

A ROADMAP FOR DRIVING LATER IN LIFE

PLANNING AHEAD TO KEEP
DRIVING AS LONG AND
AS SAFELY AS POSSIBLE

WHAT TO LOOK FOR IN
A CAR—AND HOW TO MAKE
SURE IT FITS THE DRIVER WELL

ASSESSMENTS,
COURSES, PROGRAMS
AND RESOURCES
THAT CAN HELP



A SPECIAL REPORT PRODUCED BY



Learning to Downshift

Dear readers,

No doubt you've heard a story about someone's father, mother, aunt, uncle or friend who is 65 years old—or older, more likely—who continues to drive, yet has been involved in some kind of situation that has brought their driving ability into question. Or maybe you've seen a TV report on the subject or even experienced firsthand an older driver on the road when you've wondered "Should they still be driving?" No matter the example, the reality is that more than 715,000 Minnesota drivers are over 65, and that number will grow by more than 17 percent by 2020.

The vast majority of older drivers are safe drivers. In fact, older drivers are the group as a whole most likely to drive without alcohol-related impairment (although prescription medications can be an issue), drive without using distracting technology and drive at a reasonable and safe speed; they are also the group most likely to buckle up. But we also know the aging process can affect our vision, strength and cognitive abilities well before the magical number of 65. We know everyone ages differently, and it's important to assess drivers based on their individual abilities rather than as a demographic group.

AAA and the Mobility for Minnesota's Aging Population (MMAP) collaborative, with additional funding from the Minnesota Department of Public Safety, have partnered to discuss the facts and myths about older drivers, as well as issues—and solutions to help Minnesota prepare for the increase in older drivers. Driving is a privilege, and as we age, it becomes an even greater necessity to maintain employment, mobility, health and community connections. For many, the very thought of losing their license to drive feels like a "death sentence."

In some cases, the retirement from driving may be the only option. However, our partnership, along with 20 other agencies and experienced professionals of MMAP are working to make sure that older drivers remain safe, regardless of age, and continue to have the mobility options they need. This supplement offers valuable information to assist older drivers and their families, employers, neighbors and agencies tasked with ensuring safe roads and driving.

Should you need additional copies of this publication to share, please do not hesitate to reach out to us at MMAPCollaborative@gmail.com. Spreading the message of the safe older driver is a priority for both AAA and MMAP; we hope you find this publication informational and valuable.

Gail Weinholzer
Director of Public Affairs
AAA - The Auto Club Group



Mark Hoisser
Chair
Mobility for Minnesota's Aging Population



What's on the Road Ahead?

How to keep driving for as long and as safely as possible—and hang up the keys when it's time.

By Suzy Frisch



Merline Morris

CRAIG BARES

After moving to the Twin Cities six years ago, retired nurse and community volunteer Merline Morris grew increasingly anxious and fearful driving at night. She noticed that glare from other cars' headlights affected her vision, and it was hard to see the road when turning left. It didn't take much to make her feel disoriented about her location, even in familiar areas. "I felt like I might hit an oncoming car. I didn't feel very safe on the road," she says.

To say Merline values her independence is an understatement. She loves going out in the evening to see friends or go to the theater, but she doesn't like asking others for a ride. Even more, however, she values her safety and the safety of others. And after some tough consideration, she decided to

stop driving at night.

Knowing when to park the car for good is a decision all of us will face someday, either for ourselves, or as we help a parent or friend deal with this issue. As we age, it's normal for our driving abilities to eventually deteriorate. Yet for most of us—as for Merline—it won't be easy to give up driving, whether it's just at night or completely. And it can be an interesting journey along the way.

When the Time Comes

"Hand over your keys."

How can you avoid hearing those words? Wouldn't it be best if you did not have to say this to your parent or close friend?

Knowing we can get behind the wheel

maintains our sense of independence; in fact, bolstering that sense is a kind of bulwark against ways that aging can limit other kinds of freedom. This may help explain why nearly half of the nation's drivers age 65 or older worry about losing their freedom and mobility when they stop driving, according to research by the American Automobile Association (AAA) a few years ago. Some 90 percent indicate that the inability to drive would be a problem.

"It's such a traumatic thing for most people [to give up driving]. Most of us really depend on our cars for just about everything," says Susan Rottunda, clinical program coordinator of the Minneapolis VA Medical Center's Geriatric Research Education and Clinical Center. "People have

to give up a lot when they stop driving. For many, it's independence; for others it means it's harder to stay in their own home."

Giving up the keys can shake people to their core and lead to higher levels of depression compared with seniors who still drive, according to a *Journal of Gerontology* study. And the fear of losing that cherished autonomy often prevents people from admitting to themselves that they might need to limit or stop driving (see "Warning Signs," lower right).

Yet it's happening to more and more people every day. The second-largest U.S. population group—baby boomers—are retiring at the rate of 10,000 people a day and will continue to do so for 15 years. In Minnesota alone, the number of individuals age 65 or older is expected to nearly double during this time to 1.4 million, with an estimated 1.2 million of them still holding a driver's license.

People also are living longer (life expectancy for men and women now averages 79 years) and living more actively than in previous generations—volunteering, seeing friends, traveling and even working. Older individuals have places to go, and they want to get there on their own, just as they have for decades.

So it's not whether we will be dealing with this issue, but how.

Planning Where to Live and How to Get Around

While we can't beat time and its eventual impact on cognitive and physical abilities to drive, there are steps we can take to safely extend our driving years. To help accomplish this—and to help when it comes time to scale back or stop driving—AAA, the State of Minnesota and local communities and organizations offer various resources to make sure older citizens still can get where they need to go.

First, there's good planning. Nobody likes to be surprised, and as such it's best if people can plan for a point in time when driving needs to change and eventually stop. This change should be just as much a part of preparing for later years as financial or end-of-life planning.

"We're really good at planning for retirement, but most people don't consider transportation in that plan," says Jake Nelson, director of traffic safety advocacy and research for AAA in Washington, D.C. "If you did consider that and whether you can drive yourself, that might affect the decision about where you retire and in what type

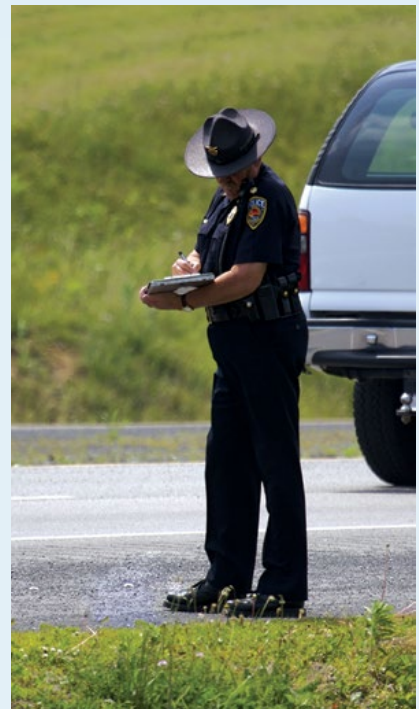


About 17 percent, or 706,000, of all Minnesota drivers were age 65 or older in 2013. This number is expected to grow to 833,000, or about 18 percent of all drivers, by 2020.

Warning Signs

If you have doubts about someone's ability to continue driving, how can you turn a sneaking suspicion into useful evidence? Consider tagging along with the driver to see how they are doing. Additionally, here are a few warning signs from AAA and Kathy Woods Rakowczyk of the Courage Kenny Rehabilitation Institute:

- ◆ Driving through red lights or ignoring other traffic signs; the driver might not be able to see them in a crowded visual field or might be inattentive.
- ◆ Stopping at green lights or other places where they don't need to stop.
- ◆ Not yielding to traffic or not taking their turn at stop signs.
- ◆ Going too fast or too slow for conditions.
- ◆ Having trouble maintaining lane position and/or straddling two lanes.
- ◆ Not following proper lane-changing procedures or weaving in and out of lanes.
- ◆ Getting lost or disoriented, even in familiar places.
- ◆ Confusing the gas and brake pedals or having difficulty working them, which can signify waning leg strength.
- ◆ Other drivers honk and pass frequently, even when traffic is moving relatively slowly.
- ◆ The older driver's car has new scratches and dents, or the side mirror has been knocked off.



of housing—whether that’s your current home or one that’s more accessible to the places you want to go.”

If you live in an urban area, you can start by thinking about moving to a neighborhood with stores, restaurants and doctors within walking distance or reachable by public transit. If you’re ready to downsize further, there’s the option of moving to a senior-focused building that offers a ride service or van. It might not be needed at first, but when it is, the drivers will be available.

It’s also important for older individuals in cities to become acquainted with trans-

portation options including bus, light rail and community-based services before they need them, says Catherine Sullivan, an associate professor of occupational therapy at St. Catherine University in St. Paul. Taking the bus or light rail around town and learning different routes and schedules can be a fun adventure in the Twin Cities when getting to your destination is a choice rather than a necessity. Otherwise it can be a frustrating experience at best, scary at worst. “It is clear that when people are comfortable using public transit and other modes of community mobility, giving up the keys is much less stressful,” she notes.

Having the Conversation

It’s the conversation no one wants to have: Suggesting that a family member or friend might need to limit or stop driving is one of those touchy subjects people delay because they don’t want to offend or anger a loved one.

One way to approach the subject is to do so long before it becomes an issue, and to identify developments and changes that the older driver thinks are signs to stop driving, says Catherine Sullivan of the occupational therapy program at St. Catherine University. This is especially important when a person is diagnosed with a progressive illness such as dementia or Parkinson’s. Thus, when those milestones are reached, subsequent steps are already determined by the decisions the driver made in those previous discussions.

It’s also wise to avoid turning the conversation into a group intervention. Instead, pick one person with whom the older adult communicates best. That could be a child, a friend or a clergy member, says Jake Nelson, director of traffic safety advocacy and research for AAA in Washington, D.C.

Pick a quiet time to have a conversation. Be gentle and sympathetic to the person’s concerns about losing some freedom. Start by saying that you need to bring up a difficult topic. Focus on safety—of the person you’re talking with, as well as the safety of others.

Mention specific incidents you might have observed, such as the driver’s running a red light or having trouble staying in a lane. If the driver’s car has damage, mention that as well. “Don’t get talked out of it,” says Lt. Don Marose of the Minnesota State Patrol. “Say, ‘When I was driving behind you, this is what I saw.’ Those observations start piling up, and soon the pile gets too big to step around.”

Don’t go into lecture mode. Instead, suggest that the person evaluate his or her own driving skills, see a doctor or be assessed by a driving professional. Ask for input on the situation and what solutions they might have.

Have information ready about resources for other modes of transportation, including family, public transit and transportation services. Together, make plans to help the person transition to not driving. And allow time for the older person to reflect on the conversation. This issue probably won’t be solved after one talk.

For more on how to discuss this issue, see The Hartford’s “We Need to Talk” and AAA’s “Driver Planning Agreement” in the resources section on page 7.



There are also ways to ensure older drivers’ cars fit well so they can continue to drive safely. A national educational program called CarFit, created by AAA, the American Occupational Therapy Association and AARP, guides older drivers on how to adjust their vehicles to maximize their personal safety and the safety of others. CarFit volunteers spend about 20 minutes going through a 12-point checklist that includes showing drivers how to adjust their mirrors to eliminate blind spots, and ways of moving a seat and steering wheel to ensure that safety features like air bags and seat belts work properly, Sullivan says.

In a pilot program involving 300 older drivers, CarFit addressed at least one critical safety issue 37 percent of the time, and found that 10 percent of drivers were seated too close to the steering wheel. In addition, about 20 percent did not have a line of sight at least three inches over the steering wheel—all essential to maintaining safe driving.

It’s also vital for older drivers to use cars that help them adapt to their changing bodies. When buying a car, they should consider Smart Features (highlighted by AAA in conjunction with the University of Florida) that maximize comfort and safety. For starters, drivers should make sure their vehicles offer traditional safety features such as multiple airbags and dynamic stability control that steps in to make up for slower reaction times.

Additionally, Smart Features can address varying conditions. If drivers have decreased leg strength or a limited range of motion in their knees, they can ensure their car has leather or faux leather seats (allowing easier upper-leg movement), a low door threshold, and adjustable brake and accelerator pedals. People with arthritis in their hands or diminished fine-motor skills can drive cars with thicker steering wheels and keyless entry systems. If vision conditions like cataracts or lessened night vision are an issue, drivers can switch to vehicles with glare-reducing side mirrors and high-contrast instrument panels with large letter and number displays.

Staying Mentally and Physically Fit

For the vast majority of older adults, there’s no reason to stop driving. As with any journey, however, it’s important to identify potential obstacles that may come up along the way—in particular, the need to take medications, and basic cognitive and physical changes that occur with aging.

More than 80 percent of individuals age 65 or older take regular medications, whether they are prescribed or over-the-counter, and two-thirds of them take more than one at a time, notes Gail Weinholzer, director of public affairs for AAA - The Auto Club Group.

“It doesn't apply to everyone, but many older people have one or more medical conditions that compromise their ability to drive safely or they take medications that put them at risk behind the wheel, or a combination of the two,” says AAA's Nelson. “The good news is there are a lot of things that can be done to mitigate the risk.”

The VA's driver assessment program includes a pharmacist evaluation of all of the medications an older adult is taking to determine whether there may be interactions that cause drowsiness, slower reaction times or other impairments to safe driving. Often, dosages or frequency can be altered to ensure someone can drive safely from a pharmaceutical perspective, Rottunda says. People also can use RoadwiseRX.com to enter their medications and discover for themselves if their medications may be compromising their ability to drive safely.

Beyond checking medications, older drivers can keep their minds healthy—and fit for driving—through a variety of means, including programs such as Drivesharp.

Created by scientists, Drivesharp helps drivers see more and react faster by steering them through brain-training exercises. On average, Drivesharp users reacted faster to dangers and increased their field of view by 200 percent. “The good news is, people can improve their cognition and attention skills, which will improve their driving capabilities,” says Sullivan. “There is new research that you can build new neural connections with brain exercises into old age.”

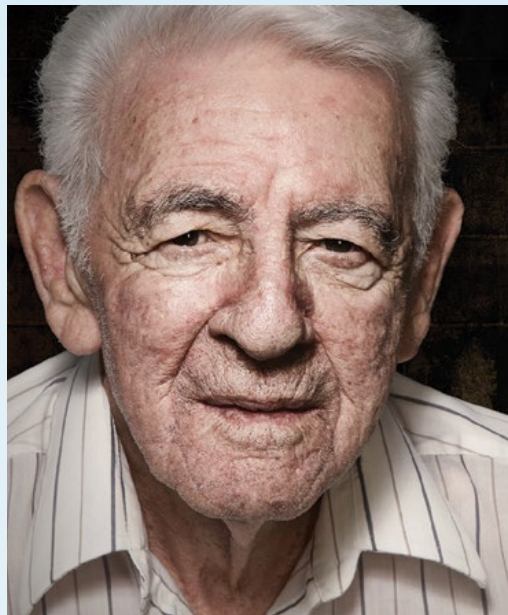
Remaining physically active also helps the mind remain sharp. Sports such as Ping-Pong and racquetball help improve reaction time and focus. On top of its many other benefits, exercise also may extend seniors' driving years. Engaging in regular physical ac-



While there are more drivers age 70-plus on U.S. roads today, in 2013 individuals in this age group died in crashes 30 percent less than in 1997, according to the Insurance Institute for Highway Safety.

Aging While Driving: Medical Effects

Driving is a mental and physical activity, and people need to be healthy on both fronts to stay behind the wheel. Unfortunately, aging can cause many medical and cognitive changes that make it more difficult to drive safely. Here are a few of the most common changes affecting older drivers.



Vision: Aging causes numerous issues related to eyesight, especially for those 60 and older. It's often harder to drive at night because older eyes need more light to see and more time to adjust when light changes. Peripheral vision also declines, making it more difficult to see to the side while looking straight ahead, according to the National Institutes of Health. In addition, seniors are more susceptible to eye conditions like cataracts, glaucoma and macular degeneration, which cause vision loss.

Cognitive decline: Older people often experience a change in their reaction times. It takes them longer to process information and react by pressing on the brake or changing their steering, says Catherine Sullivan of St. Catherine University. Attention spans are shorter, and it can be more difficult to do two things at once, the NIH reports.

Dementia: People with dementia often get lost, and they might not realize they are no longer safe drivers. Having early-stage dementia doesn't necessarily mean stopping driving immediately, but eventually it will affect a person's reaction time, attention and decision-making.

Physical decline: Previous injuries or arthritis causes sore muscles and joints, which can make it difficult for seniors to turn their heads to check for blind spots or put on their seat belts. Weaker leg and foot muscles, along with sore hips or knees, mean it's often hard to react quickly or press down on the pedals, Sullivan says.

Other medical issues: Diabetes, Parkinson's disease or stroke all can contribute to driving difficulties. Diabetics contend with high or low blood sugar, both of which can make them dizzy or even pass out. Stroke survivors might have paralysis or weakness in parts of their bodies, while those with Parkinson's often notice it affects their balance and ability to move quickly.

tivity—even for the first time—also builds lower leg strength, boosts mobility and increases flexibility. “It’s like a magic pill,” Sullivan says. “When people stay active throughout their lives or take on a new physical routine, it leads to fewer driving errors, better driving and longer safe-driving years.”

Older adults also can keep driving skills sharp by taking a seasoned driver training course. According to Minnesota state law, people ages 55 and older who complete a state-approved defensive driving course are eligible to receive a 10 percent,

three-year discount on auto insurance. Once drivers have successfully completed a state approved eight-hour defensive driving course, they are eligible to take a four-hour defensive driving course to renew the insurance discount certificate. This includes both classroom and online training options. The courses are taught by professional traffic safety instructors, including retired officers from local police departments and the Minnesota State Patrol.

About 116,000 Minnesotans have taken such courses annually. It’s a great refresher for any driver, says Lisa Kons,

continuing education coordinator at the Minnesota Safety Council. “The beauty of it is they sign up for the insurance discount, and they leave saying, ‘I can’t believe what I’ve learned.’ Most people don’t have other driving education after they get their driver’s license.”

Self-Assessments

Most of us notice when it seems that we, or someone we know, isn’t driving as well as usual. “As people get older, their reaction time starts to slow down a bit, and their ability to see things clearly and their

Myth Busters

It’s not uncommon for other drivers to see an older person driving a car and think about steering clear of them. There are many myths about senior drivers, and we’re here to debunk them. Consider these commonly held beliefs:

Myth #1 Older people are bad drivers

FACT: Older drivers are considered among the safest on the road, in part because they’re more likely to wear a seat belt and less likely to speed, drive while intoxicated and/or text while driving. In 2013, 8 percent of traffic crashes in Minnesota were related to people 65 and older, a group that represented 17 percent of all drivers that year. Drivers in their 70s are involved in roughly the same number of crashes per mile as drivers in their 30s, according to the AAA Foundation for Traffic Safety. On average, drivers in their teens experience crashes at a rate that is 12 times higher than that of people in their mid- to late 80s. About 10 percent of all crashes involve 15- to 19-year-olds; less than 1 percent involves people 85 or older.



Myth #2 Being 80 (or 90) means it’s time to stop driving

FACT: It’s not the number of candles on the cake, it’s the mental and physical fitness of the individual driver, says Lisa Kons, continuing education coordinator at the Minnesota Safety Council. There are many drivers in their 50s who have no business on the road because of physical changes or vision issues, and an ample number of sharp 75-year-olds who still are excellent drivers. Don’t assume that someone must give up their keys just because they are older, she notes.



Myth #3 I can still drive because I’ve had no car crashes

FACT: Older drivers still can endanger others, even if they have a crash-free record. If someone drives too slowly, has poor reaction times or repeatedly dings up their car, they aren’t safe drivers. And their driving might cause others to crash. “Older adults don’t have a lot of accidents. But they are still at risk if they show some of these signs,” notes Sue Rottunda of the Minneapolis VA Medical Center’s Geriatric Research Education and Clinical Center.

Myth #4 You need to stop driving completely

FACT: Older drivers can take steps to extend their driving years. The most common effective strategy is self-restricting based on when and where someone feels most comfortable driving, and avoiding other situations, such as driving at night or in bad weather. In addition, there are several options for seniors who want to continue driving safely, says Catherine Sullivan of St. Catherine University. They range from doing physical and mental exercises to taking defensive driving courses.

small-muscle control starts to be compromised,” says Lt. Don Marose, who works in the training unit of the Minnesota State Patrol. “These are important things we need to drive a vehicle safely.”

The best way to ensure that such changes are not affecting driving is to be assessed. There are self-assessment tools such as SAFER Driving, an online version of the Driving Decisions workbook, which can be used at home. AAA’s Roadwise Review offers at-home screening software to test leg strength and general mobility, head and neck flexibility, vision, memory and more, to help people determine their fitness to drive safely.

When an objective third-party assessment is in order, providers like Courage Kenny and the VA offer screenings both in an office and behind the wheel. (To be seen at the VA, you must be a veteran and be seen first by a VA primary care physician.)

Courage Kenny’s three-hour assessment takes older adults through an interview about their driving habits and experiences, a clinical exam of their vision,

cognitive and physical abilities to operate a car, and a behind-the-wheel portion where the senior drives on city streets with a driving specialist, explains Kathy Woods Rakowczyk, an occupational therapist and manager of the driver assessment and training service at the Courage Kenny Rehabilitation Institute.

Based on this assessment, the specialist will explain the outcome of the test, including whether the person should continue, restrict or stop driving completely. “We can’t legally take their license away. We try to help them understand our reasoning and give them support for next steps, such as community resources for them and their family,” says Rakowczyk. “Some people have acceptance, and some people get very upset.” (See “Having the Conversation,” page 4.)

Because the stakes are so high, and conversations with loved ones are usually very difficult, it’s often wise to involve a third party to help families navigate the rough terrain of safe driving, Marose says. The state cannot legally require someone to

take a driving test to renew their license at a specific age. However, Minnesota Driver and Vehicle Services will conduct a written and/or road test upon receiving a signed, written request from a family member, friend or neighbor citing specific examples of what they observed about the person’s driving history and medical condition. Law enforcement and physicians also have a short form they can complete and send in to start the same review process.

Everyone wants older adults to be able to drive as long as possible—providing it’s safe for them and everyone else. With planning, prevention and post-driving resources, older adults don’t need to be stuck at home. “There’s a common misperception that the state, health care providers or families are looking to take their keys,” says Nelson. “That’s absolutely the last resort.”

Adds Sullivan, “There are so many resources out there for older adults to prevent not being able to drive, and they can use alternatives so that they can still go where they want to go.” ♦

Resources

Use these specially designed shortened website addresses to access these resources.

AAA Senior Driving provides information on programs including AAA Roadwise Review, Roadwise RX, Driver Planning Agreement, CarFit and Smart Features. It also offers tools to evaluate driving abilities, understand mind and body changes, improve driving skills, maintain mobility and independence, and assist seniors, as well as their families and friends. bit.ly/1zHMe4C

American Occupational Therapy Association’s “Driving and Community Mobility” provides a variety of helpful resources including information on how occupational therapy can help older drivers. bit.ly/1HgXK3I

Association for Driver Rehabilitation Specialists provides fact sheets and a directory of driver rehabilitation specialists who are considered the gold standard for expertise in the field on evaluating and rehabilitating drivers. bit.ly/1JrbllP

Courage Kenny Rehabilitation Institute provides services for new or experienced drivers with visual, cognitive or medical challenges or changes due to aging, disability or mental health issues. tinyurl.com/kr7kskk

Minnesota Department of Public Safety’s Driver and Vehicle Services is responsible for issuing license plates, driver’s licenses, disability plates and placards, and state ID cards; cancelling, revoking and suspending driver’s

licenses; evaluating the ability of individuals to drive; and collecting and disseminating crash information. bit.ly/1Fc7zcl

Minnesota Department of Public Safety’s Office of Traffic Safety is dedicated to keeping people safe on Minnesota roadways by improving individual behavior. The office also can provide statistics on older drivers in Minnesota or the nation. bit.ly/1y47x46

Minnesota Gerontological Society is a group of social service professionals, housing experts, health care providers, research scientists, administrators, retirees, attorneys and others who share a common interest in aging. bit.ly/10c297s

Minnesota Safety Council is dedicated to keeping Minnesotans safe from injury. “Accidents” don’t just happen—they are predictable and preventable. The council

offers information, classroom training, consultation and many safety programs to help prevent injuries at work, at home, at play and on our roadways. bit.ly/1DJUTHT

Mobility for Minnesota’s Aging Population supports professionals, families and other interested parties as they work with older adults to traverse the mobility continuum and their desire to remain independent and active in their communities as long as possible. bit.ly/1G43umX

National Highway Traffic Safety Administration provides information on changes that can affect safe driving and on potential warning signs of impairment, with options that include a video toolkit on medical conditions in older drivers, information on driving safely while aging gracefully, national statistics on older drivers, and research on older

driver issues. Its Drive Well Toolkit provides information for people working directly with older adults on understanding the issues, developing public information events and evaluating effectiveness. 1.usa.gov/1NLbeE2

Senior LinkAge Line (800-333-2433) is a one-stop shop for Minnesota seniors, providing free assistance and information on health care, insurance, transportation, government services, prescription drugs, long-term care, employment and living with disabilities. bit.ly/11DT8gm

“We Need to Talk,” from The Hartford, discusses conversations about a transition for any driver. It is considered a go-to resource for professionals advising older drivers because it is based on research conducted at the MIT Age-Lab. bit.ly/1FL1fJA