



# When You Are Concerned

A handbook for families, friends and caregivers worried about the safety of an aging driver





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# ***“When You Are Concerned”***

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This handbook was authored by Mr. Phillip LePore, former Director of the Older Driver Assistance Project of the New York State Office for the Aging (NYSOFA). The Older Driver Assistance Project was funded by the New York State Governor’s Traffic Safety Committee and by the Allstate Insurance Foundation. The 2010 reprinting of this publication was funded by the National Highway Traffic Safety Administration with a grant from the New York State Governor’s Traffic Safety Committee.

## **Introduction**

The approaching decades will bring the largest ever cohort of older drivers to our roads and highways. For some, the notion of a society of aging drivers may be unsettling. There is, however, good news. Despite the declining physical conditions associated with advancing age, research is showing that older persons are successfully adjusting for those age related changes and are driving safely well into their 70s, 80s and 90s.

While many older persons know when to surrender the keys, there are others who continue to drive when they are at-risk. For families, friends and caregivers, the issue of what to do about an aging loved one who is at-risk driving can be both perplexing and paralyzing. Families who have been faced with the dilemma of what to do have often reported taking a year or more to act! Those who have intervened report it as being one of the most difficult things they have ever had to do.

This handbook was developed to help families, friends and caregivers facing the dilemma of what to do when an aging loved one is at-risk driving. "When You Are Concerned" is, in part, a compilation of the experiences of families and others who have successfully resolved an unsafe aging driver situation. Their stories have been gathered by way of a series of surveys conducted by the Older Driver Family Assistance Program of the New York State Office for the Aging. The information has been distilled into this handbook with the assistance of a committee of experts on aging, caregiving and driving issues.

Today, there are programs which can help some older persons back to safe driving. There are also safety programs which help many to drive safely longer. Since older persons have much to gain if driving skills and judgement can be maintained or even enhanced in the third (50-75) and fourth (75+) ages of life, you will find information in Chapter 7 about programs, services and even special vehicle equipment which may help your loved one back to driving safely or to drive safely, longer.

Lastly, like the aging family member you are concerned about, some day you too may be in the same situation. You may outlive your ability to drive. What then? How will you get around? Chapter 6 discusses the issue of transportation in an automobile dependent society, and Chapter 8 explores the importance of planning for "mobility for life."

We hope the information we have compiled will be helpful to your special situation. We also hope you will be stimulated to think about your own needs after driving, as well as the critical mobility issues facing our society. Your comments are encouraged. Please send them to the address on the inside cover.

## Chapter 1

### FAMILIES, FRIENDS AND CAREGIVERS

*“He’s had two recent crashes and I’m getting very concerned.”*

*“She went to her regular hairdresser and got lost for an hour on the way home.”*

*“I will not let my children ride with him anymore.”*

*(Comments from respondents - Survey of Families Concerned About the Safety of an Older Driver)*

In 1997, the New York State Office for the Aging conducted a survey to understand the experiences of families and caregivers concerned about the safety of an older driver. The survey was open to families, friends, caregivers and service providers concerned about the safety of an older driver. Participation was voluntary. Some 123 families completed the survey questionnaire. Their responses provided the first comprehensive look in the nation at families and the drivers about whom they were concerned, as well as the services which hold potential to be of help.

#### ***Who responded to the survey?***

- Mostly it was a female family member or close female relative of the driver (79%). Often they were living half an hour or less away. Most had jobs and/or other caregiver responsibilities, such as children or another aging family member at home.

#### ***How long were they concerned about the driver?***

- Often for a year or more (70%).

#### ***How did they know the driver was having a problem?***

- Usually from watching the driver. Other tip-offs were damage to the car, comments from passengers and an accident.

#### ***Who were the at-risk drivers?***

- Most were 75 and older (as reported by 85% of respondents). Over 30% were 85 and older. Over 90% lived in their own home and almost 75% lived alone.

#### ***What kind of safety concerns were identified?***

- Slow reaction time, slow driving, and inattention to other road users and hazards were the most identified concerns. Almost half reported that the driver’s car had at least some minor crash damage.

Surrendering the wheel is a significant event for anyone in an automobile dependent society like ours. If your loved one has to give up driving, everyone involved will be impacted to some degree, especially the driver. He or she will lose freedom and independence. Family members may now have to assist with transportation. And if you had a hand in fostering the decision to cease driving, your relationship with your loved one and other family members not supportive of your actions, may also be unfavorably impacted.

This downside, however, must be measured against the very real consequences of letting an at-risk aging driver remain on the road.

*“I was at work when I heard the ambulance and fire trucks leaving. I didn’t think anything of it. I found out it was my 87 year old Aunt. The police said she left the rest area going the wrong way. She went into a car passing a truck and was killed instantly. The other driver was severely injured. In talking with my cousins, they said they were getting concerned about their mother’s driving and were going to talk to her. Now it’s too late.”*

## Chapter 2

### KEEPING TABS

*“I got this call. It was the daughter of an older driver. She said to me, “my mother is 85 and I’m concerned about her driving.” I asked her what was the problem with the driving. She said, “My mother is 85 and I am concerned about her driving.” So I asked her again what was it that her mother was doing that gave her such concern. She said she didn’t know anything about her actual driving because she hadn’t seen her drive! Her only concern was that she was 85!!”*

#### AGE OF THE DRIVER

Safety research has shown that age alone is not a good predictor of driving safety or ability. Some interesting examples support this point: Steve Wittman of Oshkosh, WI, competed in airplane races at age 80 and continued air racing until he was 85. He was still piloting a plane at age 90!

Dan Carmichael of Dayton, Ohio raced in the fastest class of SCCA amateur open wheel car racing. At age 75, he beat all the young Indy aspirants and won the championship! It was hardly a fluke. The year before, at age 74, he finished 2nd! Here was a case where the driver got better as he got older!

And Paul Newman (yes, that Paul Newman), at age 70, co-drove the night shift(!) of the Rolex 24 hour race in Daytona to a class win. At age 74, he was still considered capable of running at the front in pro-level sports car endurance racing events.

These three examples highlight the wide range of ability and skills found in the third age (50-75) and even fourth ages (75+) of life. They also point to the inequity of using age as the sole predictor of driving ability and safety.

As in the opening vignette, just being 85 doesn’t necessarily make a person unsafe or at-risk driving. *But there is ample evidence to show that when advancing age combines with other signs, it can signal a crash risk or unsafe driving.* One key to knowing when your older driver is at risk, rests in being attentive and in knowing what to look for. In this chapter, you will learn about the signs and indicators which can signal that your aging loved one is at-risk or driving unsafely.

#### TAKING STOCK OF THE SITUATION

Begin your process of “keeping tabs” by taking stock of the person’s driving, physical/mental condition and behavior. Some safety related declines can be so slight that you might not see anything unusual. But if you keep notes on what you find, over time you will be able to identify trends which signal the person may be at-risk driving. Make sure to date your notes. If they are dated they will also be helpful if you have to talk to the driver’s health care provider.

### ***Should I go for a ride?***

Absolutely! Unlike the caller in the opening vignette, you really need to see if the person is having a problem with driving safely. Riding with the driver is the best way to find out.

Ask the driver if you can ride along when he or she runs an errand. You may be asked why you want to come along. If you know the person, you will know how to respond.

Sometimes the driver will want you to ride with them or it may just be easier to follow them with your car. Either way is fine. But if you ride with the driver, check the following:

- Did the driver wear their eye glasses or contact lenses?
- Did the driver use the safety belts on their own or did they take their cue from you?
- Was the driver sitting at least 10 inches (25.4cm) from the steering wheel airbag?
- Could the driver see the road adequately? Some older drivers need to sit higher to see properly out of the vehicle.
- Was the driver able to twist around to see what was happening when backing up or were they able to rely on their mirrors? Were the mirrors adjusted to decrease blind spots?
- Could the driver reach and satisfactorily operate the brake pedal, gas pedal, steering wheel and directional signals? Did they select the right transmission gear?

Keeping a driver safe begins with seeing clearly and putting on a safety belt. Being 10 inches (25.4cm) or more from the airbag will prevent injury or death if the airbag activates. Proper seating position and mirror settings are needed for safe maneuvering. Reaching and satisfactorily operating the vehicle's controls are prerequisites for safe operation.

### ***What should I say?***

If you ride with the driver, DON'T say anything about their driving while you are in the car. This is where silence is golden. You also don't want to make the person nervous. So, just observe. If you are good about keeping silent, the odds are the driver may say to you later, "Well, how did I do?"

If the driver did well, it is good news for both of you. But if the person had some problems and knows they did not drive well, they may not want to hear about it from you just at that moment.

On the other hand, this may be your opportunity to begin a dialogue about ceasing driving or getting help to improve skills and judgement. Use your knowledge of the person and their receptivity to this very sensitive issue to guide you as to whether this is the time to say anything critical of their driving. You will find more information about broaching the subject of cessation from driving in Chapter 4.



*When I ride with or follow the driver, what should I look for?*

- Stopping at all stop signs and actually looking both ways to check cross traffic
- Stopping at red lights
- Yielding right of way
- Paying attention to other vehicles, bicyclists, pedestrians and road hazards
- Not stopping or slowing inappropriately, such as at green lights
- Not driving so slowly as to be an impediment to the safe flow of traffic
- Not driving too fast for conditions
- Staying in lane when turning and driving straight
- Safe merging and lane changing
- Cancelling directional signals
- Not getting lost (see comments about getting lost on page 10)

*Which of these should be of immediate concern?*

**Not obeying stop signs (also not checking for cross traffic after stopping), traffic lights and not yielding** pose the most immediate risk of injury to the driver and others sharing the highway. If your driver is going through stop signs, red lights, not checking cross traffic and not yielding, you should, of course, know the situation is very serious. The driver is in immediate danger of crashing or causing other vehicles to crash. Stopping for stop signs and red lights is automatic behavior for all drivers and especially those who have been driving most of their lives. When this behavior is absent or intermittent, your **driver is at extreme risk and must not continue driving.**

Yielding the right of way requires a driver to interact with changing traffic patterns rather than giving an automatic response. **Repeated failure to yield right of way is dangerous and unsafe driving. Your driver is at extreme risk and must not continue driving.**

*What other driving behaviors should I be concerned about?*

- , Not obeying other traffic signs (“no left turn, no turn on red, etc.”)
- , Driving too slowly - usually well below the speed limit
- , Getting lost routinely - taking 2 hours to get to the hairdresser or home
- , Driving aggressively (such as not yielding)
- , Not paying attention to other vehicles, bicyclists, pedestrians and/or road hazards
- , Failure to stay in lane when turning or driving straight

***What may indicate the person is having a problem driving?***

- Repeated comments from the driver's spouse, companion, friends or passengers about close calls, near misses, not seeing other vehicles or unsafe driving
- Damage to vehicle, new paint
- Traffic tickets
- Increases in the driver's car insurance premium may indicate that the driver had a crash you didn't know about or that the driver was ticketed
- Problems with daily living and personal care activities, such as grooming, dressing
- Changes in behavior, personality

***What situations might suddenly trigger a problem with driving?***

- Loss of a spouse or friend
- A recent hospitalization
- A change in medication
- A recent illness

***What warning signs indicate the driver may be at risk? (look for several signs)***

- Forgetfulness (look for significant lapses combined with other signs)
- Confusion
- Fatigue, sleeping more, being crabby
- Not being quick verbally
- Skin breakdowns
- Squinting, not following visual patterns
- Not hearing or following verbal instructions, loud radio, television
- Withdrawal from social situations
- Giving inappropriate response
- Tripping and falling, especially when changing positions or walking on uneven ground
- Trouble with fine or gross motor tasks, especially stiff joints
- Dizziness when changing positions
- Accidents in the home, burns, cuts
- Shortness of breath
- Not eating
- Stopping reading (newspapers, books)
- Not grooming

***What are the danger signals to watch for in an aging driver? (2 or more signs may translate into a safety problem driving)***

- Memory loss (not occasional and combined with other signs)
- Problems with judgement
- Indecisiveness
- Disorientation
- Unadaptability
- Disinhibition (no longer feeling inhibited - improper behavior in social situations)
- Dismobility (loss of coordination)
- Functional losses, such as trouble walking, incontinence, swallowing.

## GETTING LOST

Everyone gets lost at one time or another. But when your loved one is losing his or her way in settings which have always been familiar, it is a sign something is going on with the driver. Even if your loved one is still driving safely, you absolutely need to find out what is happening and whether there will be coming implications for driving safely. Only a medical AND in-car driving assessment can provide you with the information you need to determine whether your driver can remain behind the wheel or has to cease driving.

## PERCEIVED RISK VS. ACTUAL RISK

A word of caution. It is not uncommon for families, caregivers and even health care professionals to be incorrect in their judgement of a driver's risk or driving ability. Formal scientific studies have shown significant judgement error rates. This means that older persons who were perceived as being at-risk by family AND health care professionals **were actually operating safely when in-car driving assessments were conducted!**

How can you be certain that the safety risk you perceive translates into actual risk to the driver? One way is with an in-car assessment by a driver rehabilitation specialist or professional driving instructor. See end of this chapter and Chapter 3 for more information about in-car driving evaluations.

## KEEPING TABS

*What can I do on a regular basis to keep tabs on my aging mother, father or relative who is still driving?*

- Ride with (or follow) your driver on a regular basis
- Talk to your driver's spouse, companion, friends, passengers and neighbors about how they are driving
- Pay particular attention to your driver's health, disposition and behavior
- Inspect your driver's vehicle for signs of damage or new paint which might be covering up recent crash damage
- See if the mailbox is still standing at the end of the driveway

## KEEPING TABS WITH A FEEDBACK NETWORK

It is difficult to know how well your loved one is driving when you don't live nearby. **One way to keep tabs is by developing your own feedback network.** It works like this: You identify people who can keep an eye out for your driver and will call you when they see a problem.

If your feedback network has some of the following folks helping, it is likely you will be alerted by one of them when the driver is having a problem:

- The driver's spouse or companion. This person is in the best position to alert you to any safety problems. But like the driver, they will be directly impacted if they say anything. Still, self-preservation is a powerful force. You may not have to read too far between the lines to understand what the driver's spouse or companion is really trying to convey!
- Passengers and friends. Passengers, like the driver's spouse, often know how the driver is doing. But, like the driver's spouse or companion, they too may be reluctant to say anything negative because they rely on the driver to get around. You will need to pay attention when they speak. In time, their concern for the driver (and their own safety) will provide helpful necessary feedback.
- Neighbors. If the truth be known, good neighbors never miss a thing. Get to know your loved one's neighbors. This is one place where you can put their curiosity to good use.
- Family members are often a good source of feedback when they visit your loved one. Let them know you are interested in keeping tabs on driving. Your interest in shouldering the burden will often stimulate their assistance. Encourage them to call you following any visit to your loved one.
- Driver's pharmacist is a key player. Your driver's pharmacist may be able to alert you when your loved one's latest prescription requires restraint from driving or has side effects which would place the driver in jeopardy. The pharmacist may require the driver to sign a release for you to get the information.
- Driver's physician. Your driver's physician is another key player in any feedback program. Make sure you are listed as the key contact in the doctor's medical folder. If possible, meet with the physician and find out what you need to do to keep tabs on your driver's condition.
- Driver's eye care provider. Another key player. Find out from the eye care provider how you can keep apprised of changes which may impact the driver's quality of vision. Often he can tell you if the glasses he prescribed are even being used! Important if your loved one is supposed to wear corrective lenses when driving!
- Clergy. Your driver's spiritual leader (minister, priest, rabbi, imam) has a role in your feedback network, especially if the driver is actively involved in religious services or the organization's volunteer activities.
- Insurance agent. Your loved one's insurance agent may have known your driver for years and even be a family friend. Since many older drivers like to come in and pay their premiums in person, the agent may see your driver on a regular basis. Contact the agent and ask him to alert you to any changes noticed in the driver. Also ask the agent to alert you if your driver misses a premium payment.
- Banker. Depending on the size of the community, the manager of the local bank may know your loved one. Due to an increase in scams, bank managers and tellers are becoming more watchful of their aging customers. They will call for help if they perceive a problem. Go to the bank with your loved one, introduce yourself to the manager and leave contact information with them.

- Grocery store manager. It is not uncommon for a store manager to get a report from customers about an aging motorist having difficulty in the store parking lot. If the store manager knows you and your driver, he or she may be willing to alert you to problems occurring in the store or parking lot.
- Senior meal program site manager, senior housing residence manager and senior center director. These aging services professionals may be observing your loved one's driving on a regular basis. Touch base with them. Most will be happy to help. Make sure their emergency contact information is up to date.

Spouses, friends, neighbors, service providers, and even the mechanic at the local garage who sees your loved one pumping gas each week, have potential feedback roles to play in helping you keep your driver safe. Find out who will help. Put them on your contact list.

## **MAKING YOUR FEEDBACK NETWORK WORK**

The key to making your feedback network work rests with calling your contacts on a regular basis. The calls should be short and sweet:

*“Hi, this is Judy Jones. I’m just checking on Dad. When did you see him last? How’s he been doing? How’s he driving? I really appreciate that you are keeping an eye out for him. If it is OK, I’ll check in with you again next month. Thanks.”*

If you are good about staying in contact, most likely your contacts will do the same when they see something of concern. Don't forget, if it involves a long distance call, tell them to reverse the charges when they call. After all, you don't want anything to stand in their way.

## **DRIVING RECORD ABSTRACT**

Concerned about violations or crashes which may have happened in your absence? Your state DMV office may be able to provide you with your loved one's driving record abstract. Yes, it is true. In many states a person's driving record is public information and available to anyone for a small fee. Welcome to the information age!

## **DRIVING EVALUATIONS**

An in-car driving evaluation is one of the most effective and helpful ways to keep tabs on the fitness and ability of an aging driver. It is also an excellent way for the driver to get independent feedback on how well they are doing. You can arrange for a driving evaluation by contacting a driving school, hospital or clinic which has a driver rehabilitation specialist.

## **AN EVALUATION BY A DRIVER REHABILITATION SPECIALIST**

The evaluation conducted by a driver rehabilitation specialist consists of both a clinical and road evaluation. The clinical portion involves vision, reaction and cognitive screening and is followed by an up to one hour on-the-road evaluation. A written report will be provided. There are usually no loss of license penalties if the person performs poorly. See Chapter 3 for more information about the driver rehabilitation specialist and where to find one.

## AN ASSESSMENT BY A PROFESSIONAL DRIVING INSTRUCTOR

Driving schools are another helpful source for in-car assessments. Schools with state certified professional instructors *experienced with older or disabled persons*, are best able to assess how well your driver is doing. As with an evaluation from a driver rehabilitation specialist, the driving school can also provide a written report detailing the performance of the driver. There are no loss of license penalties if the driver does not perform well. Driving schools are listed in the Yellow Pages. Look for a school which specializes in older driver evaluations.

## HOW TO ENCOURAGE YOUR DRIVER TO GET AN ASSESSMENT

*“Dad, I know you don’t believe me. But what if we got an independent opinion from a driving school or driver rehabilitation specialist? Would you agree to stop driving if they felt you were not driving safely?”*

*“Mom, I will not say anything more, if they say you are driving safely.”*

*“Let’s be sure. You don’t want to injure anyone, right?”*

*“Dad, I know you don’t want to see anything happen to you and I don’t want to see anything happen to you or anyone else either. Let’s see what a professional driving instructor thinks about how you are doing. It’s a reasonable way for the both of us to be assured you are safe when driving.”*

## ALZHEIMER’S AND OTHER DEMENTIAS

*“My husband had Alzheimer’s. He flunked the DMV driving test and his license was revoked. He paid no attention to the revocation, he didn’t understand it. Then he tried to break into my car, other cars. He didn’t understand what the problem was and didn’t do anything about it because he couldn’t.”*

A diagnosis of Alzheimer’s usually means that your loved one is going to have to cease driving. Perhaps immediately. While there is evidence that some in the early stages of the disease are able to drive safely even though they get lost, there is also countering evidence showing those in early stages of the disease are involved in crashes. It may be that both observations are correct. If so, that poses an even greater dilemma. How will you know which applies to your driver?

One solution is for the person to have both a clinical and driving evaluation to ascertain to what extent they can continue driving. Another is to begin a transition from driving when there is a diagnosis of early Alzheimer’s. An advantage is that the person is still able to understand the growing implications of their condition and what the risk is to themselves and other road users. On the other hand, the person may not feel they are driving unsafely and be fully opposed to any transition from the wheel.

If you know the person, you have some idea about how to handle the situation. Your Alzheimer’s Association, Alzheimer’s Disease Assistance Center, or local Alzheimer’s group can be an especially valuable resource for assistance. They can chart out the likely progression of the disease, help with your loved one’s transition from the wheel, advise about interventions, and provide emotional support to you and your driver. See Chapter 3 for information about finding help.

## Chapter 3

### FINDING HELP

*“Mom was only driving locally. Then she got lost in town. Was lost for several hours. Even ran out of gas. Somehow she called my sister. We sat on it (the problem) for 3 months. Then we went for help.”*

The good news is a surprising variety of help is available from genuinely caring people. Some of the folks who can help will have gone through similar situations with an aging parent or relative. You will find them to be very understanding and helpful.

Before you start, have some idea about what you want to accomplish. For example, are you looking to have your driver leave the wheel, improve their skills, or are you looking for alternative transportation?

*What follows is a partial listing of where to find help and what you might expect for assistance from local agencies, the medical community, licensing/police authorities and others.*

Keep in mind, the issue of helping families, friends and caregivers with an at-risk or unsafe aging driver is still an emerging one for some of the organizations listed below. They may not be as fully geared up as they would like to be, but they will do their best to help you.

#### *Where can I find help?*

- State Motor Vehicle Department Office
- Local Department of Motor Vehicles Office
- Police authorities (state and local police, sheriff’s department)
- Local magistrate (judge)
- Physician
- Eye Care Provider
- Pharmacist
- Driver Rehabilitation Specialist/Occupational Therapist
- Area Agency on Aging
- Alzheimer’s Association
- Social Services Department/Adult Protective Services
- Community Traffic Safety Board
- Transportation Authorities, brokers and independent providers
- Diabetes Association
- Legal Aid Society/Eldercare Legal Association
- Community Service Organizations (Jewish Family Services, Catholic Charities, Protestant Welfare Services, Community Action Programs, Senior Council, etc.)
- Local Driving School
- Insurance Agent
- AARP Driving Program
- Local AAA Affiliate (Automobile Association)
- Local Safety Council

Here's a brief overview of *some* of the organizations listed above and how they may be able to help:

## **STATE MOTOR VEHICLE DEPARTMENT OFFICE (DMV) - LOCAL DMV OFFICE**

Here's what DMV can do: Suspend or revoke the driver's license.

In New York State, you can file a request for a DMV re-examination of the driver. Your letter will need to give specific examples of the unsafe driving behavior and/or medical conditions or medications you believe impair the driver's ability and judgement.

You must sign the letter. If you request, DMV will keep your name confidential. Keep in mind DMV is required to guard against such letters being used in family or neighbor disputes to harass a driver. This means your letter will be carefully reviewed and you may be contacted for additional information (it is a good idea to include your daytime phone number in the letter).

If everything checks out, DMV will promptly notify your driver by mail to report to the "Testing and Investigation Section" of one of its district offices or to a road test site. Your driver may be required to bring a medical statement to address any conditions or medications described in your letter. He or she will be interviewed by a DMV License Examiner and may be required to take a vision, written and/or road test.

If your driver passes all of the required tests, the case is closed and no further action is taken. If warranted, however, restrictions such as corrective lenses, no limited access highways, or daylight only driving, may be imposed.

If your driver does not appear or refuses to appear, their license will be suspended. If the driver fails the written or road test, their license will be revoked. After thirty (30) days, they may reapply. They will have to go through the entire application, written and road test process.

*"People tend to unfairly criticize the DMV road test and our Examiners, too. But they forget our Examiners and their families have to share the road with the very people they pass. I don't know of a better incentive for doing the best job we can."*

## **POLICE AUTHORITIES**

(LOCAL & STATE POLICE DEPARTMENTS, SHERIFF'S DEPARTMENT)

Here's what the police can do: Talk to an impaired/confused driver and convince them not to drive; File a request for DMV to retest the driver. Issue a summons for a traffic infraction; Arrest and detain a driver who is impaired by alcohol and/or drugs (including over the counter drugs).

Law enforcement departments have a priority system for responding to events, calls and complaints. Highest priority is given to situations involving serious risk to life and damage to property. An officer will arrive with lights flashing.

*If your situation is one where the older driver is at immediate risk of crashing or doing harm to others, let the desk officer or dispatcher know that when you call and give all pertinent specifics. Keep in mind the police cannot arrest or detain your driver if the person has done nothing wrong or the impairment is not alcohol or drug related (includes over-the-counter *drugs*).*



But if your driver is clearly impaired (dazed, confused, disoriented) and/or at immediate risk of crashing, they will come and attempt to convince the person not to drive or arrange for them to be transported to a medical facility for examination.

If you are looking for general information about resolving an unsafe or at-risk situation, ask to speak to an officer who serves as the department's community relations "expert." Often this is the officer who works most closely with the community on a variety of social services issues. He or she will try to help you.

When it is apparent the driver should be re-examined by DMV, local police (in NY) can file form DMV DS-5 which will trigger a DMV re-examination for a driver.

*"We do a lot of things to prevent crashes. Helping families prevent an obviously impaired aging driver from crashing is consistent with our public safety mission. If we understand that the risk to life is immediate or imminent, you will get a (police) car." Assistant Chief William Georges, City of Albany Police Department.*

### **LOCAL TRAFFIC COURT MAGISTRATE (JUDGE)**

If your loved one has to appear in traffic court to answer a summons, the judge can require your driver:

- to get a driving evaluation by a driving school or driver rehabilitation specialist;
- take a DMV road and/or written test;
- get an eye exam or full medical evaluation; and/or
- impose restrictions on driving.

As you can see, a traffic court magistrate (judge) can be of significant help. Arrange to talk to the judge about your driver's situation before the court date. If you have medical or other relevant information indicating the driver is at-risk, share it with the judge.

While local traffic court judges tend to be sensitive to the transportation needs of the older drivers in their jurisdiction, they will not tolerate unsafe driving. Your driver's case will be handled fairly and often in consultation with the officer who issued the summons.

### **PHYSICIAN (NEUROLOGIST, CARDIOLOGIST, OPHTHALMOLOGIST, PSYCHIATRIST, ETC.)**

A physician in New York State who agrees that your loved one has a medical condition affecting driving safety can:

- request a DMV re-examination of the driver; or
- can report the driver's medical condition (by letter, fax or e-mail) to DMV. Upon review of the physician's statement, DMV will immediately issue the driver notice of an indefinite license suspension. The suspension will remain in effect until there is another physician's letter stating that the person is safe to drive.

If you have driving safety concerns, arrange to meet with your loved one's physician. Make sure he or she understands what you are concerned about. Be specific about what you have observed. Use the check list in Chapter 4 to identify your safety, medical and behavioral concerns. Ask that your concerns be reported in the driver's medical record maintained by the physician. If the physician concurs with your observations, ask him to report your driver to DMV.

Be aware that liability and confidentiality concerns can prevent the physician from sharing information about his patient (your driver) unless your loved one has previously given permission. Also, the litigious nature of our society gives health care providers very real concerns about liability issues stemming from reporting a driver who may later be found by DMV to be safely operating. If the physician is reluctant to do anything, this is often why.

### **EYE CARE PROVIDER (OPHTHALMIC DISPENSER)**

In New York State, a licensed ophthalmic dispenser (optician, optometrist, ophthalmologist or a registered nurse giving a visual acuity test) can:

- request a DMV re-examination of the driver's vision, or
- report the driver's vision condition (by letter, fax or e-mail) to DMV. Upon review of the statement, DMV will immediately issue the driver notice of an indefinite license suspension. The suspension will remain in effect until there is another corresponding ophthalmic dispenser report stating that the person's vision meets the minimal acuity standard.

If you believe your loved one has a vision problem affecting driving safety, arrange to meet with the driver's eye care provider. Explain your concerns and ask that they be recorded in the driver's file. Confidentiality of records can prevent you from learning the details of your loved one's condition, unless your driver has previously given permission. If the eye care provider concurs with your observations, request that he NOT provide your driver with the DMV Visual Acuity Report needed for license renewal, or if renewal is still some time off, report the vision condition to DMV to get the driver off the road.

### **PHARMACIST**

A pharmacist can provide you with detailed information about how your loved one's medications, as well as the dosages and timing of multiple medications, affect driving safety. The pharmacist can also advise your loved one as to what extent they should be driving on the medications which have been prescribed or any over-the-counter medications they are using. Please see Chapter 7 for more information on medications, behavior and driving safety.

### **CERTIFIED DRIVER REHABILITATION SPECIALIST (CDRS)**

Here's what a certified driver rehabilitation specialist can do: Provide an in-depth driving evaluation. The driver rehabilitation specialist is generally found in the health care community. They are certified specialists who typically help patients recovering from all manner of disabling situations including strokes and crashes to drive again, sometimes using specially equipped vehicles. In recent years, driver rehabilitation specialists have begun providing evaluations and assistance to a growing number of aging drivers referred by physicians, families and even the courts.

A patient see by a driver rehabilitation specialist receives both a clinical and road evaluation. The clinical portion involves vision, reaction and cognitive screening. It is followed by an up-to-one hour road evaluation. A written report is prepared. Findings are shared with the driver and if the person should not be driving, the driving rehabilitation specialist will discuss cessation from driving with them. The specialist will indicate if the person needs remedial help or special vehicle equipment to make driving safer.

There are generally no loss of license penalties if the person performs poorly. But check the policy of the hospital or clinic to be certain. The cost of an evaluation may be covered if the referral was made by a physician or through a health plan.

Where do you find a driver rehabilitation specialist? Usually in clinic and hospital occupational therapy (OT) settings. But you may have to travel as not all clinics and hospital OT departments have one. See end pages for contact information.

## **LOCAL DRIVING SCHOOL**

A driving school with state certified instructors *experienced with older or disabled persons* can be especially helpful in providing an impartial behind-the-wheel evaluation. There are no loss of license penalties if the driver performs unacceptably. A certified instructor will be able to provide you a written report (sometimes even a video tape) detailing the performance of the driver. The report will be helpful if the driver has to cease driving or get remedial help.

## **AREA AGENCY ON AGING (AAA)**

Here's what an area agency on aging can do: Provide information about virtually all of the programs and services helpful to older persons, their families and caregivers.

If this is the first time you have had to address an older person issue, the term "area agency on aging" (AAA) may be an unfamiliar one. In fact, every locality in the United States is covered by an area agency on aging.

The area agency on aging (AAA) will have a directory listing all of the services in their area which could be helpful to older persons and caregivers. Some of the services may be provided through their agency or via contracts with other community service organizations. Here's a list of the kind of programs and services they will be able to tell you about:

<i>congregate meal programs</i>	<i>home delivered meals</i>
<i>recreation programs</i>	<i>regular &amp; medical transportation</i>
<i>cooling &amp; heating subsidies</i>	<i>discount cards</i>
<i>adult day care programs</i>	<i>respite (allows caregivers to take a break)</i>
<i>health insurance counseling</i>	<i>Alzheimer's and dementia programs</i>
<i>in-home assistance</i>	<i>housing opportunities and services</i>
<i>volunteer opportunities</i>	<i>home helper programs</i>
<i>caregiver support groups</i>	<i>legal services</i>
<i>friendly visiting</i>	<i>telephone reassurance and more</i>

*The area agency on aging (AAA) is likely to have a staff member who can help you with your aging driver issue. If not, they will refer you to someone in your (or your loved one's) community who can help.*

You should be able to find the AAA listed in the telephone directory under community, senior services or in the government pages, or on the Internet. You can also find an area agency on aging by contacting the state government unit on aging (SUA). The state government unit on aging will be able to give you the number of the AAA in your driver's locality.

### **SENIOR CENTER DIRECTOR, SENIOR HOUSING ADVISOR/SERVICES DIRECTOR**

Here's what they can do: Provide direction and guidance. A senior center director or senior housing services director will often have had experience resolving a number of unsafe or at-risk aging driver situations in the course of their regular responsibilities. In addition they are also an excellent source for information about local services such as transportation.

### **ALZHEIMER'S ASSOCIATION**

Here's what they can do: Provide help with an especially difficult transition from the wheel, advise about interventions, and provide support to you and your driver.

A diagnosis of Alzheimer's Disease ultimately means cessation from driving. Your local Alzheimer's Association, Alzheimer's Disease Assistance Center or local Alzheimer's group will have genuinely caring people with enormous expertise in helping families and caregivers deal with the driving issue and so much more. You can find your Alzheimer's group through your area agency on aging, the Internet or your telephone directory. See end pages for contact information.

### **TRANSPORTATION AUTHORITIES, BROKERS & INDEPENDENT TRANSPORTERS**

One of the easiest way of finding out about transportation is by contacting the area agency on aging in your family member's locality. The next source for information is the State Department of Transportation (SDOT), Passenger Transportation Division (see end pages for contact information). They will be able to provide you with information about the public transportation services operating in your loved one's area. They will also be able to tell you about services for people with special needs and paratransit (door to door or curb to curb) services.

Additionally, a variety of community organizations use publicly financed vehicles. SDOT can identify the organizations in your family member's area and provide contact information.

### **COMMUNITY SERVICE ORGANIZATIONS**

Community service organizations provide helpful programs ranging from day care for kids to day care for aging persons and most everything in between. They are often operated under a variety of religious and non-religious auspices such as: Jewish Family Services; Catholic Charities; Protestant Welfare Services; Community Action, grange, senior council and other umbrellas.

Community service organizations operating senior meal, transportation, housing, in-home services, recreation and counseling programs will often have a person on staff who can help you with at least some part of your situation. Have the area agency on aging identify the community service organizations most likely to be of help for your situation.

## **INSURANCE AGENT**

If your loved one's insurance agent is someone they have known for years, the agent may be able to help in any discussions you have with your loved one about leaving the wheel. Most agents not only have access to general aging driver crash data, but also the disheartening details of crashes involving their aging clients. That information can be helpful in educating your at-risk driver to the potential downside of remaining on the road when they are at-risk.

## **AARP**

AARP has extensive information on caregiving, driving and just about anything else of interest to older persons and their families. In addition, AARP operates the widely known "55 Alive Mature Driving Program." The program not only provides excellent information about driving safely but also about when it is time to cease driving! See end pages for contact information.

## **AMERICAN AUTOMOBILE ASSOCIATION (AAA)**

American Automobile Association members will find an informative monthly publication, helpful maps, travel information, services, extensive safety information and more. But you don't have to be a member to get their various safety publications or participate in their approved motor vehicle accident prevention course. In fact, helpful brochures covering virtually everything from self-evaluation of driving skills to fitness training for driving, are available from your local AAA affiliate or the AAA Foundation for Traffic Safety. See end pages for contact information.

## **LOCAL SAFETY COUNCIL**

The National Safety Council (NSC) and local branches operating under its umbrella are sources for information about the NSC "approved motor vehicle accident prevention course." The National Safety Council also has helpful safety information not just related to driving. How do you keep your loved one's home safe? How can you prevent falls in the home? The National Safety Council can help. See end pages for contact information.

## **TELEPHONE DIRECTORY**

Your telephone directory is also a resource for finding senior services. Senior service information is usually listed after the phone company's own pages. Sometimes these pages are called the "inside interest pages." The "blue" government pages sometimes list municipal senior services.

## **LIBRARY INTERNET**

Don't have an Internet connection? No problem. Your local library does and its librarian will help you find what you need, including any on-line updates to this very handbook!

## **THE INTERNET**

If you are on the Internet, you already know how helpful it can be. Check the Web sites listed in the end pages for periodic updates. Also check our Web site for on-line updates and links.

## Chapter 4

### DISCUSSIONS, INTERVENTIONS AND MORE

*“The driver was a 75 year old male. He got on (Interstate I-87) at exit 6 on a Sunday afternoon and went NORTH in the SOUTHBOUND lane. We had peak summer traffic coming south out of the Adirondacks. Vacationers headed back to New York City. Somehow he made it almost to the Twin Bridges (2 miles) before involving 3 other vehicles and a total of 6 occupants. We had to shutdown the southbound lanes for an hour to clean it up. Fortunately, no one was very seriously injured. I did the follow-up investigation with his family. They said he had been diagnosed with Alzheimer’s disease. They didn’t do anything about it. I’d say we were lucky this time.”*

#### ACCEPTING THE EVIDENCE

The process of addressing an unsafe driving situation begins with accepting the evidence that your loved one is at-risk or unsafe behind the wheel. If the family in the above vignette had been able to accept the evidence, they may have been able to prevent a crash involving five innocent people.

Where does the evidence come from? It comes from the person’s physical/medical condition, their behavior and driving performance. Use the checklist below to identify and categorize your concerns.

#### DRIVING SAFETY CONCERNS

##### check box

- Doesn’t obey stop signs, traffic lights or yield right-of-way.
- Doesn’t obey other traffic signs (no left turn, no turn on red, etc.)
- Drives too slowly - usually well below the speed limit
- Gets lost routinely - is taking 2 hours to get to the hairdresser or home
- Drives aggressively
- Stops inappropriately
- Doesn’t pay attention to other vehicles, bicyclists, pedestrians, road hazards
- Doesn’t stay in lane when turning and driving straight
- Driver’s spouse, companion, driver’s friends or passengers, repeatedly comment about close calls, near misses, driver not seeing other vehicles or unsafe driving
- Has been involved in multiple fender benders
- Has been ticketed for moving violations
- Gets honked at often

## MEDICAL AND BEHAVIORAL CONCERNS

### check box

- Vision problems (cataracts, glaucoma, macular degeneration, retinitis pigmentosa, diabetic retinopathy)
- Memory loss
- Problems with judgement
- Indecisiveness
- Disorientation
- Unadaptability
- Disinhibition (no longer feeling inhibited - improper behavior in social situations)
- Dymobility (loss of coordination)
- Fatigue
- Not being quick verbally
- Squinting, not following visual patterns
- Confusion
- Not hearing or following verbal instructions
- Giving inappropriate response
- Tripping and falling, especially when changing positions or walking on uneven ground
- Trouble with fine or gross motor tasks, especially stiff joints
- Dizziness when changing positions
- Shortness of breath

## REALIZE THE UNTHINKABLE CAN HAPPEN

**With human nature being what it is, it is natural for you to avoid thinking about the implications of a crash. Yet, if you identified any of the concerns listed above, a crash is now a real possibility. Consider for a moment what might happen if your driver were involved in an accident:**

- Your loved one or someone riding with them might be severely injured or killed.
- The parents of a child on a bicycle might be left with an incalculable sadness for the rest of their days.
- You might be left to forever question why you did not act when you knew there was a problem.
- Your loved one's estate might be tangled up in legal action for years or even lost in a court judgement.
- Your driver's own lifetime record of safe and injury-free driving might end in sadness and unspeakable regret.

## **LEAVING THE WHEEL: HOW TO PREPARE FOR A DISCUSSION**

**A discussion about leaving the wheel is a serious event. If your loved one is capable of understanding the seriousness of their driving behavior and/or health/medical condition, do the following:**

- Put together a list of your safety, medical and behavioral concerns. The information you just checked in the boxes above will help you.
- Discuss your concerns, implications of continued driving, and ramifications of a crash with your family members, the family attorney (implications of a crash on the driver's estate). See which of them will help you when you have your discussion with the driver.
- If the driver's physician and other professional "no drive" recommendations have been made or suggested, get them in writing and have them available for your discussion.
- Find out what the pharmaceutical printouts say about driving for all the medications (including over-the-counter meds) your driver is taking. Your pharmacist will help you.
- Have some kind of transportation arrangements worked out for the driver. At the conclusion of your discussion, you want to be able to say, *"Dad, we've made these arrangements for you so you can still get around."*

## **WHY INVOLVE OTHER FAMILY MEMBERS?**

**Having the support of your family members is one of the keys to a successful discussion about driving cessation. Involving them in the discussion is another. Here is what those discussing driving cessation said of the importance of involving other family members:**

*"All my family members...brothers, sisters and my mom helped to persuade him."*

*"Her son was very supportive and helped to reinforce the decision."*

*"My brother, sister and I had a meeting to determine what needed to be done."*

*"My brother was in agreement with me."*

*"My sister also helped to persuade our mother to give up driving."*

*"My mother and brother agreed to help with discussion(s) and make suggestions."*

*"We strategized a bit ahead of time..."*



## **OTHERS WHO CAN HELP WHEN YOU HAVE YOUR DISCUSSION**

- Friends of the driver
- Clergy
- Driver's physician(s)
- Family attorney
- Family insurance agent
- Residence advisor, senior center director, adult protective services case manager
- Caregiver case manager from local area agency on aging
- Driver rehabilitation specialist or professional driving instructor

## **FRIENDS**

Studies have shown the driver's friends can be especially helpful in convincing the driver to leave the wheel. If the driver's friends believe your loved one is no longer driving safely, it is likely they want to help. Talk to them. See if they will help you when you have your discussion.

## **WHO SHOULD LEAD THE DISCUSSION WITH THE DRIVER?**

Usually it is the person the driver responds to best. This is the person who has the "tug" with the driver. But there are exceptions. Family hierarchal concerns can also dictate who speaks to mom or dad about their driving. Dad listens to (son) John but not (daughter) Ann. Mom listens to (daughter) Ann but not (son) John. Got the picture?

If you realize the discussion is going to create one of those situations "where the driver is never going to let you hear the end of it," you may want the person leading the discussion to be the family member who lives the greatest distance away!

## **THE DISCUSSION**

What you say and how you say it will depend on a variety of family dynamics and whether the subject has been broached before.

Assuming your driver has the ability to comprehend, your safety, medical and behavioral concerns should get center stage. Share them with your driver. They are the reason for your discussion.

Additionally, any crash reports, physician recommendations, driving assessment reports and "no drive" information related to the medications your driver is taking should also be presented at this time.

Use all of this to make your case with your driver that he or she is in jeopardy and needs to cease driving before there is an accident.

If need be, you should discuss the implications of continued driving and the ramifications of a crash. Be sure to touch on the following points:

- Injury to oneself, recuperation, impairments from an accident which could seriously change the driver's quality of life much more than cessation from driving.

- Injuring or killing a companion or friend riding with them. Injuring or killing another road user, a pedestrian or a child on bicycle.
- The legal aspects of continuing to drive when the driver is at-risk or unsafe. The legal ramifications of a crash. Lawsuits. Judgements which might have implications for their estate.

You will also need to address how the person will get around and how they can remain independent when they leave the wheel. This is the time to present the transportation arrangements you have worked out for them.

Your driver's response will depend upon many things, including whether you talked about the driving issue before. Don't be put off by negative, defensive or even abusive responses.

Don't get into an argument or a debate, either. Give it some time to sink in. Do not be surprised at some point to hear your driver say, "I've been thinking about what you have said to me."

## **DISCUSSION STYLES**

Discussion styles vary according to the receptivity of the driver and the urgency of the situation. Your approach as well, will be predicated upon these and other factors. When we asked families to tell us about the approaches they used, here is a sampling of what we found:

### ■ **FRANK - TO THE POINT**

*"I told him he could not drive anymore."*

*"Her driving was too slow and very bad. I told her directly."*

*"You have to stop driving."*

*"Stop now before you have an accident."*

### ■ **DEFLECTIVE OR DECEPTIVE\***

*"We told her the car was no longer safe."*

*"When he wanted to drive, I made excuses like the car was broke or it won't start."*

*"We said the car might break down."*

*"Told him I needed his car."*

*\*Deceptive - Families did not like being deceptive. They found they had to say what the driver could comprehend in order to keep the person safe. Often the person was incapable of understanding or the "truth" was no longer relevant.*

## ■ REASONING AND COMPASSIONATE

*“We agreed after the near-miss road situation that she had to stop driving.”*

*“We advised him he was unsafe and was going to hurt himself, wife and someone else. We were looking out for his well-being.”*

*“I just simply said that we needed to talk about the car and her driving as I had observed some things that had caused some concern for her safety as well as the safety of others.”*

*“I promised him that we would always be available to take him shopping, to the bank, barber, wherever he needed to go.”*

*“I wrote a letter since my father-in-law is very hard of hearing. I wrote we had hoped he would voluntarily stop driving and that we wouldn't have to help him make that decision. I noted that neighbors had commented on his driving and since he couldn't hear emergency vehicles and shouted warnings about children in the street. It wasn't just his safety which was at stake but that of the people, especially the many children in his condo development.”*

## WORDS OR PHRASES WHICH MAY BE HELPFUL

One began *“Dad, I love you.”*

Others stressed:

*“I don't want you to cause an accident or seriously hurt someone else.”*

*“I am concerned for your safety.”*

*“I have been watching you drive.”*

*“We know how important it is for you to drive. But your safety is a concern.”*

*“I've always respected all the advice you have given me. I would like you to respect my opinion, as well.”*

## SIGNIFICANCE OF A DRIVER'S LICENSE

*“Sometimes it is the loss of the license that is more upsetting than actually giving up driving.”*

State Motor Vehicle Departments (DMVs) chronicle a surprising number of older persons who religiously renew their licenses even though they have sold their cars and given up driving! The reason is a driver's license is more than just authorization to drive a motor vehicle. It also signifies they are still part of society and/or that they are not impaired. Do you remember how good you felt when you got your driver's license even though you didn't own a car? Imagine now having to surrender it!

For this reason, keeping a license should not be an issue if the person agrees to give up driving. Your loved one may simply prefer to let their license expire rather than surrender it. Letting it expire is preferable to seeing it taken away.

*“Dad, why don’t you just let your license expire rather than renewing it? We’ll get you a DMV Identification Card so you will have a legal photo ID.”*

## **THE DMV NON-DRIVER PHOTO IDENTIFICATION CARD**

In New York, the Department of Motor Vehicles offers residents without a license, or those surrendering a driver’s license a DMV non-driver photo identification card for a small fee. A “DMV non-driver photo ID card” is legal identification for check cashing and other purposes. If your driver surrenders his or her license or it expires, a DMV non-driver photo ID card may provide, among other things, a helpful and useful means of identification.

## **KEEPING TABS ON NOT DRIVING**

There are situations where the person who gives up driving does not want to see their car taken away just yet. If your arrangement with the driver is to keep the car around, jot down the mileage on the vehicle’s odometer and check the odometer to be certain the vehicle is not being driven.

Remember, a car sitting in a driveway can be a terrible temptation. You don’t have to be a teenager to feel the pull. Even with the plates turned in and insurance cancelled, police department files chronicle stories of “elderly couples taking the old buggy out for just one last ride.” Lastly, not driving also means not driving anyone else’s car. Use your feedback network to see that your driver is not driving someone else’s car (includes rental vehicles, too!).

## **INTERVENTIONS**

You will know it is time to intervene when your discussions do not or cannot work. Here is a look at *some* of the actions you can take when the likelihood of injury to person or property is immediate or imminent.

- Seek an immediate license suspension. Have the driver’s physician file a “no drive” medical condition report with DMV. In NY and other states, a physician’s letter will produce an immediate license suspension. Eye care providers can do the same thing.
- File a request with the DMV for the driver to be retested. In NY, the DMV will call the driver in for a retest AND keep your name confidential.
- Get the keys away from the driver.
- If door and ignition key are different, substitute a second door key for the ignition key.
- Disable the vehicle. An effective way to disable the vehicle is to remove the battery. If you don’t know how to do it, get help from a friend, local garage or your automobile association. You can’t jump start a car that doesn’t have a battery.
- Remove the car. Have a family member borrow it and never give it back. Have a garage tow it in for repairs.

## ONE PERSON'S STORY

*"I contacted the DMV and asked them to keep my name confidential. They called my mother in for an interview and driving test.*

*She thought I was the person who turned her in to the DMV. Since I will be her caregiver shortly - I told her I had no idea who did it. I told her so many drivers have cell phones... one of them could have done it. I needed her to keep communicating and trusting me.*

*Dementia has made her mean and uncooperative. I lied...(it goes against what I stand for) but it was necessary. If there were no other options, I would do it again, same way!"*

## NON-CONFRONTATIONAL INTERVENTIONS

It is also possible to intervene in a non-confrontational manner. Here are some examples of non-confrontational interventions.

- Arrange for groceries to be delivered so the person doesn't have to drive.
- Provide transportation so your driver will not have to use his or her car.
- Take the person out during the a week to satisfy their need "to just go out for a ride."
- Jump in the car first and say, "I'll drive."
- Say to your driver, "I noticed you haven't been driving in a while, would it be better if I drove?"
- Tell your driver, "I've arranged for a cab for you tomorrow afternoon. It will take you wherever you need to go."

Non confrontational interventions have the best success when conditions such as mounting traffic, limited parking and waning confidence and skills conspire to make a driving a chore for your loved one. The driver may leave the driving to you and others if you are able to provide the person with an alternative to driving when difficult conditions prevail.

## FAILED INTERVENTIONS

Nothing is more upsetting and frightening than taking action to protect the driver and then finding the person is back out behind the wheel. The following responses will hopefully provide you with some insights into why interventions fail and what you can do to make sure they don't.

*"He had hidden a set of keys and kept getting them duplicated."*

*"When she couldn't find her keys, she called the locksmith and he made new ones for her."*

*“He requested a duplicate license.”*

*“She rented a car after she crashed hers. Then she crashed the rental car. She was about to rent another one when we realized her credit card was just like a car key.”*

*“He called the garage. They came out and fixed the ignition.”*

*“His friends let him drive their car.”*

## **WHAT DO YOU DO IF YOUR DRIVER IS IN IMMEDIATE DANGER?**

If your driver insists on driving but is so impaired (dazed, confused, disoriented) as to be in immediate danger of causing loss of life or damage to property, you have a situation requiring emergency action.

CALL THE POLICE immediately. Try to do it before the driver gets on the road. Explain the situation to the desk officer or dispatcher. The police will come and investigate.

If your driver is clearly impaired (dazed, disoriented, confused or suffered a blackout), they will attempt to convince the person not to drive and if necessary arrange for medical help or transportation to a medical facility for examination.

If your driver is transported to a medical facility and the examining physician agrees that your loved one should not be driving, the doctor can report the medical condition directly to DMV. Upon receipt of the physician’s letter, fax or e-mail, DMV will immediately issue an indefinite license suspension. The suspension will remain in effect until there is another physician letter stating that the person is safe to drive.

## **WORDS OF ADVICE**

Families who successfully resolved an at-risk older driver situation offered the following advice:

### **ABOUT TIMELINESS & PERSISTENCE:**

- *“Continue to intervene.”*
- *“Be firm, kind and persistent.”*
- *“Keep trying.”*
- *“Do not put it off.”*
- *“Keep at it! It isn’t easy.”*
- *“It’s a difficult situation (to address), but don’t postpone it.”*
- *“Do it quickly, do not hesitate!”*
- *“Be persistent. Look at the reality of the situation.”*
- *“Observe, listen, be gentle and persist!”*

## **ABOUT FAMILY AND OTHER HELP:**

- *“Mobilize the family and present the problem to the driver.”*
- *“Get family support and agreement about the problem and solution. Don’t wait.”*
- *“Help from the family is essential.”*

## **ABOUT YOUR APPROACH & OTHER POINTS:**

- *“Face it head on. The well being of all is what is important.”*
- *“Don’t assume the doctor knows they are driving.”*
- *“Involve the doctor.”*
- *“Don’t be reluctant to request an (driving) evaluation. It takes the burden of the decision off you.”*
- *“Get the proper testing done by qualified people.”*
- *“Check with your local area agency on aging office for advice and assistance. They helped us with our approach to the problem.”*
- *“Be prepared for anger.”*
- *“Use patience and kindness.”*
- *“Consider the possible consequences of not doing it. Accident, arrest, injury or even death of the driver and others.”*

## **FINAL THOUGHTS**

What goes around, comes around. How you treat your family member will often set the stage for how your family may treat you when your driving becomes a concern!

## Chapter 5

### COPING

*“I was married for over 50 years when my spouse died. I eventually got over that loss. But I have not gotten over the loss of my driver’s license.”*

#### DEALING WITH LOSS AND CHANGE

Leaving the wheel is often a watershed event for an aging driver. It represents the end of a unique form of individual freedom. A freedom the driver may have known and counted upon for most of his or her life.

Now, seemingly overnight, that freedom and all it conveys is gone forever. It is a loss which can be as deeply felt and as significant as any major life-event loss. It is no wonder that the issue of leaving the wheel can precipitate powerful reactions.

#### *What are some of the reactions I might anticipate?*

Families, friends and caregivers who intervened with an at-risk or unsafe aging driver reported the following range of responses from the driver:

- *“She agreed to the sale of her car.”*
- *“He was resigned to not driving again, and also relieved.”*
- *“At first, he was resentful and sarcastic.”*
- *“She vehemently protested, got angry, cried. She brings it up with relatives and friends. Has gone to see several doctors to try to get them to permit her to drive.”*
- *“He was embarrassed. He does not want to see anyone because he feels the loss of license labels him as unfit.”*
- *“He has reluctantly accepted.”*
- *“It hurt her feelings.”*
- *“She was deeply offended by the intervention.”*
- *“She was negative, sarcastic and angry.”*
- *“There has been withdrawal; depression.”*
- *“Disbelief - How could you do this to me! I don’t believe you did this to me! Talked about his perfect driving record for over 60 years.”*
- *“Denial - She said there was nothing wrong with her driving.”*
- *“Pouting; Resentment; Hostility; Vindictiveness.”*
- *“She was argumentative, difficult.”*



- *“She has ignored me.”*
- *My mother has always been a lady, When 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 4 days!”*

***What do I say if my driver is hostile or angry?***

- Hear them out. Allow the person to express their anger and hostility.
- Affirm their concerns where appropriate.
- Where appropriate, go over the reasons and the evidence of why driving is now dangerous.
- Where appropriate, review the ramifications of continuing to drive. Explain how an injury could be much more disruptive to their life than not driving. Ask how they would feel if they caused injury to or the death of another person. Ask what the implications would be to their estate.
- Share information about similar situations where a driver refused to leave the wheel when it was time and then later crashed or caused injury.
- Point out that the stresses of driving are now gone. *“Mom, you don't have to service the car, worry about parking spaces and how other people drive, right?”*
- Point out that concerns they once had (perhaps about crashing or getting lost) are also gone and how much easier their life is now.
- Affirm your desire to help them with transportation now that they have stopped driving.

***What can I do to help my loved one cope with the loss of driving?***

- Help them with their transportation needs.
- Help them to stay involved with friends and the activities they may have been driving to.
- Arrange for a DMV non-driver identification card. Replacing a surrendered license with a DMV non-driver photo ID card does more than just continue the driver's primary form of identification, the card can help a person feel they are still connected to society. See information about the DMV non-driver photo ID card in Chapter 4.
- Provide counseling. Lots of older persons give up driving voluntarily. Some assist in counseling others who have just left the wheel. Contact your area agency on aging, local senior center or senior housing director for help.
- Arrange for your driver to have visitors through the community friendly visiting program. Like Welcome Wagon greeters, “friendly visitors” check in on folks who can't easily get out. For those living alone, it's essential human contact with volunteers who are cheerful and dedicated. Contact your area agency on aging, local senior center or senior housing director for help.

## CAREGIVING & COPING

*“My mother had a bad crash. It was a newsworthy event. She spent one year in rehab. The accident did not scare her. Like many, we had been holding our breath until this crash. We talked to her doctor. Got him to say no to driving as she was having coordination and confusion difficulties. It was time for her to leave the wheel.*

*She got very depressed she could not drive again. She called me all the time. She wanted me to help her get her license back. To shop for a doctor who would let her drive again. But the doctor was right. She was no longer able to drive safely.*

*Her calls were really upsetting me. I even started seeing myself in the same situation some day. Even though I work in the aging field and know all about dealing with this, it has been a very difficult situation to say the least.”*

The day an older loved one stops driving often marks the day you begin a transition to caregiver. If you were involved in precipitating your loved one’s removal from the wheel, you may also be feeling guilt in addition to your new caregiving responsibilities. The combination can be physically and emotionally draining. You will need to take care of yourself. Here are some of the symptoms and warning signs that you may be needing help:

### SIGNALS TO WATCH FOR

- withdrawing from friends
- feeling tired after getting sufficient sleep
- feeling depressed
- feeling resentful
- feeling guilty
- getting easily irritated

### SIGNS OF CAREGIVER BURNOUT

- losing or gaining weight
- not sleeping
- loss of appetite
- not seeing friends
- excessive alcohol/drug use
- needing an excessive amount of caffeine
- verbally abusing others
- having suicidal thoughts/tendencies

### BURNOUT PREVENTION

- take time out
- get respite (someone to give you a break)
- get counseling
- join a support group (one of the most helpful ways to cope)
- get exercise, take vitamins and have a proper diet
- find a friend or relative you can talk to about your situation
- talk with your clergy or church leader

## **CAREGIVER ASSISTANCE**

Caregiver assistance is no more than a telephone call away. Your area agency on aging can link you to confidential help. There are also many excellent guides about caregiving available from AARP, the Alzheimer's Association, your local library and the Internet, as well as helpful information about caregiving, support groups and so much more.

## **FINAL THOUGHTS**

Support groups allow for what Sigmund Freud, the founder of psychoanalysis, called the "talking cure." Today, "talking it out" is understood as one of the pathways to coping and feeling better.

Support groups are about people with similar situations and stresses coming together to talk, listen and help each other. It is an environment where Freud's "talking cure" takes place. Most leave feeling much better. Not getting a bill from a psychiatrist also helps.

## Chapter 6

### GETTING AROUND

*“I hate to say it, but you really have to look to the family for the first solution.”*

In a society which has largely preferred the individual automobile to most other forms of transport, it should come as no surprise that our transportation system mirrors our very wish. And what an impressive system it is. It allows us a truly unprecedented level of freedom. We can go where we want, when we want.

But knowing what we do today, few believe if we had it to do over again we should have relied so heavily upon the automobile. Indeed, it is ironic that the very suburban locations made possible by the automobile are now destined to strand those who can no longer drive!

Sadly, the need to develop transportation options beyond the personal automobile is just now coming into the cross hairs of the policy makers. The movement is being stimulated, in part, by the notion that our aging society can't rely on just the automobile for its mobility. Indeed, when people can no longer drive, how will they get the necessities of life? The problem is one of the more formidable challenges of the millennium. Solutions, of course, will come in time. Until then, your transportation options may be very limited.

#### FAMILY TRANSPORTATION

Many families provide transportation for aging parents and relatives who no longer drive. Those who do suggest the following:

- If possible, share the driving responsibility with another family member.
- Work out a driving schedule and be flexible enough to allow for adjustments in plans.
- Call your aging family member ahead of time to confirm pick up time. This way they will be ready when you arrive. Calling can also save a trip if they decide not to go out that day.
- Arrange for prescriptions, newspapers, groceries, and so forth, to be delivered.
- Try to keep your loved one involved with the friends and activities they previously drove to.
- Seek help from your loved one's close friends. Discuss with them any transportation difficulties you have meeting. They will likely want to help especially with transportation to medical, religious services or social events.
- Your loved one is a member of the generations who enjoyed often ritual “Sunday drives.” Inviting your loved one to come along, “just for the ride,” when running an errand, will be deeply appreciated whether you are accompanied or not!

## FINDING COMMUNITY TRANSPORTATION SERVICES

Begin looking for community transportation services by calling the area agency on aging where your loved one resides. (See Chapter 3 for how an AAA can be of help). The area agency on aging will have information on taxis, public transportation services (including fixed route and door to door), senior specific transportation services, reduced fares and transportation services for seniors needing special assistance (with ambulettes and other special vehicles). If need be, the area agency on aging will refer you to the regional transportation authority or to a community organization providing transportation.

Traditional mass transit services usually run a fixed route on a fixed schedule. Paratransit and shared ride services are flexible because they are driven by customer/client needs. Reservations may be required a day or more in advance. This is door-to-door or curb-to-curb transportation, often with the driver providing some assistance.

**Here are some** questions to ask when you call or follow up with the transportation provider:

- What is the service area of the transportation provider?
- What is the eligibility criteria to use the service?
- How much does it cost? Do they offer reduced fares?
- If so, how does one receive a reduced fare?
- What are the hours and days of service?
- How much assistance does the driver provide?
- Does the driver help with packages?
- Is there anyone who can go along to help your loved one learn how to use the service? (If not, ask if you can go along to help)
- What kind of transportation is available for wheelchair bound or persons using walkers or with limited mobility? Can a companion ride along? Ride for free?
- Additionally, find out if your loved one's insurance will pay for transportation to medical appointments.

Once you receive the information, your goal is to try to fit your family member into each service eligibility profile. Remember mobility for special paratransit services is often determined by a health care professional. Your family member may need a medical sign-off to use a special transportation services.

AARP has a very helpful "*Community Transportation Resource Worksheet.*" Use the worksheet to catalogue your local transportation options. The AARP worksheet also provides useful information for obtaining transportation.

## **SOME TIPS FOR USING TRANSPORTATION SERVICES**

Once your loved one is using community transportation, he or she should:

- Carry personal identification and a card listing “whom to contact in an emergency.”
- Carry any special medications they need to take more than once daily.
- Carry appropriate gear and clothing for changes in the weather.
- Learn to ask for help.

## **RELOCATING**

When a person can no longer drive, relocating to improve mobility is a common solution. See section on “RELOCATING TO IMPROVE MOBILITY” in Chapter 8.

## **SOME RURAL SOLUTIONS**

How do seniors who don’t drive get around when there are no transportation services? Often by riding with others, usually seniors who still drive. In rural areas, word of mouth, church or grange bulletin boards, the Pennysaver and the group meeting mornings at the local coffee shop, are resources commonly tapped for connecting up with a regular ride.

Long time riders say they always offer to pay the driver something or buy gas. Long time drivers say they always accept payment from riders! Have a ride and want to keep it? Now you know.

In some rural localities, residents set a CB radio to an open channel which they all monitor. A person can call if they need help, when they are going into town, or if they need a ride.

## **SUPERMARKETS**

Today’s big chain supermarkets often have pharmacies, bakeries, videos and even more available. They make one stop shopping possible. Good if you can’t easily get around. Also good because more and more of these superstores are sending out vans to pick up seniors and others who don’t drive.

Some of the stores also provide little electric scooters for people with mobility issues to use. If your loved one’s supermarket or area superstore does not have a pick up service, find out when they will be getting one. “Ask and ye shall receive.”

## **THE ITN TRANSPORTATION MODEL (one example of community transportation)**

Lots of local senior transportation programs exist around the country. And they do a great job. The Independent Transportation Network (ITN) in Portland, Maine is one which has received much national press for its success and decidedly unique approach.

For openers, you have to become a member to ride the ITN system. Membership provides access to door to door transportation via a mix of volunteers using their own automobiles and paid drivers using ITN vehicles. A computer program is used to efficiently link riders with drivers and common destinations.

Members have a number of payment options including one where they can trade their cars in to get direct credit for transportation on the ITN system. The ITN also has an arrangement where local merchants who are patronized by ITN members, actually help to subsidize their rides!

The Independent Transportation Network owes its existence to Kathy Freund, who saw the pressing need for senior transportation and mobilized an entire community to come up with a successful solution. Want to do the same? See end pages for how to contact Kathy.

## **VOLUNTEER TRANSPORTATION PROGRAMS**

All manner of community groups from churches to the local VFW Post use volunteers to provide transportation for seniors and disabled persons. Some use vehicles provided through federal grants. You may be able to piece together transportation coverage for your loved one through one or more such volunteer transportation programs. Your area agency on aging and regional transportation authority are starting points for learning about transportation services and volunteer transportation programs, in particular.

## **SOME INDIVIDUAL SOLUTIONS**

*“When my mother became at-risk behind the wheel, I put an ad in the paper for a driver. I eventually hired a young woman to take my mother around in her car. She and mother developed a real friendship. When mother became frail, the young woman became her personal care aide. She took care of her until she died.”*

*“My uncle had to stop driving. His driving had become unsafe. He agreed to sell his car. I took the proceeds from the sale and worked out an arrangement with a local cab company to transport him whenever he needed to go anywhere. I set up an account and they bill against it. They even wait for him when he goes into a store to shop. It works beautifully.”*

## **FINAL THOUGHTS**

Volunteer programs do some wonderful things. The Peace Corps and Habitat for Humanity are fine examples.

If you can have a program like Habitat for Humanity arrange for thousands of volunteers to construct affordable housing, why not a national program to arrange for thousands of safe retired volunteer drivers to provide senior transportation where there is none?

The “how to” expertise can be found in the many community organizations already operating volunteer transportation programs. So are the mobile phone, global position and electronic call forwarding technologies needed to link rider with driver.

Have the national program add in liability insurance coverage, vehicle inspection, a driver medical/safe driving check along with a recognition program, and you'd likely attract volunteer drivers like ants to a picnic.

How will people in hundreds of suburban and rural communities get to the grocery store when they can no longer drive? This is one way!



## Chapter 7

### DRIVING SAFELY

*“We usually think about older drivers from one perspective: Getting them off the road. But we are headed for a terrific problem with the lack of public transportation, ever-sprawling suburbia and a coming wave of aging baby boomers. What we really need to be looking at is how to keep them driving safely longer!”*

Older persons especially, have much to gain if driving skills and judgement can be maintained or even enhanced. The good news is that studies show *some* older drivers can regain once lost skills and judgement. Some are even able to exceed levels considered previously adequate. What does it take? What’s out there to help your loved one drive safely longer? Read on.

#### MOTIVATION

Those who have successfully returned to the wheel with improved skills and judgement often call motivation the “secret ingredient.” It means your driver has to want to take the path. It’s not easy and often a lot of work. But if your driver is able to return to the wheel with enhanced skills, confidence and judgement, it is a payoff you can’t put a number on.

#### DRIVING ASSESSMENT

A first step is for your loved one to get assessed by a driving school professional or a driver rehabilitation specialist. Either one can quickly identify deficiencies and if the driver is an improvement candidate, chart the remediation needed.

#### IN-CAR SKILLS ENHANCEMENT

Where can you find help with improving in-car driving skills and judgement? Usually from the same folks who conducted the assessment: a driver rehabilitation specialist (check at a hospital or clinic), or a professional driving school with certified instructors who have experience with older or disabled persons. Both know how to help.

While “driver education” seems to have disappeared from the lexicon, never has driving skill and judgement been more important. The AAA (American Automobile Association) Foundation for Traffic Safety has called for a “re-invention” of driver education to address the growing concern over youth casualties. The program suggested by the Foundation would be comprehensive and utilize computer based interactive technologies like those used to train commercial airline and military pilots.

While the AAA Foundation’s call is presently directed at helping “new” drivers, the other end of the driving age spectrum could also be a beneficiary when such a comprehensive program is developed. Don’t be surprised to see movement in this direction.

## **ACCIDENT PREVENTION SAFETY PROGRAMS**

AARP's 55 Alive/Mature Driving Program is one of a number of accident prevention programs providing the latest information about traffic laws, road signs and safe driving practices. Unlike most of the other approved motor vehicle accident prevention courses, this 8-hour (2 session) classroom program is specifically tailored to older drivers.

Even after a lifetime of driving, first-time participants usually come away surprised that they learned so much. Most states offer point and insurance premium reductions to those completing the program. Contact AARP for the course location, dates and cost.

Other similarly approved 8-hour motor vehicle accident prevention classroom courses providing point and insurance premium reductions are offered by AAA (American Automobile Association, Inc.), the National Safety Council, Inc., and others. Contact your automobile insurance company or DMV office for a list of all the organizations certified to provide the program in your area.

### **“USE IT OR LOSE IT”**

Team managers in the world of professional motorsports use the term “seat time.” Seat time is time behind the wheel. They know even the fastest drivers in the world need adequate seat time before they can perform well in an event.

The same holds true in the world of daily driving. A driver needs seat time to maintain confidence and driving proficiency. That old adage about “using it or losing it” holds true for driving. While the tendency in older age is to drive less, there is a genuine need for an older driver to get enough seat time to keep judgement, skills and confidence from diminishing.

## **DRIVER FITNESS**

Much has been written about fitness for driving. Both AARP and the AAA Foundation for Traffic Safety have excellent information about driver fitness and what a person can do to remain up to the physical challenges of driving. So do occupational therapists, physical therapists and driver rehabilitation specialists.

Fitness for driving, however, can be different for different people. Today, even persons with some of the most severe neuro-motor coordination difficulties are able to drive safely and successfully, often from wheelchairs in specially equipped vehicles. One ride with a driver who has a severe physical disability will permanently rearrange your notion of what constitutes physical fitness for driving!

The ability to drive and drive safely speaks both to the personal motivation of the folks who are disabled and to the tremendous strides made in vehicle systems and adaptive equipment which has given those with disabilities the same freedom of the road others enjoy.

## VEHICLE EQUIPMENT

The right vehicle when properly equipped can significantly enhance a driver's safety. If vehicle replacement is an option for your driver, check that the new (er) vehicle has the following:

- Automatic transmission
- Power brakes and steering  
Column gear selector or console selector, which clearly shows gear selected (preferably on instrument panel)
- If console gear selector, check selector button release pressure (if too difficult to press sometimes it can be changed to a softer spring)
- Adjustable pedals. Some new Fords have them. Others will soon follow.
- Power seat. Power seats often have additional ranges of adjustment allowing for a better fit behind the wheel. Driver should sit high enough to see the road and be positioned to easily operate the controls. If vehicle is equipped with a steering wheel air bag, driver must sit at least 10 inches (25.4cm) from bag cover.

Fit in a new or existing vehicle can also be improved with seat cushions, pads or sometimes a seat change. Adjustable pedals, pedal extenders and pedal blocks also improve fit and provide the clearances needed for air bag equipped vehicles. Air bags save lives. But they can kill or injure a driver who is too close.

Drivers with a disability can also be accommodated by the addition of special equipment. Here are *some* examples of the kinds of adaptive vehicle equipment available:

- Seat belt adapters to make belts easy to reach, improve fit and make release buttons easier to operate by arthritic hands. Special torso restraints to hold driver upright.
- Full view inside mirrors and side "spot" mirrors to minimize blind spots.
- Steering wheel spinners, turning devices, and reduced effort power steering, helpful to drivers who have use of one arm only.
- Directional signal crossovers to shift operation of directionals to other side or to foot.
- 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 and brake.
- Scooter and wheel chair loading devices, transfer assists to help person in and out of vehicle, keyless

ignition, locking and automatic opening doors.

For information about the equipment listed above or a vehicle modifier, contact a rehabilitation hospital or clinic. The State University of New York at Buffalo (SUNYB) is one of the leaders researching special vehicle equipment for persons with disabilities. Reach them at: (716) 829-3712, or via the Internet at [www:wings.buffalo.edu/ot/cat/rerca.htm](http://www:wings.buffalo.edu/ot/cat/rerca.htm) (Internet address play on the regional food specialty is a clue creativity abounds at SUNYB!)

## **VEHICLE CONDITION**

Your driver's vehicle also needs to be in sound mechanical shape. The prerequisites are safe and properly inflated tires, good brakes, steering, working directional signals, brake lights and wipers which actually clean. When was the last time you gave your driver's vehicle a safety check and test drive?

One key to keeping a vehicle safe is a good relationship with a reputable mechanic/technician or dealership service manager. One way to find a reputable shop is by word of mouth. But you have to ask. The Internet is another. One popular public radio car care call-in program already has a Web site, which is becoming a repository of the best (and worst?) garages, automotive technicians, service managers and dealerships! Other sites are certain to follow. The Internet. Don't you just love it?

## **A CONSPIRACY STORY**

*"His family filed a report with us and we called him in to take a driving test. He passed the test without a problem. His family contacted us again. They were very concerned. How could we pass him when he was driving so unsafely?"*

*They filed another report and we tested him again. He passed. His family was very upset with us. How could he pass when he had not been obeying traffic signals? They filed another report. And we tested him again. This time during the afternoon. Well, he failed the test! Why this time and not the others?*

*We found out at lunchtime he would have his big meal of the day. He would also take all of his medications for the day as most were to be taken with food! Well, this drug cocktail was affecting his judgement and causing the unsafe behavior."*

## **MEDICATIONS AND MIMICS**

Many things can conspire to erode safety and place an older driver at risk. When this happens quite often the driver will have to leave the wheel. Yet sometimes the cause of the problem, as in the above vignette, can be addressed and the person restored to safe driving.

Medications, anemia and depression can produce dementia-like conditions. Arthritis and post stroke conditions can make vehicle control difficult and place an aging driver at-risk. Barry S. Reiss, Ph.D., Chairman, Department of Pharmaceutics, Albany College of Pharmacy, points out older persons use 30% of all drugs in the U.S. even though they represent only 12.5% of the population. Some 63% of older persons regularly use over-the-counter (OTC) drug products. The non-prescription medications are more powerful now, as lots of prescription drugs have been moved to OTC.

More powerful OTC medications, age-related changes in drug absorption, prescription medications, and misuse (if one is good, two must be better) can conspire to undermine the judgement and safety of an older driver. Some drug cocktails can produce dementia-like symptoms. Others can cause loss of consciousness or even death.

Here are some things you can do about medications to help your loved one continue driving safely:

- Gather the names, dosages and frequencies, expiration dates of the driver's prescription medications and take the information to a pharmacist. Ask for the technical printout for each medication. The printout gives information about driving. Ask the pharmacist what impact the medications, if taken as prescribed, are likely to have on driving. The pharmacist is a good source for information about substitutions, dosages and the timing of the medications. It is all information you can share with the driver's physician, if you have to.
- Gather the names of the driver's over-the-counter (OTC) medications. Check medicine cabinet, kitchen cabinets and drawers. Share the information with the pharmacist and learn which ones interact with the prescription drugs.
- Also check for multiple prescribers, duplication of medications, vague directions, perpetual refills and outdated medications.
- Check the caps. See how easy they are to get off. If your driver can't get the cap off, he or she can be at-risk driving for NOT taking needed medication!
- Pay attention to the driver's behavior when new medication is prescribed. The first six weeks are the time when new meds typically change behavior.

## **DEMENTIA-LIKE SYMPTOMS**

Dementia-like symptoms can come from a range of conditions and disorders. Understanding and addressing the underlying problems in your driver can add years to being able to drive safely. Consider the following:

- D Drugs - interactions and side effects
- E Emotional illness and depression
- M Metabolic/endocrine disorders
- E Eye/ear and environmental problems
- N Nutritional/neurological conditions (such as mini-strokes)
- T Tumors/trauma - falls where head is injured
- I Infections - can cause confusion
- A Alcoholism/anemia/atherosclerosis

## **THE EYES HAVE IT**

In the third (50-75) and fourth (75+) ages of life, cataracts and other vision problems can often develop quickly to undermine a driver's safety. Yet cataracts and certain eye conditions can be medically addressed to restore a driver's vision and, of course, the safety which comes with seeing clearly. For this reason, *a thorough eye examination is the appropriate starting point in any process designed to keep an older loved one driving safely longer.*

Your driver should also be wearing their corrective lenses when they are behind the wheel. Surprisingly, not all do report their family members and friends! Sometimes it is vanity. The driver does not like how they look in glasses. Other times it is fit or comfort. With vision so important to driving safety, make sure these simple and easily correctable things are not preventing your driver from driving safely.

## **FINAL THOUGHTS**

Everyone knows you need to see to drive. But how well do you really need to see to drive safely? One noted vision investigator who conducted extensive research into visual acuity and safety, concluded that the current 20/40 acuity standard (actually an arbitrary one!) may be too restrictive and removing drivers who are able to drive safely!

Another respected vision investigator noted a minor or moderate acuity impairment is not going to make someone a bad driver, but a severe impairment is a concern.

Both observations have implications for the coming wave of automobile dependent baby boomers in bifocals. Will they face a vision standard, which will screen them out of their licenses, when they are still driving safely? Or will a demonstrated ability to operate safely be the final arbiter for keeping a license?

## Chapter 8

### MOBILITY FOR LIFE

*“Both of my folks outlived their ability to drive. Fortunately, they lived in a perfect location: within walking distance of most of the things they needed to stay independent. It worked fine for them. With family genetics what they are, it has occurred to me that I too, may outlive my ability to drive. That very notion has suddenly given new meaning to that old real estate mantra about what to look for in a house: Location. Location. Location.”*

Like the older person you are concerned about today, some day you too, may be in the same situation. You may outlive your ability to drive. What then? Will you be like the couple in the above vignette? Will you be fortunate enough to live within walking distance of the things you need to stay independent? If not, what will you do? How will you get to the grocery store or the doctor’s office?

You might be thinking you’ve got lots of time to plan because your golden years are still to come. Hopefully you are correct. But if the truth be known, your driving privileges can be soundly trumped well before your golden years. In fact, you can find yourself ineligible for a license at almost any age.

Sure, you know about points for moving violations, DWIs, crashes and the resulting license suspensions and revocations. But did you know there are a number of medical, physical and emotional conditions, which can also separate you from your driver’s license? Some at a moment’s notice? The list below identifies conditions, which can put an end to your driving privileges, literally overnight!

- Cardiovascular (arrhythmias, cardiac arrest, syncope and similar disorders).
- Pulmonary
- Neurological (seizures, stroke, dementia, narcolepsy, disorders of movement).
- Epilepsy and other episodic conditions causing recurrent loss of consciousness.
- Learning, memory and communication conditions.
- Psychiatric or emotional conditions.
- Alcohol and drug misuse (includes prescription and over-the-counter medications).
- Visual acuity loss (cataract, glaucoma, macular degeneration, hypertensive or diabetic retinopathy, macular edema and stroke).
- Hypertension and chronic medical debility.
- Diabetic reactions.
- Musculoskeletal abnormalities.
- Functional motor ability loss which can not be compensated by personal devices, standard and non-standard vehicle accessories.

## MOBILITY PLANNING

You've read the list. What if you woke up tomorrow with one of those conditions and were precluded from driving? You might be able to get rides for a few days, but after that, what would you do? How would you get to the grocery store, work, religious and medical services?

What kind of transportation would allow you to do the important things in your now car-less life? What kind of transportation service should be available, at the very minimum? What would be especially helpful now?

## WHAT YOU CAN DO NOW

- Take your responses to the above questions and share them with your local municipal, state and congressional officials.
- Tell your public transportation provider where you (and likely others, too) need to go and what you would like to see available to help with your transportation needs.
- Where possible, support public transportation programs. At hearings and forums.
- Encourage the development of volunteer driver programs.
- Educate local municipal planning and zoning boards to allow in-law apartments and to strive to keep the businesses people use, where people live.
- Encourage stores and shops to collectively provide senior shopping van services. Some grocery stores do this already. See if it can be expanded to other stores.
- Encourage government and community service organizations to put public transportation directions on their informational brochures and handouts. ("Our office can be reached by taking bus #6 or 21" or by taking Eberhard's shuttle service)
- Make up a "just in case" alternative transportation list of carriers, friends, relatives and other potential sources of help to take you where you need to go (also see Chapter 6).
- Involve college and university urban planners in educating your zoning boards and elected officials.
- Encourage the development of "livable communities" and "smart growth" programs.

AARP's "*Community Transportation Resource Worksheet*" is a helpful tool to catalogue your local transportation options. It will also help you identify transportation resources if you decide to move to another locality.



## RELOCATING TO IMPROVE MOBILITY

Moving close to transportation is a common solution for maintaining mobility. It can involve moving to housing near transportation services, moving in (home sharing) with someone who drives, or making that move to an in-law apartment or a retirement living community where you might be able to park the car for the duration.

Home sharing or living with someone unrelated is often overlooked as a solution for both housing and transportation needs. But, if you had a good experience as a student living with another person, home sharing can be an especially helpful solution to finding affordable housing AND convenient transportation.

The “retirement and best places” guides (check bookstores, public library and the Internet) can also pinpoint locations where you don’t have to rely totally on a car. Some of the latest guides give detailed transportation information.

Interestingly, more and more municipalities are coming to understand just how important non-automobile based mobility is for their residents and local economy. Businesses benefit when people have mobility options. As a result, many localities are beginning to develop their own local shuttle and jitney services. These are the communities where you may be able to permanently park the Buick or Honda.

If relocation is in your plans, check the following:

- Your proximity to the things you use most often, like grocery stores, health and recreational, religious services, etc.
- Availability of taxis, dedicated vans and buses for medical transportation services, shopping and recreation services, and for those who are disabled.
- Routes of regular public transit and special public transit (paratransit) providing curb-to-curb or door-to-door services.
- Ease of transfer between different public and private transportation carriers. Is there a way of getting to and from the bus line or from the bus stop to where you need to go?

Keep in mind the coming demographic tidal wave of retirements and relocations will fuel the economies of many areas much the way a large corporation does when it relocates into an area. Some communities have already planned to capitalize on the shift. Their jurisdictions have begun vying for “seniors” by encouraging the development of recreation, health and, of course, non-automobile based transportation services for their residents.

The Internet is one way of finding information about communities and the services within their boundaries. At some point, you ought to be able to find on-line maps and transportation data for almost any locality.

And if you can't get out, the Internet will give you mobility of a different sort. While not a substitute for the real thing, it will be a way of accessing groceries, meals, banking services, medicine, medical information and perhaps even companionship when you can't get beyond your doorstep.

"Mobility for life" is really about access. Access can mean many things: good public or volunteer transportation; being within walking distance of the necessities of life; being around family and friends who will take care of those necessities when you can no longer do so, or being able to obtain what you need from a computer or TV screen.

## **FINAL THOUGHTS**

You are not going to be able to drive your car to the cemetery, hand over the keys and step down into the box! More likely, you'll be fortunate enough to live a long life and in the process simply outlive your ability to drive. Not a bad deal when you consider the alternative!

If you haven't done any mobility planning, you aren't going to feel very fortunate about your gift of time. But if you have done some planning for your mobility needs, your story can have a nice end.

Now you know. The rest is up to you. Good luck!

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