern
- Generating community involvement and interest
- Formulating and implementing strategies and interventions
- Sharing resources
- Developing long-term solutions
- Promoting institutional change



## **First Steps: Organizing Community Collaborations**

### **1. Assign an Individual from the Host Organization to Initiate and Staff the Collaboration**

Identify and designate a person who will have ongoing organizing and staffing responsibility for the group. Collaboration activities must have support and commitment from the host organization's leadership. The assigned staff member should be familiar with the community and service providers in the target area. Ideally, the staff person's background or skills should be in community organizing. The individual should be given the authority to represent your organization and commit resources in support of collaboration activities.

#### **Key Points:**

- Choose one issue. A collaborative effort succeeds when it concentrates on a single issue or purpose and rallies around it.
- Be specific. Specify how the issue affects the well-being of your community. Address why you should act now.
- Choose success. Be sure you are selecting a concern on which the collaboration can successfully make an impact. Encountering a defeat before the team can develop effective working relationships with each other guarantees their reluctance to work together on future projects. Undertaking an issue that is too broad also can impede progress by discouraging future efforts and undercutting the credibility of the partnership.

### **2. Identify Issue or Concern to Be Addressed**

Begin by identifying an issue or concern of importance to your organization. Find out if your concerns are important in your locality.

- Check to see if this is a concern of older adults. Hold a town meeting or contact the local Area Agency on Aging to see if it identified the concern as part of its three-year plan.
- Check to see if it is a concern of other organizations through conversations or through reviewing their annual reports.



Issues could include: older driver safety, providing supplemental transportation to help older drivers reduce the number of trips in their cars, maintaining good driving fitness, encouraging seat belt use, or ensuring older drivers are safely transporting grandchildren.

### **3. Identify community groups, organizations and individuals working on the same issue**

Conduct a thorough search of private and governmental programs or universities in your region to see if researchers, other coalitions, or community collaborations are already working on this issue. If so, check to see if you can combine your efforts or establish a collaborative effort.

### **4. Prepare data to document the problem**

Organize the information that you gather in your issue identification process. Define the scope of the issue by including relevant data and factual knowledge—rather than just perceptions and beliefs. Factual knowledge justifies the allocation of resources by collaboration partners. Information sources can include:

- Your organization’s database and knowledge
- City, county, and State health departments
- National sources such as NHTSA ([www.nhtsa.dot.gov/people/injury/olddrive](http://www.nhtsa.dot.gov/people/injury/olddrive)) or Centers for Disease Control and Prevention ([www.cdc.gov/ncipc](http://www.cdc.gov/ncipc))
- Regional and State planning bodies
- Community hospitals and their community health resources, such as clinics
- National, State, and/or local organizations dedicated to a specific issue

### **5. Determine the “working” size and “political” size of the collaboration**

Not all members of a group will be able to participate and contribute on an equal basis. The full collaboration, by necessity, will be composed of a “working” group and a “political” group. The “working” collaboration generally consists of 10 to 20 members who commit to regular participation in collaboration activities. It includes groups or individuals who have skills and/or resources to move the collaboration’s agenda forward.



The “political” collaboration includes those whom the group calls to assist when needed. These people can identify or provide resources, lend visibility or credibility to the group, promote an issue at the governmental level, or access community members to support the issue or help gain community investment.

Prime candidates for the “political” arm of the collaboration come from elected offices, the media, religious organizations, government departments, local businesses, community elder councils and educational institutions. Treat the members of the “political” group as regular participants, keeping them informed of all activities as if they were attending every meeting.

Before approaching partners, develop a preliminary set of goals or expected outcomes. These initial goals can change as the group organizes and focuses on a joint plan of action. To gain partners, you need to tell them about the purpose of your group, the types of collaborative activities that might be planned and approximately how much time will be expected from each partner. Indicate that these are draft documents so potential partners have some input in the process.

## **6. Identify the key players and stakeholders who would support your issue**

When determining whom to invite to join the collaboration, consider these factors:

- Whether the person will be a “working” or “political” member
- Desired size of the collaboration
- Diversity and cultural inclusion in the community
- Geographic representation
- Specialized expertise and influence needed

Compile a list of potential collaboration members relevant to the issue. Include representatives from these sources:

### ***Government***

- City, county or State health department
- Area Agency on Aging
- Federal agencies such as the Food and Drug Administration, Substance Abuse and Mental Health Services Administration, or the National Institute on Health
- State Units on Aging (SUA)
- Administration on Aging (AoA) regional offices
- Department of Motor Vehicles
- State Highway Safety Office
- Local law enforcement
- Public hospitals
- Veteran’s Administration health clinics and hospitals
- Elected officials



- Regional or State planning entities
- County extension service
- Recreation and park service
- Transit providers

***Healthcare organizations***

- Home healthcare agencies
- Rehabilitation providers
- Local healthcare providers
- Hospitals, medical schools, disease research centers
- Pharmaceutical companies
- Public health funded programs
- Occupational therapists

***Social service organizations serving the target audience***

- Public, nonprofit and for-profit community organizations such as “Safe Communities”
- Local chapters of national organizations such as the Alzheimer’s Association or the National Safety Council.
- Organizations that have received grants from Federal agencies to address your issue
- Religious organizations, such as Catholic Charities, Jewish Family Services, Lutheran Family Services, Shepherds Centers, etc.

***Academic institutions***

- Universities or community colleges
- Schools of nursing, social work, public health, and administration

***Consumers***

- Support groups or caregiver organizations
- Community leaders and advocates, such as AARP
- Senior centers

***Other potential advocates***

- Media representatives
- Local foundation staff
- Local business owners
- Chambers of Commerce
- Travel and auto clubs such as AAA



## **7. Identify internal and external resources to suppose the community collaboration**

The assumption that collaborations operate at no cost is one of the biggest barriers to success, especially in communities where scarce resources limit community services or organizational operations. Community collaboration requires funds, staffing or product donations to complete its mission. Identify resources within your organization to advance the collaborative's programs and operations.

As a rule of thumb, the host organization provides internal resources—staff and administrative support, meeting rooms, refreshments, meeting notices and minutes. External resources—reproduction of brochures, booklets or posters, public relations and financial support for a community event—come from members' contributions, grants, revenues from fund-raising events or special community drives.

### **Next Steps: Implementing Your Community Collaboration Effort**

#### **1. Meet with potential collaboration members**

Phone or visit potential members to establish rapport and mutual interest. Have prepared materials on the scope of your issue, purpose of the collaboration, the possible time commitment, and other interested organizations.

#### **2. As the host organization, convene and staff collaboration activities**

Staffing ensures continuity, an accurate flow of information and a record of group activities. Keep everything in writing in order to foster a shared knowledge base for the collaboration.

Provide refreshments for meetings. Food invites participation, especially when members' schedules are tight. Food also sets a welcoming tone. Be attentive to the needs of people with dietary restrictions.

Convene the organizational meeting. Create a mailing list of the potential members who expressed interest. Select an accessible, comfortable and mutually acceptable location. Set the meeting agenda and mail, fax and/or e-mail meeting notices two to three weeks in advance. Include a fax or e-mail return form to confirm attendance and continued interest. Make reminder follow-up calls.

#### **Agenda**

Cover the following points during the organizational meeting:

- Outline an identified problem or issue inviting input from members



- Develop a set of “ground rules” for such items as decision making and representing the collaboration in the media
- Review and discuss available data and information on the problem
- Propose a role the community collaboration can play
- Discuss the roles and responsibilities of participating members
- Inventory what resources and capabilities of individual members can be directed toward addressing the problem
- Establish an initial timeline
- Review key success factors

Establish convenient dates and times for subsequent meetings. When older adults are included, daytime may be more attractive, and transportation availability may warrant a more accessible location than your agency. Group consensus determines time and location. Be sensitive to those who wish to participate but cannot attend at the determined time. Make accommodations by recording meetings, conducting special update phone calls, or rotating times. Ideally, you should try to maintain continuity in location and time.

### **3. After the first meeting, follow up on other tasks**

Develop a grid of members—list their services and specific capabilities, and how they can assist in accomplishing the collaboration’s goals. Evaluate whether other members should be recruited to perform activities.

Draft and try to secure letters of participation or memoranda of understanding (MOUs) between each member and your organization, listing roles and responsibilities of the participating member and collaboration staff. Clarifying the roles and contributions both in kind and dollar amounts upfront maintains relationships throughout the course of the project. If staff from participating organizations change, future members will have background information on the relationship.

### **4. Organize the collaboration’s structure and direction at future meetings**

Define the organizational structure by:

- Selecting the chairperson or co-chairpersons.  
Consider a well-respected person who is not perceived as carrying out a personal agenda and who bridges the interests of most members



- Establishing working committees and chairpersons to identify issues such as needs and barriers, action options and access
- Developing message promotions and resource development

Formalize the community collaboration mission statement. Formally commit your organization's mission and goals for this project. The mission statement, which reflects a shared vision of the collaboration members, will guide and maintain focus. The mission statement describes the general purpose of the collaboration and what it specifically hopes to accomplish. The statement should be concise but broad enough in scope to allow for expansion or changes in purpose.

Establish specific and realistic objectives. Objectives should coincide with the mission statement and be achievable using available resources.

Develop work plans outlined by realistic and practical action steps—with dates, tasks, expected outcomes and responsibilities. In developing plans:

Identify potential causes of the problem (e.g., service gaps, accessibility, cultural barriers) to be addressed. Create some steps that will produce quick successes that you can celebrate early in the process. Early successes will help maintain interest among members and bring visibility and credibility to the collaboration.

Develop plans to keep the “buzz” about the issue in front of the public as you progress in your work plans.

## **Implement the Plan: Getting to Work**

### **1. Implement the Work Plan**

Monitor, on a regular and formal basis, the progress in achieving your objectives. Regular oversight and evaluation will allow for early identification of problems and the opportunity to make adjustments.

### **2. Maintain Community Ownership**

Promote ownership by encouraging members to:

- “Own” and be responsible for addressing the identified problems
- Select their own leadership and set their own agenda
- Respect all members as equal partners, regardless of the size or capacity of their organization
- Maintain interest among participating members by carrying out an active communication strategy (e-mail, newsletter, phone trees, etc.). Never



assume collaboration members or the community-at-large are aware of everything

- Honor or reward public official or prominent individuals publicly for their support of the collaboration's activities whether or not these individuals are members of the collaboration

### **3. Maintain Interest in and Involvement within the Collaboration**

- Set realistic and achievable short-term goals
- Produce visible and quantifiable results. At each meeting, present an accomplishment
- Celebrate and publicize achievements
- Reward and recognize members freely and often. Use cards, letters, certificates, plaques, humorous gifts, products or an item of beauty (art, music, nature)
- Share the spotlight
- Act as a clearinghouse of information related to your subject area
- Expand community collaboration membership as appropriate
- Demonstrate that the top leadership of your organization is interested in collaboration activities

## **Trouble Shooting Potential Problems**

Remember to always seek the wisdom of the group in addressing issues and problems.

### **1. Lack of direction or focus**

- Solution:**
- Clearly define the mission statement and goals
  - Set realistic and measurable objectives
  - Create small workgroups that can begin achieving success through smaller tasks

### **2. Turf battles and competition**

- Solution:**
- Try personal contact and mediation
  - Focus on the benefits of the collaboration
  - Include influential community members from competing organizations



### **3. Past histories with unsuccessful collaboration or personality conflicts**

- Solution:**
- Clearly outline the duties and anticipated results
  - Always follow up on assigned duties and meet deadline
  - Include influential community members who can mediate difficulties
  - Develop a distinct and separate job for difficult personalities, minimizing conflict
  - Place difficult or conflicting personalities on separate work groups and draw out each person's strength in that area

### **4. Failure to plan and/or act**

- Solution:**
- Assess the value of incentives/benefits to action and adjust accordingly
  - Identify barriers to action and develop objectives to overcome them

### **5. Poor links to the community**

- Solution:**
- Include influential community members at all stages, from determining the problem to planning the actions of the collaboration

### **6. Minimal organizational capacity**

- Solution:**
- Initiate the collaboration only when a host organization provides staffing
  - Develop leadership for future staffing
  - Dissolve the collaboration if staffing is not available

### **7. Too little funding**

- Solution:**
- Create a development committee to seek funds
  - Reduce goals and objectives to match the level of funding
  - Seek more in-kind donations



## 8. Failure to develop and maintain leadership

- Solution:**
- Share information and decision-making
  - Evaluate the workload for each leadership position if recruitment is the problem
  - Develop co-leadership positions
  - Be clear about the workload and responsibilities up front
  - Groom new leaders

## 9. Unequal sharing of responsibility and decision-making

- Solution:**
- Analyze the cause
  - Change leadership
  - Review expectations for leadership and adjust as needed
  - Refer to “ground rules” developed at the beginning of the process

## 10. Time conflicts

- Solution:**
- Outline time commitment expectations on a regular basis and renegotiate if necessary
  - Maintain active communications, even when members cannot attend meetings
  - Inform all members of potential decisions that will be made at meetings.  
Ask for input from those not planning to attend.
  - Decisions will be made from the input and those attending meetings. Make this one of your “ground rules.”

## 11. Lack of ongoing staff/member training

- Solution:**
- Maintain active communications
  - Develop a system for training new members
  - Share documents such as minutes and ground rules to bring new members up to speed

## 12. Burnout/unrealistic demands on staff or members

- Solution:**
- Review expectations and adjust as appropriate
  - Maintain active communications



- Extend deadlines
- Redistribute duties
- Break tasks down to more achievable steps
- Take time for socializing
- Have a formal recognition and appreciation program

**Remember the importance of:**

- Frequent communications to your partners and the public
- Consensus thinking to fully explore your action plans
- Evaluation of the impact that your efforts make on the community
- Revision of the original action plan based on evaluations and changing conditions

Community building is a dynamic process, ever changing and developing.

## Chapter 6: Handouts

In this Chapter, you will find the following handouts to copy for your presentations and events.

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Keeping Mentally Sharp .....	165
Sleep Quiz and Answers .....	168
Tune-ups and Service for the Body .....	170

#### Briefing - Beginning the Driving Conversation

Discussion Reactions .....	190
What Do I Do with Anger .....	191

#### Staying Healthy for Driving Fitness (30 minute session)

Vision Changes .....	162
Adjusting Your Mirrors .....	164
Keeping Mentally Sharp .....	165
Sleep Quiz and Answers .....	168
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#### Driving After 60: Healthy Steps to Keeping the Keys (60 minute session)

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## Myth and Fact Quiz

The following statements are designed to test your knowledge about older drivers and older driver safety. Circle “T” if you believe the statement is true; circle “F” if you believe the statement is false. Answers will be discussed as a group.

- T    F        1. Public safety is significantly improved by getting older drivers off the road.
- T    F        2. Most older drivers cease or restrict their own driving when they experience changes in their ability to drive.
- T    F        3. Aging is associated with inevitable functional declines that make most older adults high-risk drivers.
- T    F        4. Public transportation is an effective transportation alternative for most older adults who no longer drive.



## Myth and Fact Quiz- Answers

You determine which is true or false.

### 1. Public safety is significantly improved by getting older drivers off the road.

Some older drivers may have functional impairments that place them at risk for crashes. Some older drivers with dementia are not aware of their conditions or have retained the judgment to safely drive.

Many more older drivers have safe driving habits and actions.

- Older drivers are much less likely to drink and drive than other driving age groups. Older adults involved in fatal crashes in 2005 had the lowest proportion of intoxicated drivers of all adult age groups. (NHTSA, 2005)
- Only 7 percent of fatally injured drivers 65 years and older had a BAC of .08 or greater, compared with over 35 percent among drivers younger than 65. (U.S. Department of Transportation Fatality Analysis Reporting System 2005)
- Older drivers are less likely than younger drivers to strike another vehicle, resulting in a fatality. In 2005, in fatal two-vehicle crashes involving an older (65 and over) and a younger (16-20 years old) driver, the older driver's vehicle was two and half times as likely to have been struck by the younger driver. (NHTSA, 2005)

### 2. Most older drivers cease or restrict their own driving when they experience changes in their ability to drive.

The majority of older drivers appropriately self-regulate their driving to their conditions and skills.

Some don't. People who experience cognitive changes and decline often lack insight into their loss of function. Objective assessment by a professional is needed to determine if the driver is able to operate a vehicle with proper alertness.

### 3. Aging is associated with inevitable functional declines that make most older adults high-risk drivers.

While specific abilities needed to drive safely—such as vision, memory, physical strength, reaction time, and flexibility—may decline, the rate of change varies greatly among older people. Many older drivers do not differ significantly in their driving skills from middle-aged drivers, who statistically are the safest group on the road.

Yet, most people will outlive their ability to safely drive by 7 to 10 years.

**4. Public transportation is an effective transportation alternative for most older adults who no longer drive.**

In many areas, older adults use public transportation more often than younger adults.

Yet, many older adults do not use public transportation because it is not available, not accessible, or doesn't go where they want to go, or when they want to go.

Improved routes and scheduling would make public transportation more attractive. Even where it exists, many forms of public transportation are difficult or impossible for elders with Alzheimer's disease or physical disabilities to use.

While some transportation services meet the needs of people with disabilities, more options are needed that are acceptable, accessible, affordable, and adaptable.



## Vision Matching Game 1

1. Ability to quickly process visual information

*Perceptual Reaction Time (PRT)*

2. Ability to see a moving object in low light

*Dynamic Visual Acuity*

3. Ability to determine distance of objects based on speed rather than perceived distance.

*Depth Perception*

4. The line of vision on each side of the face that one can 1) see and 2) mentally process and interpret information.

*Useful Field of View*

- A. When making a left turn, cars that seem far away appear to be a safe distance. The driver turns and suddenly the cars seem to be in the intersection.

- B. Driving at dusk, it begins to rain. A pedestrian steps off the curb 50 feet in front of a car. The driver keeps driving only to see the pedestrian a few feet from the front bumper.

- C. A car pulls around the driver seeming to come out of nowhere.

- D. Entering a school zone, a child runs between two cars and into the street. The driver's car just misses the child.

## Vision Matching Game 2

5. Ability to sharply see the difference between two similarly colored objects

*Contrast Sensitivity*

6. Ability to adjust when bright lights or incoming light shine directly towards the eye or is reflected from an object

*Glare Recovery*

7. Ability to see objects to the side when the eyes are focused forward

*Peripheral Vision*

8. The ease the eye can adjust to changes from dark or dim lighting to bright areas, or the reverse

*Light/Dark Adaptation*

E. It's raining and the pavement and the curb both become dark and the divider lanes are faded. The driver almost hits a pedestrian in a gray raincoat standing at the side of the road.

F. When driving on a highway, the driver is focused on the road ahead. A vehicle from the left lane suddenly seems to pull in front of the driver's car.

G. At night the driver is blinded from oncoming car lights and has trouble keeping that car on course.

H. When coming through a tunnel, the driver has trouble seeing the road as the driver comes into the light.



## Vision Matching Game 1

1. Ability to quickly process visual information

*Perceptual Reaction Time (PRT)*

A. When making a left turn, cars that seem far away appear to be a safe distance. The driver turns and suddenly the cars seem to be in the intersection.

2. Ability to see a moving object in low light

*Dynamic Visual Acuity*

B. Driving at dusk, it begins to rain. A pedestrian steps off the curb a half block away in front of a car. The driver keeps driving only to see the pedestrian a few feet from the front bumper.

3. Ability to determine distance of objects based on speed rather than perceived distance.

*Depth Perception*

C. A car pulls around the driver seeming to come out of nowhere.

4. The line of vision on each side of the face that one can 1) see and 2) mentally process and interpret information.

*Useful Field of View*

D. Entering a school zone, a child runs between two cars and into the street. The driver's car just misses the child.

## Vision Match Game 2

5. Ability to sharply see the difference between two similarly colored objects

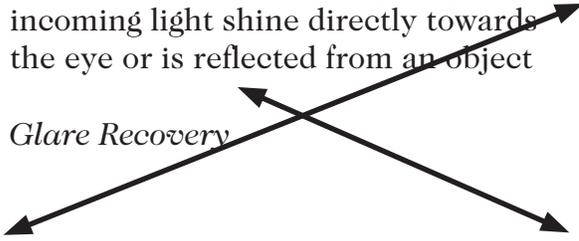
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- E. It's raining and the pavement and the curb both become dark and the divider lanes are faded. The driver almost hits a pedestrian in a gray raincoat standing at the side of the road.

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*Light/Dark Adaptation*

- H. When coming through a tunnel, the driver has trouble seeing the road as the driver comes into the light.



## **Vision Changes**

Ninety percent of the information used in driving comes through the eyes. With aging, several changes may occur that can affect driving.

### **Dynamic Visual Acuity**

Dynamic visual acuity is the ability to see a moving object. With age, this ability may decline especially under low light conditions like evening.

An example is if you are driving at dusk and it begins to rain. Someone steps off the curb one-half a block in front of you, moving slowly. You have difficulty seeing the pedestrian until you are only a few feet away.

### **Depth Perception**

Depth perception is the ability to determine distance of objects. With age, changes in the lenses of the eyes decrease the ability to accurately determine distances between two objects.

Older drivers tend to use the distance of the approaching vehicle, rather than the speed of the vehicle, to determine safe turning, lane changing, or merging.

### **Useful Field of View**

The “useful field of view” refers to the area that one can see and cognitively process and interpret. With cognitive slowing, the area shrinks to only the area a person sees directly in front of the eyes without the side vision, called peripheral vision.

For drivers with decreased visual attention, they can only see the car directly in front and not the pedestrian stepping from the curb. Drivers can adapt to reduced useful field of vision through retraining by an occupational therapist.

### **Contrast Sensitivity**

The capacity to sharply see the difference between two similarly colored objects indicates one’s ability to perceive contrast. With age, older adults tend to develop cataracts that change perception of color and background. When driving, the inability to see the difference in contrast affects distance judgment.

Drivers may have difficulty in determining distance to an object resulting in “tailgating” or hitting a curb. Other examples include the ability to see objects lying in the road that are a similar color to the pavement, faded highway lane makers or pedestrians in dark clothing at night.

## **Perception Reaction Time (PRT)**

This refers to the speed with which the driver can process visual information. As one ages, this interaction between the eye and brain's ability to recognize what it sees diminishes.

Good PRT is critical to seeing hazards and recognizing warning signs in a timely manner.

## **Glare Recovery**

Glare occurs when

- 1) Brightness of an object approaches us faster than our eyes can accommodate or
- 2) The eye's ability to focus incoming light diminishes. With age, the eye's lens hardens, thereby increasing the amount of "stray" light entering the eye. This light scatters causing the appearance of "dazzling bright spots." Resistance to glare declines by 50% every twelve years after age 40.

Time to recover from glare also increases with age. Glare affects driving by momentarily blinding the driver. Glare from oncoming headlights at night requires quick recovery to maintain the car's appropriate course.

## **Peripheral Vision**

Peripheral vision is the ability to see objects to the side when the eyes are focused forward. With age, the range of side vision decreases.

For example, many older people report that all of a sudden, a car whizzed past or a vehicle from another lane pulled in front of them. Reduced peripheral vision, which becomes more pronounced with age results in "blind spots." Blind spots are areas around the car where it is difficult to see objects.

Adaptive equipment and retraining can improve the driver's ability to overcome the blind spots. Proper adjustment of blind spots can also assist in reducing blind spots.

## **Light/Dark Adaptation**

Light and dark adaptation is the ease with which the eye can adjust to changes from dark or dim lighting to bright areas. Adaptation diminishes with age as the eye muscles become less elastic.

For example, many older drivers have difficulty seeing when entering or leaving a tunnel.



## Adjusting Your Mirrors

- Before you start your vehicle, adjust your rearview mirror so you can see as much of the rear window as possible.

*If you are over six feet tall*, the inside rearview mirror may block your view through the windshield. To increase your forward visibility, the AAA suggests turning the rearview mirror upside down with the day/night switch on top.

- For the mirror on the driver's side, while in the driver's seat:
  1. Place your head against the driver's side window
  2. Adjust the side mirror on your left so you just see the side of your car.
- For the mirror on the passenger's side, while in the driver's seat:
  1. Move your head to the center of your car under the rearview mirror
  2. Adjust the passenger side mirror so you just see the side of your car

For most people this is a big change. We urge people to make this change gradually over the course of a week or two.

## Keeping Mentally Sharp

**Flexible thinking: The ability to see a situation in a new way or from a different perspective.**

- Attending discussion groups or current-affairs classes
- Attending local government meetings
- Attending councils or committees for religious organizations or civic group
- Reading books and newspapers
- Learning a new language
- Going to museums
- Taking a class in a subject you have never studied before
- Playing games that require strategies or remembering moves made by the other players, such as checkers or chess
- Learning a new program on a computer
  
- Other: \_\_\_\_\_

**Keen perceptions: The ability to see, hear, taste, and smell.**

- Participating in tea or wine tasting
- Attending a food festival or competition
- Listening to environmental tapes of nature and identifying the sounds
- Smelling and identifying various spices
- Listening to music and identifying the tunes or instruments
  
- Other \_\_\_\_\_

**Using language and verbal communication: The ability to understand our loved ones, communicate our needs, or use words to create harmony and goodwill in our environment.**

- Identifying and conveying feelings about a work of art
- Listening to music and explaining the mood of the piece or song
- Attending a discussion group and expressing your opinion on a subject
- Writing a letter to a friend
- Composing lyrics for a song
- Writing a letter to the newspaper editor or your legislator expressing an opinion on a subject
  
- Other \_\_\_\_\_



**Comfort in using numbers: The ability to see patterns and make calculations. Using numbers requires a different kind of thinking than using words.**

- Balancing a checkbook
- Doubling a recipe or cutting a recipe in half
- Playing number games
- Maintaining baseball batting averages
- Calculating the odds and ratios of investments
  
- Other \_\_\_\_\_

**Ability to reason and think things out: The abilities to develop and relate strategies and apply them. Playing games of strategy can help build and retain reasoning power.**

- Playing chess
- Playing bridge, poker, or canasta
- Playing the Japanese game of Go
- Serving on problem-solving committees, conflict resolution boards or civic group
  
- Other \_\_\_\_\_

### ***Driving and Medications***

On average, older adults take six prescription or over-the-counter medications a day. Many people also take herbal supplements. With this number of medications and changes in the body as people age, older adults are more prone to medication-related problems.

Many medications or combinations of medications and supplements have side effects that influence driving performance. These reactions include drowsiness, blurred vision, unsteadiness, inability to focus or pay attention, nausea, and fainting.

For example, taking a cold medication can cloud the brain's ability to process important driving cues and slow reaction time. The cold medication also may react with a prescription drug that doubles the effect. Slowed reactions can impact your ability to speed up fast enough to merge with traffic or stop quickly.

#### **Good Practice:**

- If you are taking a new medication or a new dose of your regular medication, take the first dose in a safe environment to determine if you have a reaction and the extent of any side effects. Don't drive until the body has adjusted to the medication.
- For some medications, you may not detect any effect. Ask your doctor if any of your medications cause drowsiness, forgetfulness, or euphoria (pleasant excitement). See if the doctor recommends testing of your reaction times or a driving assessment when you are on and off the medication. This testing can determine how much the medication harms your driving ability and at what level you are still a safe driver. Ask your physician about changing doses and timing of medications.
- Have a yearly review of your prescription medications, over-the-counter drugs, supplements and herbals by your physician.
- Ask your doctor or pharmacist if alcohol increases the strength of your medications and if this reaction can seriously affect your ability to be a safe driver.
- Monitor yourself. Learn how your body reacts to medications and supplements by keeping track how you feel after you take the medication and how long any reaction lasts.



## **Sleep**

Which of the following are true?

- Older people need less sleep than younger adults.
- People with insomnia have trouble falling asleep and staying asleep. They may wake up early in the morning and not be able to fall back to sleep.
- Sleeping pills can interfere with the REM cycle of sleep and contribute to poor sleep quality.
- You can sleep better by keeping your sleeping room dark and somewhat cool.
- Too little exercise can contribute to sleeping problems.
- Eating a heavy meal before going to bed interferes with natural sleep.
- Drinking alcohol before bed produces poor-quality sleep.
- Drinking tea, coffee and cocoa less than six hours before retiring to bed may contribute to sleep problems.
- Getting up and going to bed at the same time every day really doesn't make a difference in sleep quality.

## Sleep Quiz Answers

*Older people need less sleep than younger adults.*

**FALSE:** Older people need just as much sleep as younger people.

*People with insomnia have trouble falling asleep and staying asleep. They may wake up early in the morning and not be able to fall back to sleep.*

**TRUE:** People with insomnia have trouble falling asleep and staying asleep. They may wake up early in the morning and not be able to fall back to sleep.

*Sleeping pills can interfere with the REM cycle of sleep and contribute to poor sleep quality.*

**TRUE:** Sleeping pills such as Valium, Restoril, Xanax, or Halcion can interfere with the REM cycle of sleep and contribute to poor sleep quality.

*You can sleep better by keeping your sleeping room dark and somewhat cool.*

**TRUE:** The body is tuned to feeling tired in the dark. Sleeping when too warm causes restlessness.

*Too little exercise can contribute to sleeping problems.*

**TRUE:** Too little exercise can contribute to sleeping problems.

*Eating a heavy meal before going to bed interferes with natural sleep.*

**TRUE:** Eating a heavy meal before going to bed interferes with natural sleep.

*Drinking alcohol before bed produces poor-quality sleep.*

**TRUE:** Drinking alcohol before bed produces poor-quality sleep.

*Drinking tea, coffee, and cocoa less than six hours before retiring to bed may contribute to sleep problems.*

**TRUE:** Drinking tea, coffee, and cocoa less than six hours before retiring to bed may contribute to sleep problems.

*Getting up and going to bed at the same time every day really doesn't make a difference in sleep quality.*

**FALSE:** Developing a cycle of sleep tunes the body to anticipate rest and contributes to better sleep quality.



<b>Tune-Ups and Service for the Body Recommended System Checks</b>		
<b>Windshield</b>	<b>Eyes</b>	Get eye and vision exams: <ul style="list-style-type: none"> <li>• Ages 41–60: every 2 years</li> <li>• Over 60: annually</li> </ul>
<b>Horn</b>	<b>Ears</b>	Get a hearing test if you: <ul style="list-style-type: none"> <li>• Have trouble hearing over the telephone</li> <li>• Find it hard to follow conversations when two or more people are talking</li> <li>• Need to turn up the TV volume so loud that others complain</li> <li>• Sense that others seem to mumble</li> </ul>
<b>Engine</b>	<b>Heart Lungs</b>	Get immunizations (since illness can affect driving alertness): <ul style="list-style-type: none"> <li>• Flu shot at age 50 and over: yearly</li> <li>• Pnuemococcal pneumonia at age 65 and over: every 5 years</li> <li>• Regularly check with your healthcare providers:               <ul style="list-style-type: none"> <li>▪ Blood pressure (every visit)</li> <li>▪ Cholesterol (once a year)</li> <li>▪ Blood sugar levels</li> </ul> </li> </ul>
<b>Cooling System</b>	<b>Blood</b>	For those with Type 2 diabetes: <ul style="list-style-type: none"> <li>• Monitor your blood sugar levels</li> <li>• Take an A1c test 2 to 3 times a year (A1c testing measures how well a person’s blood sugar levels are being controlled over time)</li> </ul>
<b>Exhaust</b>	<b>Colon</b>	Get colon-cancer screening: <ul style="list-style-type: none"> <li>• Fecal blood test every year after 50</li> <li>• Flexible sigmoidoscopy every 5 years beginning at age 50</li> </ul>
<b>Tires</b>	<b>Joints and Feet</b>	If you have diabetes: <ul style="list-style-type: none"> <li>• Inspect feet regularly for cuts, red spots, calluses, flaking skin, and ingrown toenails</li> </ul> <p>If you have pain in your joints or feet:</p> <ul style="list-style-type: none"> <li>• Visit your healthcare provider. Early diagnosis and the appropriate use of self-management can reduce the effects of arthritis</li> </ul>

### ***Fitting the Car to the Driver***

#### **Seat**

- Make sure you can reach the center of the brakes and gas pedals with the ball of your foot
- Your chest should be at least 11 inches from the air bag located in the center of the steering wheel
- Make sure the seat is high enough for your line of sight to be three inches above the steering wheel.

#### **Headrest**

- Adjust the headrest to touch the middle of your head, not your neck

#### **Mirrors**

- Before you start your vehicle, adjust your rearview mirror so you can see as much of the rear window as possible.

*If you are over six feet tall*, the inside rearview mirror may block your view through the windshield. To increase your forward visibility, the AAA suggests turning the rearview mirror upside down with the day/night switch on top.

- For the mirror on the driver's side, while in the driver's seat:
  1. Place your head against the driver's side window
  2. Adjust the side mirror on your left so you just see the side of the car.
- For the mirror on the passenger's side, while in the driver's seat:
  1. Move your head to the center of your car under the rearview mirror
  2. Adjust the passenger side mirror so you just see the side of your car

For most people this is a big change. We urge people to make this change gradually over the course of a week or two.

#### **Seat Belt**

- Always wear a seat belt when driving. This can become difficult if:
  - Flexibility restrictions limit your ability to reach over the shoulder to grab the belt
  - Reduced strength makes it difficult to pull the belt over the chest to the clasp at the seat
  - Loss of dexterity from arthritis prevents fastening the belt buckle into the seat latch



## **Maintenance that Matters**

### **Before each trip:**

- Wipe off any moisture or scrape ice from the rear window.
- Make sure your headlights and windshield are clean.
- Walk around your car to visually check for flat tires. Remember, radial tires often look a little flatter.
- Check the brake-pedal pressure. When pushed, the pedal should stay well above the floor.

### **Monthly:**

- Check your oil level and windshield-wiper fluid.
- Check brake lights for any burned-out bulbs.
- Check for cracked window glass.
- While your tires are cold, check your tire inflation with an accurate tire gauge.
- Check the water in your battery. Open the small cap and check to see that there is water over the metal plates you will see inside. If you have a new vehicle, you probably have a sealed battery that does not need water.

## ***Weather Wise***

### **Ice and Snow:**

- On icy or snowy streets, reduce speed and increase following distance
- Use snow or all-weather radial tires
- Carefully cross bridges and shaded areas, where ice develops first. Icy roads are most slippery at 32° (freezing temperature)
- Keep both your outside AND inside windshield clean

### **Fog:**

- Reduce speed and increase following distance
- Use low-beam lights or fog lights
- If you can't see traffic in front of you, pull off the road
- Drive only during the day

### **Rain:**

- Reduce speed and increase following distance
- Turn on low beams
- Drive only as fast as the windshield wipers can remove water from the windshield



## **Community Resources for Maintaining Driving Fitness: Retraining for the Experienced Driver**

- Classroom Driver Safety Courses: Why They Are Valuable

Although no one study has found that these classes prevent crashes, they do keep older drivers current on the rules of the road, stimulate the mind and offer some suggestions for staying driving fit.

- Driving Specialists: When They Count

Driver rehabilitation specialists conduct off-road and on-the-road evaluations. The specialist's assessment gives the older driver a good baseline of his or her capabilities. The specialist also can provide off-road and on-road training in safe-driving techniques, or recommend adaptive devices and provide training on their use if they are appropriate for you.

Many certified rehabilitation specialists are occupational therapists whose services may be paid for by health insurance companies, but more frequently must be paid for out of pocket. Medicare does not pay for testing and refresher courses.

Some rehabilitation centers can conduct a driving assessment based on a doctor's order. The assessment can test strength, coordination, vision (night vision and depth perception), divided attention, brake reaction, and perception of the meaning of road signs. It can include an on-the-road driving test. Costs for hospital assessments vary, but are commonly \$200–\$600.

To find a driver rehabilitation specialist in your area, go to [www.aota.org/olderdriver](http://www.aota.org/olderdriver). In some instances, you may need to travel to a nearby community to get the services of a specialist.

### **Community Resources**

- Private On-the-Road Driving Classes: Practice the Good Habits

In some States, driving schools hire State-certified instructors experienced with older or disabled persons to provide an impartial behind-the-wheel evaluation. A certified instructor creates a written report (sometimes even a videotape) detailing the performance.

The report documents the need for remedial instruction, cutting back on driving in specific circumstances or recommends driving retirement. Many older drivers do not have the opportunity to practice good driving skills with a knowledgeable instructor. On-the-road training provides a way.

Unlike driver rehabilitation specialists, driving school instructors lack the medical knowledge that these specialists bring to the course.



<b><i>Driving Discussion</i></b>	
<b>Questions and Suggestions</b>	<b>Your Answers</b>
<p>1. How you will know when to change your driving habits?</p> <ul style="list-style-type: none"><li>• Driving at night</li><li>• Driving in traffic</li><li>• Driving in bad weather</li><li>• Driving when your health changes</li></ul> <p>What strategies can you develop so you are ready to face these driving challenges?</p>	
<p>2. What events and activities are important for you to attend?</p> <ul style="list-style-type: none"><li>• Go back to the list of activities that you developed in the last section and enter the most important ones here.</li><li>• Family and loved ones need to know that these activities play an important role in your life.</li></ul>	
<p>3. Problem-solve how you might get to specific places in the event your driving becomes restricted.</p> <ul style="list-style-type: none"><li>• Make a list of possible resources: friends, bus, subway, taxi, family members, volunteers or religious organization's van.</li></ul>	
<p>4. With whom do I need to discuss these strategies?</p> <ul style="list-style-type: none"><li>• When would be a good time?</li></ul>	

## Driving Strategies

The following table outlines some of the driving challenges that may come up for the older driver and the solutions that contribute to a safe journey.

Driving Challenges	Solutions
<p>I feel overwhelmed by the number of signs, road markings, pedestrians and vehicles</p>	<ul style="list-style-type: none"> <li>• Plan the trip route.</li> <li>• Drive in familiar areas.</li> </ul>
<p>I am uncertain in handling the demands of high speeds and heavy traffic</p>	<ul style="list-style-type: none"> <li>• Drive during the day.</li> <li>• Avoid rush hours. Find alternative routes with less traffic.</li> </ul>
<p>I have difficulty judging gaps in traffic, making it harder:</p> <ul style="list-style-type: none"> <li>• To turn left at intersections or</li> <li>• To merge with traffic when turning right</li> </ul>	<ul style="list-style-type: none"> <li>• Drive during the day. Avoid rush hours. Find alternative routes with less traffic.</li> <li>• Remind yourself to look both ways when approaching an intersection.</li> <li>• Find routes where left turns have green-arrow signals. Avoid left turns by taking routes that require right turns.</li> <li>• Avoid highways where speed makes distance judgment more difficult.</li> </ul>
<p>I am concerned about seeing and reacting too slowly to cars coming out of driveways and side streets or cars ahead slowing down</p>	<ul style="list-style-type: none"> <li>• Scan far down the road continuously to anticipate future problems and plan actions.</li> <li>• Keep a safe distance behind another car by finding a marker (tree, sign, lamppost) and, as the car in front passes it, count 1001, 1002, 1003, 1004. Leave enough space to reach the same marker at the count of 1004.</li> </ul>



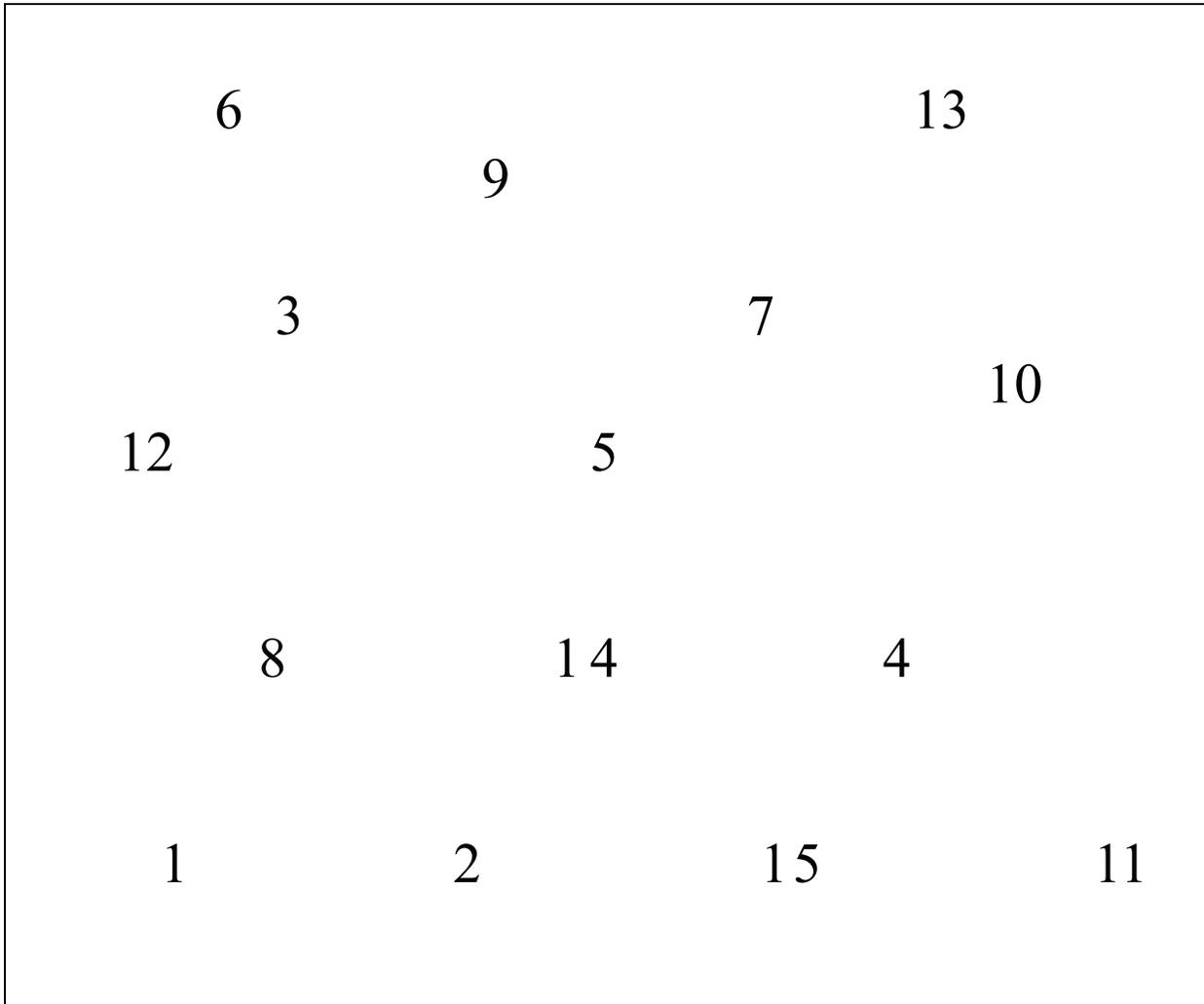
<p>I have difficulty seeing traffic and street signs</p>	<ul style="list-style-type: none"><li>• Always wear glasses with current prescription. Choose glasses that allow you to see to the sides.</li><li>• Visit an eye doctor every year to check for cataracts, glaucoma, macular degeneration, and diabetic retinopathy.</li><li>• Avoid sunglasses or tinted lenses at night.</li><li>• Avoid car windows that are darkened or tinted.</li></ul>
<p>I feel challenged to see lane lines and other pavement markings, curbs, medians, and other vehicles, especially at dawn, dusk, or night</p>	<ul style="list-style-type: none"><li>• Always wear glasses with current prescription.</li><li>• Visit an eye doctor every year to check for cataracts, glaucoma, macular degeneration and diabetic retinopathy.<ul style="list-style-type: none"><li>▪ Avoid sunglasses or tinted lenses at night.</li><li>▪ Avoid car windows that are darkened or tinted.</li><li>▪ Keep windshield, mirrors, and headlights clean.</li><li>▪ Check headlight aim at car inspections.</li><li>▪ Increase the brightness on the instrument panel.</li></ul></li></ul>
<p>I am uncomfortable at night from glare of oncoming headlights</p>	<ul style="list-style-type: none"><li>• Sit high enough in the seat to see the road at least 10 feet in front of the car.</li><li>• With oncoming traffic, look to the lower right side of the road.</li><li>• When choosing a car, look for rearview mirrors that automatically filter out glare.</li></ul>

Adapted from NHTSA, *Driving Safely While Aging Gracefully*

## Tuning Your Reactions

Put your finger on the number 1 in the bottom left corner. When the timekeeper says “start,” touch each of the other numbers in order. After 10 seconds, the timekeeper will say, “stop.”

How many did you touch? Try this three times and see if your score improves.





## Scoring your results

1. Find your age in the left column
2. Look across to the right for the column with your score
3. Compare your score the average of others in your age group

## Reaction Time Score

AGE	Below Average	Average	Above Average
70 and over	1-5	6-9	10-15
60-69	1-7	8-11	12-15
50-59	1-8	9-12	13-15





## Across

1. Most common means of transportation after 60.
4. Should be checked monthly for burned-out bulbs.
7. To tell a fib.
8. Period of time. For example, the tailfins on cars belong to a bygone \_\_\_\_.
10. Department of Transportation (abbrev.)
11. California city with the largest volume of traffic in the U.S.
12. In planning your driving routes, making a series of \_\_\_\_\_ hand \_\_\_\_\_ can be safer than trying to cross an intersection making a left.
15. Avoid driving between midnight and 6 a.m. to remain alert and not feel \_\_\_\_\_.
17. Talking or other \_\_\_\_\_ often can distract the driver.
20. Fumes from a leaky \_\_\_\_\_ are deadly.
22. \_\_\_\_\_ perception helps you judge distances and becomes more difficult as the eye ages.
24. As you enter a highway, increase your speed to the flow of traffic and \_\_\_\_\_ into the closest lane.
27. Turn off the \_\_\_\_\_ for better concentration when you drive. Noises can be distracting.
28. Automatic Braking System (abbrev.)
29. Your car starts only when the battery is \_\_\_\_\_ to the ignition system.
31. It's a good idea to carry a tool \_\_\_\_ in your vehicle.
32. On an \_\_\_\_\_ roadway with two-way traffic, crossing a solid or connected yellow line is permitted only to turn into driveways.

## Down

1. Tinted windows are harder to see out of than \_\_\_\_ at night.
2. \_\_\_\_ bags work with your seat belt to protect you in a crash.
3. Look in your \_\_\_\_\_view mirror and turn your head and body to see behind you before backing up.
4. The number-two traffic violation committed by drivers age 50 and over is an improper \_\_\_\_\_turn.
5. A green light means \_\_\_\_\_.
6. A red, eight-sided sign indicates \_\_\_\_\_(plural).
9. Follow at least \_\_\_\_\_seconds behind the vehicle ahead.
13. Opposite of days.
14. Wear the safety\_\_\_\_ at all times.
16. \_\_\_\_\_ and move right and stop for emergency vehicles.
17. Black ice is a common winter danger in the \_\_\_\_\_ part of the U.S.
18. Feature on a new vehicle that you can order.
19. Clean your wind\_ \_ield every time you drive.
20. You receive 90 percent of your driving cues from the \_\_\_\_\_.
21. As reaction time slows with age, so should the driving \_\_\_\_\_. This may mean choosing alternative routes to freeway driving.
23. To get off a highway.
25. Air conditioning (abbrev.)
26. If conversation distracts you when you're driving, ask passengers not to \_\_\_\_\_.
30. Department of Motor Vehicles (abbrev.)



## Test Your Older Driver I.Q.

The following statements are designed to test your knowledge about older drivers and older driver safety. Circle “T” if you believe the statement is true; circle “F” if you believe the statement is false. Answers will be discussed as a group.

- T F 1. Public safety is significantly improved by getting older drivers off the road.
- T F 2. Most older drivers restrict or cease driving when they experience changes in their ability to drive.
- T F 3. Aging is associated with inevitable functional declines that make most older adults high-risk drivers.
- T F 4. Most physicians know how to identify and counsel older patients who are likely to experience driving difficulties.
- T F 5. When older people come in for a license renewal, the DMV can readily identify those individuals whose driving ability is compromised.
- T F 6. It's hard to justify improvements to highways that would make them friendlier to older drivers because it's prohibitively expensive and would serve only a small segment of the population.
- T F 7. Public transportation is an effective transportation alternative for most older adults who no longer drive.

## Realities About Older Drivers

You determine which is true of false.

*Public safety is significantly improved by getting older drivers off the road.*

Although important to pay attention to older drivers whose age-related functional impairments place them at risk for crashes, many older drivers are safe.

- Only 7 percent of fatally injured drivers 65 and older had a BAC of .08 or greater, compared with over 35 percent among drivers younger than 65. (Department of Transportation Fatality Analysis Reporting System, 2005)



- Older drivers are much less likely to drink and drive. Older drivers involved in fatal crashes in 2005 had the lowest proportion of intoxication of all adult drivers (NHTSA, 2005)
- Older drivers are less likely than younger drivers to strike a vehicle, resulting in a fatality. In 2005, in fatal two-vehicle crashes involving an older (65 and over) and a younger (16-20 years old) driver, the older driver's vehicle was two and a half times as likely to have been struck. (NHTSA, 2005)

*Most older drivers restrict or cease driving when they experience changes in their ability to drive.*

- Most older drivers appropriately self-regulate. Some don't. Many who experience cognitive changes and decline lack insight into their loss of function. Objective assessment by a professional is needed to make the determination whether the driver has the ability to operate a vehicle with proper alertness.

*Aging is associated with inevitable functional declines that make most older adults high-risk drivers.*

- While specific abilities needed to drive safely—such as vision, memory, physical strength, reaction time, and flexibility—may decline as we age, the rate of change varies greatly among older adults. Many older drivers do not differ significantly in their driving skills from middle-aged drivers, who statistically are the safest group on the road.

*Most physicians know how to identify and counsel older patients who are likely experience driving difficulties.*

- Physicians commonly state that they know little about the effects of specific functional losses on driving safety, and they prefer that the Departments of Motor Vehicles in each State deal with the issue.
- Some physicians feel that they violate a patient's trust if they take actions that could result in a patient's loss of driving privileges. Others have concerns about losing the person as a patient or facing possible legal action. However, more and more physicians recognize the ethical obligation to discuss the dangers of driving with patients whose health and medical conditions could compromise both patient and public safety.

*When older people come in for a license renewal, the DMV can readily identify those individuals whose driving ability is compromised.*

- Many States do not require in-person renewal of driver licenses. Where required, intervals between DMV visits may be as long as 12 years. Also, in States with in-person renewal, DMV staff is frequently not trained to recognize signs of risk. Road tests are rarely given and are not designed to identify the common safety problems of older drivers.

*It's hard to justify improvements to highways that would make them friendlier to older drivers because it's prohibitively expensive and would serve only a small segment of the population.*

- Quite often, it costs no more to build roads the right way, from a driver-needs perspective, than the wrong way. Many engineering improvements, if made when constructing new facilities or planning reconstruction projects, could be done at little or no added cost. Improvements that make highways safer and easier for elders also make them safer and friendlier for all drivers and pedestrians.

*Public transportation is an effective transportation alternative for most older adults who no longer drive.*

- Many older adults do not use public transportation because it is not available, not accessible, or doesn't go where they want to go, when they want to go. Improved routes and scheduling would make public transportation more attractive.
- Most forms of public transportation are difficult or impossible for elders with Alzheimer's disease or physical disabilities to use. While some transportation services meet the needs of people with disabilities, more options are needed that are acceptable, accessible, affordable and adaptable.



## **Supportive Assistance/Adaptive Equipment**

- Seat belt adapters to make belts easy to reach, improve fit, and make release buttons easier to operate by arthritic hands
- Choosing new styles of belts that feed out more gradually and work with air bags to reduce bone injuries during crashes
- Pedal extenders to better reach the brake and accelerator
- Full-view inside mirrors and side “spot” mirrors to minimize blind spots
- Turn-signal crossovers to shift operation of turn signals to the other side or to the foot (to use the driver’s stronger arm or leg)
- Extra-loud turn-signal “clickers” or relocated/brighter turn-signal indicator
- Left-foot accelerator for those with limited or no use of the right foot
- Touch pads or voice-scan activation systems for car controls and electronic joystick controls for steering, gas pedal, and brake
- Scooter- and wheelchair-loading devices, transfer assists to help the person in and out of the vehicle
- Keyless ignition
- Doors that automatically lock and open

## **Steps to Using Adaptive Equipment**

### **Simple Changes That You Can Make**

- Easy-locking seat belts
- Visor extenders
- Steering wheel covers to improve grip on the steering wheel
- Seat and back support cushions to relieve back pain or improve line of sight. Such cushions, however, are likely to change how you see out of your mirrors and make contact with your gas and brake pedals.

With other adaptive devices, you need to get the right product for your needs and may need training on how to use the device to maximize your safety.

### **Assessment of Need**

A professional assessment by a driver rehabilitation specialist ensures the appropriate need for the equipment to save money and ensure safety.

### **Proper Installation**

Having a professional install the equipment ensures that the equipment will work appropriately and fits the driver.

### **Proper Training**

Training by a driver rehabilitation specialist assists with the safe operation equipment.



### Discussion Reactions

Acceptance	Anger	Embarrassment	Sadness/ Depression	Disbelief and Denial
<p>She agreed to the sale of her car</p> <p>He was resigned to not driving again, and also relieved</p> <p>He has reluctantly accepted</p>	<p>At first, he was resentful and sarcastic</p> <p>She vehemently protested, got angry, and cried. She brings it up with relatives and friends</p> <p>She has gone to see several doctors to try to get them to permit her to drive</p> <p>She was negative, sarcastic, and angry</p> <p>There was pouting, resentment, hostility, vindictiveness</p> <p>She was argumentative and difficult</p> <p>My mother has always been a lady. When the DMV took her license, she was furious. She was yelling foul language and screaming. My father couldn't stand the abuse. My sister and I had to help calm her down. It took four days!</p>	<p>He does not want to see anyone because he feels the loss of his license labels him as unfit</p> <p>It hurt her feelings</p> <p>She was deeply offended by the intervention</p>	<p>There has been withdrawal and depression</p>	<p>She said, "How could you do this to me? I don't believe you did this to me!"</p> <p>He talked about his perfect driving record for over 60 years</p> <p>She said there was nothing wrong with her driving</p> <p>She has ignored me</p>

## What Do I Do with Anger?

<p><b>Listen:</b></p>	<ul style="list-style-type: none"> <li>• Hear the person out. Allow him or her to express anger and hostility.</li> <li>• Affirm the person’s feelings of anger and that it is understandable.</li> </ul>
<p><b>Explain concern:</b></p>	<ul style="list-style-type: none"> <li>• If appropriate, go over the reasons and the evidence of why driving in certain situations is now dangerous. Make sure you have your facts.</li> <li>• Where appropriate, review the possible results of continuing to drive. Explain why you are concerned that an injury could be much more disruptive to your loved one’s life than not driving.</li> <li>• Share information about similar situations where a driver in a similar situation crashed or caused injury and lost the family estate or was disabled. Explain that you don’t want your loved one to go through that situation.</li> </ul>
<p><b>Suggest a second opinion:</b></p>	<ul style="list-style-type: none"> <li>• Suggest an assessment from a driving specialist or a health professional.</li> </ul>
<p>At a later time when emotions calm, you may want to address these issues</p>	
<p><b>Look at advantages:</b></p>	<ul style="list-style-type: none"> <li>• When appropriate, point out that the stresses of driving could be eliminated (“Mom, you won’t have to service the car, worry about finding a parking space, or worry about how other people drive”).</li> <li>• Point out that past concerns (perhaps about crashing or getting lost) could also be eliminated.</li> </ul>
<p><b>Develop alternatives:</b></p>	<ul style="list-style-type: none"> <li>• Affirm your desire to help with transportation if the person has to cut back or stop driving.</li> </ul>



## Dementia and Driving

Which of the following statements are TRUE regarding dementia and driving?

- Many older drivers with dementia have trouble with self-assessment.
- Dementia affects cognitive functions critical to driving such as judgment, reaction time, and problem-solving abilities.
- Dementia causes physical and sensory problems that increase driving risk.

Which statements are TRUE regarding driving after a doctor's diagnoses of dementia?

- It is not a question of "if" but "when" driving retirement will take place.
- With some kinds of dementia, a change in medications or dosage may restore needed memory and attention functions for some time.
- Driving is like a bicycle – once you learn you never forget.
- A diagnosis of dementia should immediately trigger the time to stop driving.

## **Alzheimer's and Driving**

### **Solicit the support of others**

- Recruit a trusted authority such as a doctor to advise the person with Alzheimer's not to drive.
- Relatives and an insurance agent can reinforce the message. For tips on approaching the topic, contact the Alzheimer's Association to find a local chapter ([www.alz.org](http://www.alz.org))
- Contact the Alzheimer's Association to find a local chapter ([www.alz.org](http://www.alz.org))

### **Acknowledge the loss**

- Be sensitive and reassuring.
- Try to involve the person in other aspects of travel. Put the person in charge of the radio and temperature controls. Ask for assistance in looking for important signs.

### **Arrange for transportation**

- Reassure the person that a ride will be available when needed.
- Plan ahead.

### **Take the test**

- Follow the Department of Motor Vehicles' paperwork guidelines in your State to retest the person.
- Remember that taking away a driver's license does not mean the person with dementia will stop driving.

### **Make the car less accessible**

- Have the caregiver keep the car keys.
- If the car is not often used, disable it by removing the distributor cap or park it down the street or out of sight. Consider selling the car.

### **Be firm**

- Avoid arguments and long explanations.
- Focus on other activities the person with dementia enjoys.



## Video Handout

### Section I: Changes in Older Adults

Changes in our physical abilities prompt us to change how we drive and understand ways aside from driving to stay active and connected to our communities. People age at different rates, in different ways and at different times.

Changes that occur affect:

- Vision;
- Hearing;
- Strength;
- Flexibility; and
- Reflexes.

Diseases that may affect older drivers include:

- Osteoporosis that changes the way we sit in a vehicle;
- Peripheral vascular disease that changes the ability to sense pressure on the feet and therefore affect braking and gas pedal use; and
- Alzheimer's that affects judgment, memory, and abilities to understand distance.

**Key message:** Changes in a person's physical and mental abilities can affect driving safety. In many cases older adults adapt their driving behavior to make allowances for these changes.

### Section II: Adapting to the Changing Driving Environment

The environment in which people drive has greatly changed since many of today's driver's 65 and older first started driving. Today, we find:

- Cars are bigger;
- Traffic moves faster;
- Roads are more congested; and
- Drivers are more aggressive.

These changes significantly affect people's driving decisions and the consequences of those decisions.

In the coming years, more older drivers will be on the roads, driving more miles per year, and at older ages than previous generations. For these drivers, maintaining safe driving skills for as long as possible requires them to:

- Learn about new traffic laws and rules of the road;
- Maintain proper following distance;
- Change lanes and make turns safely and smoothly;
- Enter and exit freeways appropriately;
- Pay attention to dangerous “blind spots”;
- Exercise to maintain good reaction time and maintain physical flexibility;
- Avoid distractions such as radios, cell phones;
- Exercise caution when taking medications;
- Pay attention to changing seasonal road challenges; and
- Monitor your and other’s driving.

**Key Message:**

- Just because things change, older adults don’t need to stop an activity, they just modify it.
- Most older adults are taking actions to adapt to the changing driving environment and to changes in their own abilities.

**Section III: Driving and Dementia**

Once a doctor diagnoses dementia, the question is not “if” a person should stop driving, but rather “when.” Dementia affects cognitive functions critical to driving such as judgment, reaction time and problem-solving abilities and causes physical and sensory problems that increase driving risk. People suffering from dementia often cannot assess their own driving capabilities and make changes.

Dementia affects cognitive functions critical to driving such as judgment, reaction time and problem solving abilities and causes physical and sensory problems that increase driving risk.<sup>66</sup> People suffering from dementia often cannot assess their own driving capabilities and make changes.

For Alzheimer’s disease, early and clear warning signs that indicate the disease is affecting driving can include:

- Needing more help than in the past with directions or learning a new driving route
- Having trouble remembering the destination of the trip or locating one’s parked car
- Getting lost in familiar places
- Having trouble making turns, especially left turns
- Feeling confused when exiting a highway or by traffic signs such as a four-way stop
- Receiving citations for moving violations
- Finding that others frequently honk their horns
- Stopping at green lights or braking inappropriately

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66 The Hartford (2000): “Why dementia and Driving Is a Difficult Issue”. [www.thehartford.com/alzheimers/why\\_dementia.html](http://www.thehartford.com/alzheimers/why_dementia.html)



- Drifting out of road lane
- Causing damage to one's car without the ability to explain what happened
- Finding others are questioning driving safety
- Having difficulty controlling anger, sadness or other emotions while driving

At the point when these signs listed above occur, the driver should see a driver rehabilitation specialist immediately for an evaluation.

The evaluation gives a good starting point for measuring safe driving capabilities. As the disease progresses, driving will become unsafe. A doctor can help decide when driving should stop.

Begin conversations about driving and plan for the future early.

- Involve doctors, family members and loved ones.
- Look for and use community services.
- Develop a plan while the person with Alzheimer's understands the safety issues and can make decisions.
- Seek testing and a driving evaluation.

A driving evaluation usually:

- Tests the driver's understanding of the "Rules of the Road";
- Tests the driver's reaction time;
- Provides a neurological screening; and
- Includes an actual drive to observe the driver's abilities in the real world.

#### **Key Messages:**

- If warning signs for driving impairment appear, driving should stop until a driving specialist can make an evaluation or a doctor is consulted about how the disease is affecting driving capabilities. If the dementia compromises safety, the driver should stop driving.
- Involve family, a partner and the person's physician in the discussion about strategies to help keep the person active in their community if they must limit or stop driving.
- To maintain the person's mobility, get to know and use community resources.

## **Section IV: Transportation Alternatives**

Transportation alternatives help to maintain one's independence, mobility and quality of life. Alternatives enable a person to stay connected to their community.

Although we may plan for retirement from work, we often do not have a transportation plan for our driving retirement. In developing a plan consider:

- Housing location—Is it walking distance restaurants, groceries or transportation.
- Family and Community assistance—Are family members or neighbors available to provide rides; is carpooling with friends an option; are community transportation services available, affordable and accessible?

**Key Messages:**

- Find out about transportation alternatives in your community that can work for you and your loved ones.
- Alternatives to driving may not be as convenient, but they can keep you doing the things that you want to do.

**Section V: Family Conversations About Driving**

Beginning conversations early about transportation alternatives may help avoid forced and possibly heated discussions later during a crisis. Caregivers and family members care about your safety and independence. They can:

- Help address your needs and concerns;
- Assist in evaluating your driving and help you practice your skills; and
- Help determine the safest options.

Consider getting an outside opinion for a driving evaluation if you feel uncomfortable with your family assistance.

Involve your family doctor to:

- Find out if your medications affect your driving;
- Evaluate your eyesight and determine if your vision changes affect your ability to read signs or drive at night. Consider a yearly eye exam; and
- Schedule specialized tests to check or improve your driving skills.

Involve your community to:

- Become more aware of older driver needs and provide information on mobility options;
- Provide safer roads, walkways and public transportation; and
- Develop transportation options that are convenient, affordable, and accessible.



**Key Messages:**

- Families and loved ones need to play an active, respectful role in the discussion of an older adult's driving safety and continued mobility in the community.
- The older driver should play a meaningful and active part in the discussions about their driving future.

# Certificate of Graduation



Has completed training on driving safety and wellness

\_\_\_\_\_ Date

Presented by the Presented by the American Society on Aging and the [your organization]

\_\_\_\_\_ Name of Instructor

\_\_\_\_\_ Name of Facilitator







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## Chapter 7. Video Moderator's Guide

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## **DRIVEWELL**

Promoting Older Driver Safety  
and Mobility in Your Community

### **VIDEO MODERATOR'S GUIDE**



### **How to Use This Video**

The American Society on Aging (ASA) and the National Highway Traffic Safety Administration (NHTSA) developed this video to achieve two primary goals:

- Trigger discussion among viewers about issues related to older drivers' independence and mobility; and
- Support key components and messages of the DriveWell Toolkit.

### **Suggested presentation format**

The video can be used in one of two ways:

- A stand-alone educational program; or
- An audiovisual support for specific components in the DriveWell Toolkit.

The video is divided into five sections. Each section is designed to be viewed independently and to trigger discussions among viewers. The moderator's guide has a brief description of each of the five sections.

Start the video at the section you select to show your audience and pause at the end of that section. Then discuss the key message points and questions related to that section that are presented in this guide. The guide references specific materials in the DriveWell toolkit that are related to each section of the video.

When moderating your group discussion, make the point that all families face decisions about driving and that the ability and privilege to drive affects most people's feelings of independence, mobility, connection to their communities, and quality of life.

The American Society on Aging and the National Highway Traffic Safety Administration have put together the DriveWell Toolkit and this video to help older drivers and those who love them face these issues together.

## Section I: Changes in Older Adults

This section addresses the physical and mental changes that often accompany aging and how these changes can affect driving abilities. People age at different rates and in different ways.

### Key Message:

- Changes in a person's physical and mental abilities can affect driving safety. In many cases, older adults adapt their driving behavior to accommodate those changes.

### Questions to Discuss:

- 1) What changes have you noticed in yourself or a loved one that are making it more difficult to react to driving conditions?
- 2) How will you know when to change your driving habits?
- 3) In what ways, if any, have you changed your driving habits recently?

### Toolkit Section Reference:

Chapter 4. Older Driver Training Events	
Programs for the Older Driver: Driving Longevity .....	100
Programs for Families, Loved Ones and Friends of Older Drivers:	
Addressing Your Loved One's Driving.....	125

## Section II: Adapting to the Changing Driving Environment

This section raises the point that the environment in which people drive has greatly changed since many of today's driver's 65 and older first started driving.



- Cars are bigger,
- Traffic moves faster, and
- Roads are more congested.

These changes significantly affect people’s driving decisions and the consequences of those decisions. More older drivers will be on the roads in the coming years, and they will be driving more miles per year and at older ages than previous generations. Maintaining safe driving skills for as long as possible requires older drivers to adapt to the changes in their environment.

**Key Message:**

- Most older adults are adapting to the changing driving environment and to changes in their own abilities.

**Questions to Discuss:**

- 1) What are the biggest changes you notice on the road today from even a few years ago?
- 2) How have you and people you know responded to these changes?
- 3) What is one thing that would improve your driving experience?

**Toolkit Section Reference:**

Chapter 4. Older Driver Training Events	
Programs for Older Drivers: Driving Longevity .....	100
Programs for Older Drivers:	
Driving After 60: Healthy Steps to Keeping the Keys .....	90
Programs for Families, Loved Ones and Friends of Older Drivers:	
Addressing Your Loved One’s Driving.....	125

**Section III: Driving and Dementia**

Dementia affects cognitive functions critical to driving such as judgment, reaction time, and problem-solving abilities, and causes physical and sensory problems that increase driving risk.<sup>67</sup> People suffering from dementia often cannot assess their own driving capabilities and make changes.

<sup>67</sup> The Hartford (2000): “Why Dementia and Driving Is a Difficult Issue”. [www.thehartford.com/alzheimers/why\\_dementia.html](http://www.thehartford.com/alzheimers/why_dementia.html)



Once a doctor diagnoses dementia, the question is not “if” a person should stop driving, but rather “when.” For Alzheimer’s disease, early and clear warning signs that indicate the disease is affecting driving include:

- Needing more help than in the past with directions or learning a new driving route;
- Having trouble remembering the destination of the trip or locating one’s parked car;
- Getting lost in familiar places;
- Having trouble making turns, especially left turns;
- Feeling confused when exiting a highway or by traffic signs such as a four-way stop;
- Receiving citations for moving violations;
- Finding that others frequently honk their horns;
- Stopping at green lights or braking inappropriately;
- Drifting out of road lane;
- Causing damage to one’s car without the ability to explain what happened;
- Finding others are questioning driving safety; and
- Having difficulty controlling anger, sadness, or other emotions while driving.

At the point when these signs listed above occur, the driver should see a driver rehabilitation specialist immediately for an evaluation. The evaluation gives a good starting point for measuring safe driving capabilities. As the disease progresses, driving will become unsafe. A doctor can help decide when driving should stop.

In this section, we hear first-hand accounts from those suffering from dementia as well as their caregivers. Two doctors offer information about driving and dementia. They highlight the importance of evaluation by a physician or a driving specialist, through testing.



**Key Messages:**

- If warning signs for driving impairment appear, contact a driving specialist who can evaluate driving safety or consult a doctor about how the disease is affecting driving capabilities.
- If the dementia compromises safety, the driver should stop driving.
- Involve family, a partner, and the person’s doctor in the discussion about strategies to help keep the person active in their community if they must limit or stop driving.
- To maintain the person’s mobility, get to know and use community resources.

**Questions to Discuss:**

- 1) What are some of the challenges faced by caregivers of an older driver with dementia? What resources are available to help caregivers in your community with this issue?
- 2) How can healthcare providers, especially family physicians, help caregivers and those with early-stage dementia?
- 3) What can communities do to assist with the transition from driving?

**Toolkit Section Reference:**

Chapter 4. Older Driver Training Events

Programs for Families, Loved Ones and Friends of Older Drivers: Addressing Your Loved One’s Driving.....	125
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**Section IV: Transportation Alternatives**

Transportation alternatives help to maintain one’s independence, mobility and quality of life. Alternatives enable people to stay connected to their community. This section highlights one successful community transportation alternative that offers an acceptable choice for many older adults living in Portland, Maine.

**Key Message:**

- Find out about transportation alternatives in your community that can work for you and your loved ones.

**Questions to Discuss:**

- 1) What do you think of the ITN program; would your community support such a program?
- 2) What transportation alternatives are available in your community?
- 3) Which of those alternatives do you see yourself using when you need to limit or stop driving?
- 4) What makes it easy or hard to use those alternatives?

**Toolkit Section Reference:**

Chapter 4. Older Driver Training Events	
Programs for Older Drivers: Driving Longevity .....	100
Programs for Older Drivers:	
Driving After 60: Healthy Steps to Keeping the Keys .....	90
Programs for Families, Loved Ones and Friends of Older Driver:	
Addressing Your Loved One's Driving.....	125

**Section V: Family Conversations About Driving**

Caregivers and family members can play important, supportive roles in helping maintain the mobility for an older adult. Beginning conversations early about transportation alternatives may help avoid forced and possibly heated discussions later during a crisis. Families can team with a doctor and/or an occupational therapist to provide information about changes that can affect a person's ability to drive safely. As concerns about driving safety increase, family members can continue conversations about safe driving. In this section, we see how a family member can empower an older driver to evaluate his driving ability and to examine mobility options in the community.

**Key Messages:**

- Families need to play an active, respectful role in the discussion of an older adult's driving safety and continued mobility in the community.
- If possible, the older driver should play a meaningful and active part in the discussions about their driving future.



**Questions to Discuss:**

- 1) What advice would you give a concerned individual before they had a conversation with an older adult about their driving?
- 2) How would you approach a loved one if you were concerned about their driving safety?
- 3) What are ways that family members can help support a person's ability to keep driving or stay connected to the community?
- 4) Before talking to an older driver, where can family and loved ones find information and support to begin the conversation?

**Toolkit Section Reference:**

Chapter 4. Older Driver Training Events

Programs for Families, Loved Ones and Friends of Older Drivers:  
Addressing Your Loved One's Driving.....125

## Video Credits

The approach taken in developing this video was that of compiling highlighted sections of various pre-existing video footage from several professional sources. ASA and NHTSA are grateful to the following organizations for permission to use sections of their video productions in the DriveWell video.

### *Seniors Behind the Wheel*

Footage provided by Connecticut Public Broadcasting, Inc.  
240 New Britain Avenue  
Hartford, CT 00106  
Contact: Larry Rifkin  
[www.cpbi.org](http://www.cpbi.org)

### *Transportation Solutions for Caregivers*

Easter Seals, Administration on Aging -- National Family Caregiver Support Program,  
Media Process Group  
230 W. Monroe Street, Suite 1800  
Chicago, IL 60606  
Contact: Lisa Peters-Beumer  
[www.easterseals.com/site/PageServer?pagename=ntl\\_trans\\_careDriving and Dementia](http://www.easterseals.com/site/PageServer?pagename=ntl_trans_careDriving_and_Dementia)  
A Product of Terra Nova Films, Inc., Executive Producer: James Vanden Bosch  
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9848 S. Winchester Avenue  
Chicago, IL 60643  
Contact: James Vanden Bosch  
[www.terranova.org](http://www.terranova.org)

### *AARP Driver Safety Program Video*

2002 AARP Driver Safety Program  
601 E. Street, NW.  
Washington DC 20049  
Contact: Brian Greenberg  
[www.aarp.org/drive](http://www.aarp.org/drive)

### *Choices Not Chances: Driving Safely and the Aging Driver*

Iowa Department of Transportation/ Office of Driver Services  
100 Euclid Avenue  
Park Fair Mall  
Des Moines, IA 50313  
Contact: Kim Snook  
[www.dot.state.ia.us/mvd/ods](http://www.dot.state.ia.us/mvd/ods)



## Chapter 8: Evaluations

### Content

In this chapter, you will find the following evaluation forms to copy for your measurement of program success. Consider not just reviewing the content, but also how effectively you informed the community of the events.

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Program Monitor Evaluation .....	213
Exposure Evaluation .....	214
Final Evaluation Worksheet .....	215



## Program Satisfaction

### How did you hear about this program?

Rate each speaker. Circle 1 if you agree and circle 5 if you disagree. If you neither agree nor disagree, circle 3.

	Agree			Disagree	
1. The speaker was well-informed about the subject.	1	2	3	4	5
2. The speaker used easy-to-understand examples.	1	2	3	4	5
3. The speaker was interesting.	1	2	3	4	5
4. The speaker was organized.	1	2	3	4	5
5. There was time allowed for questions.	1	2	3	4	5
6. I learned new information.	1	2	3	4	5
7. I plan to use the information when I return home.	1	2	3	4	5

What else would you like to know about this topic?

Other comments (What was most helpful? Least helpful? Would you like to see more programs of this type in the future?) Use other side, if needed.

## Program Monitor Evaluation

Monitor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Presenter's Name: \_\_\_\_\_

How many people attended the program at the beginning of the session? \_\_\_\_\_

How many people remained until the end? \_\_\_\_\_

	Very	Somewhat	Not at All
1. How knowledgeable was the speaker on this topic?	1	2	3
2. How well did the speaker communicate to the audience?	1	2	3
3. If the speaker used audiovisual equipment, how effective was its presentation?	1	2	3
4. If the speaker used handouts, how helpful were they in conveying the health messages to the audience?	1	2	3
5. Did the audience participate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Comments or suggestions on improving this presentation as a whole:			



## Exposure Evaluation

Name of Program \_\_\_\_\_

Date and Location \_\_\_\_\_

Number of news releases \_\_\_\_\_

Areas of distribution \_\_\_\_\_

\_\_\_\_\_

Most Effective Promotion Areas Newsletters (which) \_\_\_\_\_

\_\_\_\_\_

Radio (which stations) \_\_\_\_\_

Newspapers (which) \_\_\_\_\_

Flyers (what areas) \_\_\_\_\_

Word-of-mouth (original sources/agency) \_\_\_\_\_

\_\_\_\_\_

What increases from normal intake or attendance occurred? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Final Evaluation Worksheet

Program/Campaign \_\_\_\_\_

Date Began \_\_\_\_\_ Date Completed \_\_\_\_\_

### **CONTENT**

Strengths: \_\_\_\_\_

Areas for Improvement: \_\_\_\_\_

### **PROMOTION**

Successful Exposure Areas: \_\_\_\_\_

Least Successful: \_\_\_\_\_

Areas for Improvement: \_\_\_\_\_

### **AUDIENCE**

Who was the intended audience? \_\_\_\_\_

Who actually participated in the program? \_\_\_\_\_

What changes in the participants were observed? \_\_\_\_\_

What changes were planned for, but did not occur? \_\_\_\_\_

What area(s) in the program or campaign can be changed to address these issues? \_  
\_\_\_\_\_

What sources should be consulted to facilitate this change? \_\_\_\_\_  
\_\_\_\_\_



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