APPENDIX B

Patient and Caregiver Educational Material

- Am I a Safe Driver?
- Getting by Without Driving
- How to Assist the Older Driver
- NHTSA’s How to Understand and Influence Older Drivers
- Ten Tips to Aging Well
- Tips for Safe Driving
**Patient and Caregiver Educational Materials**

These handouts were designed to be user-friendly and simple to read. All patient education materials were written at or below a 6th grade reading level, and all family and caregiver material was written at a 7th grade reading level.

We encourage physicians to make copies of these handouts for their patients, have them available in the office setting, educate office staff to distribute them when appropriate, and use them as talking points when discussing driving issues with patients.
Am I a Safe Driver?

Check the box if the statement applies to you.

☐ I get lost while driving.

☐ My friends or family members say they are worried about my driving.

☐ Other cars seem to appear from nowhere.

☐ I have trouble finding and reading signs in time to respond to them.

☐ Other drivers drive too fast.

☐ Other drivers often honk at me.

☐ Driving stresses me out.

☐ After driving, I feel tired.

☐ I feel sleepy when I drive.

☐ I have had more “near-misses” lately.

☐ Busy intersections bother me.

☐ Left-hand turns make me nervous.

☐ The glare from oncoming headlights bothers me.

☐ My medication makes me dizzy or drowsy.

☐ I have trouble turning the steering wheel.

☐ I have trouble pushing down the foot pedal.

☐ I have trouble looking over my shoulder when I back up.

☐ I have been stopped by the police for my driving.

☐ People no longer will accept rides from me.

☐ I have difficulty backing up.

☐ I have had accidents that were my fault in the past year.
☐ I am too cautious when driving.

☐ I sometimes forget to use my mirrors or signals.

☐ I sometimes forget to check for oncoming traffic.

☐ I have more trouble parking lately.

If you have checked any of the boxes, your safety may be at risk when you drive.

Talk to your doctor about ways to improve your safety when you drive.
Getting By Without Driving

Who doesn’t drive?

If you live long enough, you will eventually have to stop driving. The average male will have seven years without the ability to drive, and the average female ten years! Many people choose to stop driving because of the hassle and expense of auto insurance, car maintenance, and gasoline. Other people stop driving because they feel unsafe on the road. And some people have never learned to drive!

If you don’t drive, you’re in good company. Although most Americans use their cars to get around, many people get by just fine without one. In this sheet, we suggest ways to get by without driving.

Where can you find a ride?

Here are some ways to get a ride. See which ones work best for you.

- **Ask for a friend or relative for a ride.** Offer to pay for the gasoline.

- **Take public transportation.** Can a train, subway, or bus take you where you need to go? Call your regional transit authority and ask for directions.

- **Take a taxi cab.** To cut down costs, try sharing a cab with friends or find out if your community offers discounted fares for seniors.

- **Ride a senior transit shuttle.** Call your community center or local Area Agency on Aging to see if your neighborhood has a shuttle service.

- **Ask about volunteer drivers.** Call your community center, church, synagogue, temple, or mosque to see if they have a volunteer driver program.

- **Ride a Medi-car.** If you need a ride to your doctor’s office, call your local Area Agency on Aging to see if a Medi-car can get you there.
If you can’t go out to get something, have it come to you.

Many stores can deliver their products straight to your door.

- **Have your groceries delivered.** Many stores deliver for free or for a low fee. You can even call your family and friends, or volunteers from your local community center, church, synagogue, temple, or mosque to see if someone can pick up your groceries.

- **Order your medicines by mail.** Not only is this more convenient—it’s often less expensive, too.

  Order only from pharmacies that you know and trust. Some pharmacists will also deliver medications to the home.

- **Have your meals delivered to you.** Many restaurants will deliver meals for free or for a low fee. Also, you may be eligible for Meals-on-Wheels, a program that delivers hot meals at low cost. Call your local Area Agency on Aging for more information about Meals-on-Wheels.

- **Shop from catalogs.** You can buy almost anything you need from catalogs: clothing, pet food, toiletries, gifts, and more! Many catalogs are now online, with the most recent selections available from Internet websites.

Who can tell me more about services in my area?

The following agencies can provide you with information to get you started:

**Area Agency on Aging (AAA) Eldercare Locator**

[www.eldercare.gov](http://www.eldercare.gov)

800-677-1116 weekdays

Call this toll-free number and ask for the phone number of your local Area Agency on Aging (AAA). Your local AAA can tell you more about ride options, Meals-on-Wheels, and senior recreation centers in your area.

**Administration on Aging Resource Directory for Older People**

[https://chs-nhlbi.org/node/5868](https://chs-nhlbi.org/node/5868)

800-677-1116

Call this toll-free number and ask the National Institute on Aging to send you their Resource Directory for Older People. This 120-page directory lists organizations that provide services for older people.
Where Can I Find More Information?
We’ve listed additional resources on the following pages to help you assess and enhance driving safety for the retired driver. Some resources can help you create a transportation plan for your loved one.

Aging Life Care Association
http://www.aginglifecare.org/
520-881-8008

A geriatric care manager can help older people and their families arrange long-term care, including transportation services. Call the phone number or visit the Web site above to find a geriatric care manager in your loved one’s area.

National Association of Social Workers (NASW)
www.socialworkers.org/register/default.asp

A social worker can provide counseling to your loved one, assess his/her social and emotional needs, and assist in locating and coordinating transportation and community services. To find a qualified clinical social worker in your loved one’s area, search the NASW Register of Clinical Social Workers on the Internet.

Alternative Transportation Options

American Administration on Aging (AOA)
Eldercare locator
Assists in finding older adult resources in your community.
www.eldercare.gov

Community Transportation Association (CTAA)
Information on transportation in the United States.
www.ctaa.org/ntrc/

American Public Transportation Association (APTA)
Locate a local transportation provider in your community.
www.publictransportation.org/systems/

Easter Seals
Transportation solutions for caregivers
National Center for Senior Transportation
Transportation options for older adults.
www.seniortransportation.net/Portals/0/Cache/Pages/Resources/Trans_Options_Panels.pdf

Local Agency on Aging
Assists in finding resources for the aging in your community.
www.n4a.org/

Seniors on the MOVE
Assists with relocating to another community.
www.seniorsonthemoveinc.com

National Association of Social Workers (NASW)
Locate a social worker near you.
www.socialworkers.org/register/default.asp

United We Ride
Coordination of transportation services.
www.unitedweride.gov
How to Assist the Older Driver

As experienced drivers age, changes in vision, reaction time, and/or medical conditions may cause them to drive less safely. Sometimes these changes happen so slowly that drivers may not even be aware that their skills have declined.

If you have concerns about someone’s driving safety, here’s what you can do to keep your older driver safe AND mobile.

Is your loved one a safe driver?

If you have the chance, go for a ride with this driver. Look for the following warning signs in his/her driving:

- Forgets to buckle up (use seat belts)
- Does not obey stop signs or red traffic lights
- Fails to yield right of way
- Drives too slowly or quickly
- Often gets lost, even on familiar routes
- Stops at a green light or at the wrong time
- Doesn’t seem to notice other cars, walkers, or bike riders on the road
- Doesn’t stay in the lane
- Gets honked at or passed often
- Reacts slowly to driving situations
- Makes poor driving decisions
- Fails to use mirrors, check for blind spots, use turn signals
- Mixes up gas and brake pedal or no longer can use them smoothly
- Too cautious or too aggressive when driving

Other signs of unsafe driving:

- Recent near misses or fender benders
- Recent tickets for moving violations
• Repeated comments from those riding with your driver or watching them in traffic about close calls, near misses, or the driver not seeing other vehicles.

• Accidents, especially those that were the driver’s fault.

• Recent increase in the car insurance premium

Riding with or following your driver, every once in a while, is one way to keep track of your loved one’s driving. Another way is by talking to the spouse or friends of the driver you are concerned about.

If you are concerned about your loved one’s driving, what can you do?

**Talk to your loved one.** Say that you are concerned about his/her driving safety. Ask if he or she shares your concern.

• Don’t bring up your concerns while driving. It’s dangerous to distract the driver! Wait until he or she is calm and you have the driver’s full attention.

• Explain why you are concerned. Give specific reasons—for example, a medical condition like poor vision, recent fender benders, getting lost, or running stop signs.

• Realize that your loved one may become negative or defensive. After all, driving is important for independence and self-esteem.

• If the person you are concerned about does not want to talk about driving at that time, bring it up again later. Your continued concern and support may help your loved one feel more comfortable with this topic.

• Be a good listener. Take your loved one’s concerns seriously.

• Consider using a handout like the Hartford’s “We Need to Talk” which can be accessed at the following website: [www.thehartford.com/talkwitholderdrivers/brochure/brochure.htm](http://www.thehartford.com/talkwitholderdrivers/brochure/brochure.htm) or writing the Hartford and requesting brochures at:

    The Hartford
    We Need to Talk
    200 Executive Boulevard
    Southington, CT 06489

**Help make plans for transportation.** When your loved one is ready to talk about his/her driving safety, you can work together to create plans for future safety.

• Make a formal agreement about driving. In this agreement, your loved one chooses a
person to tell him/her when it is no longer safe to drive.

This individual then agrees to help your loved one make the transition to driving retirement.

(You can find a sample agreement in At the Crossroads: A Guide to Alzheimer’s Disease, Dementia & Driving. Order a free copy by writing to At the Crossroads booklet, The Hartford, 200 Executive Boulevard, Southington, CT, 06489.)

- Help create a transportation plan. Your loved one may rely less on driving if he/she has other ways to get around. Starting to use other ways to travel even before the person stops driving may make the change easier in the future.

**Encourage a visit to the doctor.** The doctor can examine a person’s medical history, medication regimen, and current health to see if any of these may be affecting his/her driving safety. If so, the doctor can provide treatment to help improve medical conditions and possibly driving safety.

**Encourage your loved one to take a driving test.**

A driver rehabilitation specialist (DRS) can assess a person’s driving safety through an office exam and driving test. The DRS can also teach special techniques or provide special equipment to help a person drive more safely. (To find a DRS in your area, ask your doctor for a referral or contact:

The Association for Driver Rehabilitation Specialists (ADED):

http://www.aded.net/

Also provides a locating tool for finding a DRS near you:

http://aded.site-ym.com/search/custom.asp?id=1984

If a DRS is not available in your area, contact a local driving school or your state’s Department of Motor Vehicles to see if they can do a driving test.

**How to help when your loved one needs to stop driving.**

At some point, your loved one may need to stop driving for his/her own safety and the safety of others. You and your family members may come to this decision yourselves, or at the recommendation of the doctor, a driver rehabilitation specialist, driving instructor, or the Department of Motor Vehicles. When someone close to you retires from driving, there are several things you can do to make this easier for him/her:

- Help create a transportation plan. It may be easier for someone to give up driving if they are aware of other ways to get around. Help them create a list of “tried-and-true” ride

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options.

This list can include:

• The names and phone numbers of friends and relatives who are willing to give rides, with the days and times they are available. You should even consider writing in specific duties, dates, and times, with the places your loved one needs to go and the name of the driver on a calendar to make this a reality.

• The phone number of a local cab company.

• Which bus or train to take to get to a specific destination. Try riding with your loved one the first time to make him/her feel comfortable.

  (This may not be possible for many people with physical weakness or arthritis and certainly could not be done for those with memory or thinking problems.)

• The phone number for a shuttle service. Call your community center and regional transit authority to see if they offer a door-to-door shuttle service for older passengers.

• The names and phone numbers of volunteer drivers. Call your community center, church, synagogue, temple, or mosque to see if they have a volunteer driver program.

• If you need help finding other ride options, contact your local Area Agency on Aging.

Local Agency on Aging

Assists in finding resources for the aging in your community.

www.eldercare.gov

If your loved one can’t go shopping, help him/her shop from home. Arrange for medicines and groceries to be delivered. Explore online ordering or subscribe to catalogs and “go shopping” at home. Locate which services make house calls—local hairdressers or barbers may be able to stop by for a home visit.

Encourage social activities. Visits with friends, time spent at the senior center, and volunteer work are important for health and well-being. When creating a transportation plan, don’t forget to include rides to social activities. It’s especially important to maintain social contacts and keep spirits up during this time of adjustment.

Be there for your loved one. Let the person you care for know that he or she has your support.

Offer assistance willingly and be a good listener. This may be an emotionally difficult time, and it’s important to show that you care. You may need to find additional family members or friends to help with this discussion.
How to Understand & Influence Older Drivers
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PRÉFACE

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

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

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

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

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

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

- gives information on helping older drivers make informed decisions about their driving behavior, and
- lists suggestions on how to begin conversations with the older driver about safety concerns. These conversations seldom happen often enough, and when they do, the older person fears – sometimes accurately – that someone is trying to take the car keys away. Unfortunately, discussions about continuing to drive often begin too late. And very often, families are asking the wrong questions.
The decision about driving for older adults is an emotionally charged issue, but it does not have to be that way.

**TALKING ABOUT DRIVING SAFELY**

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

To hold such a discussion you should take three steps:

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

**Step 1: Collecting Information**

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

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

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

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

**Your observations**

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

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

**Driving Observations**

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

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

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

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

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

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

Obviously, some of these driving behaviors pose an immediate concern. Drivers must stop at red lights and stop signs, and yield to other cars as the
traffic laws require. Failure to do these things puts the driver and others at extreme risk and requires immediate action to stop the driver.

**Non-Driving Observations**

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

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

Such danger signals may include:

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

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

**Driver Self-Assessment**

In addition to your own and others’ observations about the older driver, encourage the person to evaluate his or her own driving performance. Several organizations have free self-assessment guides that a person can use. A self-assessment cannot solely determine whether or not the person is a safe driver.
But an assessment may prompt the person to be more open to a conversation with you and other concerned individuals about driving.

- AAA clubs have an assessment tool called “Roadwise Review” that people can use on their computers at home. Roadwise Review takes users through a series of brief tasks that examine a person’s vision, reaction time, and other measures related to driving safety. It also directs users to sources of more information about driving safety. Some AAA clubs charge for the screening tool, while others give it away free to members.

- AARP’s Driver Safety Program offers its “Are You a Smart Driver” self-assessment quiz, which asks drivers to answer ten questions about today’s driving environment and how they react to driving on today’s roads. Go to www.aarp.org/home-garden/transportation and click on the link in the “Are You a Smart Driver?” box.

- The AAA Foundation for Traffic Safety has a self-rating tool (http://seniordriving.aaa.com) that asks a person to respond to 15 statements about driving situations and gives suggestions based on the person’s answer.

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

**Observations of others in your community**

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

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

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

**Other Resources**

Collecting information helps you develop an action plan, if one is needed, to enhance the safety and mobility of the older person. It can also help you to determine if actions need to be taken to reduce a person’s driving risk.
Physicians and law enforcement officers are often the first people families and friends go to when they seek outside help for a person they believe to an at-risk or unsafe driver.

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

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

**Area Agencies on Aging**

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

**Driver Rehabilitation Specialist**

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

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

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

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

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

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

AAA/AARP Driver Safety Programs

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

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

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

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

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

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

- contact your local Area Agency on Aging
  Call the Eldercare Locator at 800-677-1116
  Monday through Friday, 9 a.m. to 8 p.m. (ET),
  or go on-line to www.eldercare.gov.

- Go on-line or call the Alzheimer’s Disease Education and Referral Center:
  800-438-4380

Step 2: Developing a Plan of Action

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

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

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

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

1. Base the recommendations in the action plan on the observations from Step 1 (page 2).

2. Be sensitive to ways you can help older adults preserve their self-respect. Try reasoning and use compassion. Appreciate the significance of a driver’s license to the older person. Empathize with and listen to the older driver.

3. To lead the conversation, pick someone in the family or a trusted friend who the older adult driver may “hear” better than others. In some families, it works better to have just one person have the conversation. In other families, having several family members express their concern will underscore the family’s concern for the older person’s safety.

4. Present your concerns in the least-threatening terms of your own feelings and perceptions. Use “I” messages rather than “You” messages. For example, say, “I am concerned about your safety when you are driving,” rather than, “You’re no longer a safe driver.”

5. Among the points you might want to make in your conversation:
   - Indicate that you have noticed changes in the person that seem to be making it more difficult to drive.
   - Note that we all age in different ways and at different rates.
   - Reinforce that thousands of older adults each day are taking control of similar situations by changing how and when they drive. Many stop driving at night or avoid rush-hour traffic and bad weather. Many stick to familiar nearby streets and rearrange their schedules to keep doing the things that keep them active in their communities, such as volunteering and socializing.

6. Don’t be put off by negative reactions. Remember that it is hard for people to cut back on or stop their driving if they are not ready to do so, or if they believe they are good drivers. Major lifestyle changes are never easy.

7. Highlight a positive outcome by focusing on how the older adult driver will be able to continue to stay connected to specific things that are important. Do not judge the person’s priorities.

8. If possible, identify a trusted friend or family member who has already had to cut back on or stop driving, and who is taking actions to stay connected to the things that are important to them. Ask if he or she would
be willing to speak with the older person about how it is possible to keep connected to meaningful activities in the community.

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

Developing that plan will take time. It will involve a series of conversations with the person. While many concerned family members and friends might play a central role in holding these conversations, others might turn to health professionals, such as a physician, to start and/or continue the discussion about driver safety. In many of those cases, the family and friends serve more in a support role for the older person.

The focus of any action plan should be (1) to enhance the independence and decision-making of the older adult, and (2) to maximize community safety. Determine if there are situations where the person can continue to drive successfully. In some cases, the plan may require changing the time of day when the older person does errands or drives to appointments to avoid heavy traffic. In other cases, the plan may require changing places where one shops or socializes with friends to avoid driving on busy roads or in more dangerous driving situations. It may also mean doing an activity less often or arranging for the person to carpool to an activity and thus share the driving responsibility.

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

Action plans range from the simple to the complex. An action plan might call for the older adult to get a formal driving evaluation from a driving rehabilitation specialist to identify areas of strength and need. A plan also might clearly spell out ways people can get to events and activities when they cannot drive themselves.
Many communities have programs offered through public transportation systems that give people practice and confidence in using public transportation to get around. Still, many older adults are reluctant for several reasons to use public transportation when they stop driving. Some older adults with health problems may not find these options practical or possible. Therefore, it is important for older adults to become familiar with and confident using transportation alternatives before they are asked to become reliant on alternatives to their car.

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

**Step 3: Following Through on the Plan**

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

**Review the Plan Periodically**

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

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

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

Case in Point

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

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

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

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<th>Activity</th>
<th>How You Get There Now</th>
<th>New Ways to Complete Errand</th>
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### Regular Educational, Social or Religious Events/Activities

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

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<th>Activity</th>
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<th>New Ways to Get There</th>
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### Other Community, Social and/or Special Events

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

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<th>Activity</th>
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SIMPLY LIVING LONGER ISN'T ENOUGH. What we really want is to live longer well, staying healthy enough to continue doing the things we love. While having good genes certainly helps, a growing body of research suggests that how well you age depends largely on you and what you do. Fortunately, research also finds that it's never too late to make changes that can help you live a longer and healthier life.

Here, from the American Geriatrics Society’s Health in Aging Foundation, are ten tips for living longer and better:

**EAT A RAINBOW**

You need fewer calories when you get older, so choose nutrient-rich foods like brightly colored fruits and vegetables. Eat a range of colors—the more varied, the wider the range of nutrients you're likely to get. Aim for two servings of salmon, sardines, brook trout or other fish rich in heart healthy omega-3 fatty acids a week. Limit red meat and whole-fat dairy products. And choose whole grains over the refined stuff.

**SIDESTEP FALLS**

Walking as little as 30 minutes, three times a week can help you stay physically fit and mentally sharp, strengthen your bones, lift your spirits—and lower your risk of falls. That’s important because falls are a leading cause of fractures, other serious injuries, and death among older adults. Bicycling, dancing, and jogging are also good weight-bearing exercises that can help strengthen your bones. In addition to exercising, get plenty of bone-healthy calcium and vitamin D daily.

**TOAST WITH A SMALLER GLASS**

Drinking a moderate amount of alcohol may lower your risks of heart disease and some other illnesses. But what’s “moderate” changes with age. It means just 1 drink per day for older men and ½ a drink daily for older women. (A “drink” is 1 oz of hard liquor, 6 oz of wine, or 12 oz of beer.) Since alcohol can interact with certain drugs, ask your healthcare professional whether any alcohol is safe for you.

**KNOW THE LOW-DOWN ON SLEEP IN LATER LIFE**

Contrary to popular belief, older people don’t need less sleep than younger adults. New recommendations from the National Sleep Foundation suggests 7 to 8 hours of shut-eye a night. If you’re getting that much and are still sleepy during the day, see your healthcare professional. You may have a sleep disorder called sleep apnea. People with sleep apnea stop breathing briefly, but repeatedly, while sleeping. Among other things, untreated sleep apnea can increase your risk of developing heart disease.
### FLATTEN YOUR (VIRTUAL) OPPONENT, SHARPEN YOUR MIND

Conquering your adversary in a complex computer game, joining a discussion club, learning a new language, and engaging in social give-and-take with other people can all help keep your brain sharp, studies suggest.

### ENJOY SAFE SEX

Older adults are having sex more often and enjoying it more, research finds. Unfortunately, more older people are also being diagnosed with sexually transmitted diseases. To protect yourself, use a condom and a lubricant every time you have sex until you're in a monogamous relationship with someone whose sexual history you know.

### GET A MEDICATIONS CHECK

When you visit your healthcare professional, bring either all of the prescription and over-the-counter medications, vitamins, herbs and supplements you take, or a complete list that notes the names of each, the doses you take, and how often you take them. Ask your healthcare provider to review everything you brought or put on your list. He or she should make sure they're safe for you to take, and that they don't interact in harmful ways. The older you are, and the more medicines you take, the more likely you are to experience medication side effects, even from drugs bought over-the-counter.

### SPEAK UP WHEN YOU FEEL DOWN OR ANXIOUS

Roughly 1 in 5 older adults suffers from depression or anxiety. Lingering sadness, tiredness, loss of appetite or pleasure from things you once enjoyed, difficulty sleeping, worry, irritability, and wanting to be alone much of the time can all be signs that you need help. Tell your healthcare professional right away. There are many good treatments for these problems.

### GET YOUR SHOTS

They're not just for kids! Must-have vaccines for seniors include those that protect against pneumonia, tetanus/diphtheria, shingles, and the flu, which kills thousands of older adults in the US every year.

### FIND THE RIGHT HEALTHCARE PROFESSIONAL AND MAKE THE MOST OF YOUR VISITS

See your healthcare professional regularly, answer his or her questions frankly, ask any questions you have, and follow his or her advice. If you have multiple, chronic health problems, your best bet may be to see a geriatrics healthcare professional—someone with advanced training that prepares her to care for the most complex patients. The AGS’ Health in Aging Foundation can help you find one; visit www.healthinaging.org.

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**DISCLAIMER:** This information is not intended to diagnose health problems or to take the place of medical advice or care you receive from your physician or other healthcare provider. Always consult your healthcare provider about your medications, symptoms, and health problems. February 2015
Tips for Safe Driving

Tip #1: Drive with care.

Always—

- Plan your trips ahead of time. Decide what time to leave and which roads to take. Try to avoid heavy traffic, poor weather, and high-speed areas.
- Wear your seat belt—and wear it correctly. (It should go over your shoulder and across your lap.)
- Be sure you “fit” well in your car. Take advantage of a CarFit class (see resources) if one is available in your community.
- Drive at the speed limit. It’s unsafe to drive too fast or too slow.
- Be alert—pay attention to traffic at all times.
- Keep enough distance between you and the car in front of you.
- Be extra careful at intersections. Use your turn signals and remember to look around you for people and other cars.
- Check your blind spot when changing lanes or backing up.
- Be extremely careful with left hand turns, allowing enough time to pass through the intersection in case of on-coming traffic.
- Be extra careful at train tracks. Remember to look both ways for trains.
- When you take a new medicine, ask your doctor or pharmacist about side effects. Many medicines may affect your driving even when you feel fine. If your medicine makes you dizzy or drowsy, talk to your doctor to find out ways to take your medicine so it doesn’t affect your driving.

Never—

- Never drink and drive.
- Never drive when you feel angry or tired. If you start to feel tired, stop your car somewhere safe. Take a break until you feel more alert.
- Never drive if your medication is making you sleepy.
- Never use a cell phone when driving.
- Never eat, drink, or do other activities while driving.
• Never drive in icy or snowy weather.

If—

• If you don’t see well in the dark, try not to drive at night or during storms.
• If you have trouble making left turns at an intersection, make three right turns instead of one left turn.
• If you can, avoid driving in bad weather such as rain, sleet, or snow.
• If a certain route always causes you stress, try to find an alternate route.
• If someone in the car is bothering you (e.g., noisy grandchildren) tell him or her to stop.

Tip #2: Take care of your car.

• Make sure you have enough gas in your car.
• Make sure your tires have the right amount of air and check them each month for any wear or damage.
• Get your car tuned up regularly.
• Keep your windshields and mirrors clean.
• Keep a cloth in your car for cleaning windows.
• Replace your windshield wiper blades when they get worn out.
• Consider using Rain-X or a similar product to keep your windows clear.
• If you are shopping for a new car, look for a car with power steering and automatic transmission.
• If you own a computer you can check to see how well a car will do if it is involved in a crash. This information is on the following Web site of the National Highway Traffic Safety Administration: www.safercar.gov. You might want to consider buying a car that has the highest rating when struck by another vehicle from the front or side.

Tip #3: Know where you can find a ride.

How do you get around when your car is in the shop? If you don’t know the answer to this question, it’s time for you to put together a “transportation plan.”
A transportation plan is a list of all the ways that you can get around. Use this list when your car is in the shop or when you don’t feel safe driving.

Your transportation plan might include:

- Rides from friends and family
- Taxi
- Bus or train
- Senior shuttle
- Volunteer drivers from your local community or government center.

If you need help creating a transportation plan, your doctor can get you started.

**Tip #4: Take a driver safety class.**

To learn how to drive more safely, try taking a class. In a driver safety class, the instructor teaches you skills that you can use when you are driving.

To find a class near you, call one of the following programs:

**AARP Driving Safety Program**

The classic course with information on how to locate an educational venue in your community. [http://www.aarp.org/home-garden/transportation/driver_safety/](http://www.aarp.org/home-garden/transportation/driver_safety/)

**American Safety Council**

*Mature Driver Course*


**Driving School Association of the Americas, Inc.**

1-800-270-3722

These classes usually last several hours. These classes do not cost much money—some are even free. As an added bonus, you might receive a discount on your car insurance after taking one of these classes. Talk to your insurance agent and company to determine if they offer a discount.