IOWA HIGHWAY SAFETY MANAGEMENT SYSTEM

Resources For Wise Choices: Strategies For Older Drivers And Those Who Care About Them

Draft for Comments from attendees of

SAFE MOBILITY DECISIONS FOR OLDER DRIVERS

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Developed by friends and members of the Iowa Highway Safety Management System (SMS)

SMS is:
A multi-disciplinary Highway safety partnership of public and private entities dedicated to reducing deaths, injuries, and property damage on Iowa's roadways.

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At the Crossroads: A guide to Alzheimer's Disease, Dementia & Driving
AARP 55ALIVE
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A Flexibility Fitness Training Package for Improving Older Driver Performance
Drivers 55 Plus: Check your own performance
How To Help An Older Driver – A Guide For Planning Safe Transportation
The Older and Wiser Driver
Iowa Department of Transportation
A Practical Guide For Senior Drivers Workbook
It's An Age-Old Privilege- Safety Tips For Older Drivers
U.S. Department of Transportation, National Highway Transportation Safety Administration
Family and Friends Concerned about an Older Driver- Final Report

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OVERVIEW AND BACKGROUND

INTRODUCTION

Independence and safe mobility are important lifestyle qualities we all appreciate. Driving is a privilege, and if you are 65 years of age or older, chances are that you have already driven over one-half million miles – or 19 times around the world!

Here in the USA we do love to drive our cars! We romanticize our vehicles, our road trips, and cross-country vacation destinations. We treasure the sheer joy of freely traveling our highways, streets and country roads. With medical miracles and modern living we live longer, stay fit longer, and are more mobile than generations before us.

For "older drivers" in Iowa, driving means we have the freedom to go when and where we please, and we enjoy traveling between our rural and urban communities to get to entertainment, shopping, health care, and social opportunities with friends and family. We drive to volunteer, to learn, and to play. We've learned to enjoy and expect the freedom to travel around our state and even across the country!

The reality for older drivers is that we all age and experience changes in our capacity to drive safely over time. The changes may be very gradual, or sudden.

Giving up the freedom of driving can be a major loss and a life-changing event, not only for the driver but also for his/her family members. It may be difficult to know and understand all the important factors and options available when these decisions must be made. These safe driving and mobility decisions affect us all: our families, friends, neighbors, patients, customers and communities.

Making this life-altering decision to stop driving, and all the smaller adjustments leading up to it, can be complex.

This is why the Iowa Highway Safety Management System members have facilitated drafting this "guide" as a resource to Iowans facing these decisions for themselves, or the older drivers they care for.

It's not surprising that when we are faced with decisions about whether to drive or not, the questions often become family questions and family worries.

- How can we make such difficult decisions?
- Who should make them?
- Can we trust ourselves to be realistic about our own driving decisions?
- What does it mean to other members of our families when we choose not to drive?
- Will we see them as often?
- Will we need to rely on them for things we're used to doing ourselves?
- What support can we offer to a family member who needs to make new decisions about his/her driving?
- The family often becomes the first solution for everyday needs when a person loses the independence of his or her own

Like many life-changing decisions, the more we can anticipate and prepare for changes in our own driving patterns, the more effectively we can weather the change. This guide will include:

- general things to think about;
- worksheets to help assess potential impairments; and
- suggestions for planning / preparing for decisions resources to go to for help in moving through decision-making processes and transitions Iowans can work together find a balance between maintaining independence and ensuring safety.

Whether you are an older driver beginning to have difficulties, a family member of someone whose driving scares you, or someone who provides services to Iowa's aging population - you have experienced some of the challenges we all face in making safe mobility decisions for older drivers.

This publication is designed to provide information that will help you and those you care about make safer mobility decisions.

If you are a driver aware of changes in your driving capacity- use this guide to identify resources and solutions you can use.

Read the additional sections for caregivers to better understand your family and friends' concerns- and to prepare yourself to ask for or accept assistance when it is time for you to make safe mobility decisions and driving changes.

If you are a spouse, caregiver or friend of a driver experiencing changes in driving capacity - use this guide to identify resources and solutions you can use to assist someone making safe mobility decisions and transportation changes.

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THINKING ABOUT SAFE MOBILITY DECISIONS FOR LIFE

The reality is that drivers or those who care about them eventually make decisions about driving and safe mobility.

> **Drivers who can and do** make safe decisions by taking personal responsibility for driving safely and adapting their driving to their diminished capacities. They decide when to stop driving on their own and choose other mobility options.
>
> **Drivers who can't, won't or don't** make safe decisions. These drivers may endanger themselves and others when they can't cope with a driving situation, eventually being forced to stop when they crash or someone intervenes for safety's sake.
>
> **Family and friends who assist or intervene** with safe decisions, preserving the driver's dignity and self-determination as much as possible.
>
> **Agencies or service providers who assess** driving capacity for adaptations, restrictions, alternative choices, or ultimately ending driving privileges.

How should drivers and their caretakers make decisions about when to change driving patterns and when to stop driving?

- There is no easy answer; no right way.
- Begin planning and discussions between driver and family early -- do involve the person with declining capacity or dementia.
- Base decisions on driving behavior observed over a period of time.
- Get support when making and implementing decisions about driving.

(These points are further explained in the transitions and resources chapter.)

The central idea is to help Iowans drive as long as possible with safety for themselves and others.

Helping Older Drivers Accept Change

Stop

Don't scold or harangue a loved one about giving up the keys. The more you alienate an older driver, the less you can help.

Look

Assess the older driver's behind-the-wheel skills as objectively as you can. Encourage him or her to take a self-assessment and visit a medical professional for a vision and driving fitness check-up.

Listen

Hear and understand the older driver's concerns. For many seniors, the mere thought of giving up the keys provokes feelings of dependence, abandonment, and virtual imprisonment. Recognize those feelings, ease their fears, and ensure them of your continued love and support.

Act

Above all, agree together on a plan of action. It may begin with self-imposed limits, such as driving only on familiar, uncongested routes during daylight, and eventually lead to giving up the keys completely.

Remember: The earlier you discuss the inevitable consequences of aging, the better you and your loved one can make provisions for their safe mobility needs. Your family discusses financial planning, medical care, and housing with an eye toward retirement. Include transportation needs in those discussions too.

Preparing Yourself For Changes In Your Driving And Abilities

Plan

Include your future transportation needs early in decisions for your retirement years. As you consider your financial plans, where you'll live, and what activities you'll choose--consider how changes to your driving capacity and access to transportation options will affect how you are able to live as you'd like during retirement.

Know Yourself

Be aware of your own strengths and weaknesses related to driving. Attend to your vision and health. When medical or lifestyle changes affect your daily living, make it a point to review their impact on your capacity to drive safely. Every decision you make that improves your health and physical condition will help you drive longer and more safely. Periodically take a driver refreshment course and use a driver assessment checklist once or twice a year as an exercise to maintain good driving habits.

Communicate Openly With Family And Friends
The more you are able to talk about decisions you are making for your own safe driving, the less awkward the eventual transitions will be for you, your loved ones, and others who care about your safety. Think about and discuss your concerns with others you trust before they become a crisis. You may find you are more accountable to yourself and may make more responsible decisions when you are not ignoring your fears and the concerns of others.

Decide
Prepare yourself to make small decisions and adjustments in your driving. Exercise your good judgment rather than fearing someone else will force a decision on you. Each safe driving decision you make for yourself will help prepare you for the more difficult decisions you may need to make later – and especially decisions that require help from family or friends.

Driving In Iowa – Concerns And Comments We've Heard

From Drivers…

"I'd give up driving today if I had any choice. The traffic makes me nervous; people are rude and aggressive; and those huge semis seem to want the whole road. But without my car, I'm stuck. I still live in my own house. I'm only three miles from town and my health is pretty good. But I have to visit my wife in her care facility every day. I need a car to navigate those six miles. And what about groceries and my volunteer commitment to reading at the school? Without a car my life might as well be over. There are not many options out here." (Jake, 86)

"I wish I could stop driving but out here there's no choice. I live on my old home place and I need to get into town for my volunteer job and to see my wife in the nursing home."

From Family Members…

"I'm so worried about my mom. She still takes the car out even though she can barely get around with her arthritis. She can't hear another car approaching and she's so small she has trouble adjusting the seat so she can see. Her medications make her awfully sleepy, too. But she gets so angry when we ask her about finding some other ways to get around. I feel like I have to choose between worrying about her safety and worrying that she'll blame us for her unhappiness." (Molly, 54)

"Dad is a great driver, probably better than I am because I don't always concentrate on what I'm doing! But a lot of our family members think he should give up his license. They say anyone over 80 shouldn't be on the road. How can I get them to be more realistic about this?"

"My mom can't see over the steering wheel and her medications make her sleepy but there's no way she intends to stop driving!"

"My sisters all think Dad should stop driving just because he's over 80. He's a better driver than all of us. They're causing a lot of unhappiness in our family."

Driving is a family affair in Iowa.

THE FACTS ABOUT IOWA'S AGING DRIVERS

The approaching decades will bring the largest ever group 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. “Safe Mobility Decisions” is, in part, a compilation of the experiences of families and others who have successfully resolved an unsafe aging driver situation.

Today, there are programs that can help some older persons back to safe driving. There are also safety programs that help many to drive safely longer. Since older persons have much to gain if driving skills and judgment can be maintained or even enhanced in the third (50-75) and fourth (75+) ages of life, you will find information in this document 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? This guide discusses the issue of transportation in an automobile-dependent society, and 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.

Risks And Population Trends In Iowa

As a state and a nation, there is one simple, undeniable fact. We are growing older. Approximately 30 million of our nation's 200 million drivers are currently age 65 and older. Last year alone, an estimated 7,000 persons age 65 and older lost their lives in traffic crashes across our nation.

On a per capita basis (per 100,00 population) older persons, age 65 and over, are more likely to be killed in motor vehicle crashes than any other age group with the exception of persons age 16-24, America's highest risk group for crash fatalities and injuries.

Because older Americans tend to drive and travel somewhat less than younger and middle-aged persons, particularly after age 75, their elevated risk of crash involvement, especially fatal crash involvement, may not be readily apparent. However, as the following graph illustrates, the risk of fatal crash involvement per mile driven rises dramatically after age 70. In fact, based on National Highway Transportation Safety Administration (NHTSA) estimates from the mid 1990s, drivers age 85 and older represent the highest fatality group per mile driven with an estimated eight fatalities per 100 million miles driven. This rate exceeds even that for 16-year-old drivers, traditionally the most at-risk (dangerous) drivers in the entire population.

BATHTUB CHART

By comparison, the overall fatality rate for both Iowa and the nation stands near 1.5 fatalities per 100 million vehicle miles traveled.

How fast are we aging right here in Iowa? Census projections provided by Iowa State University's Department of Sociology indicate that Iowa's population of persons age 65 and older will grow from just over 440,000 at the present time to more than 680,000 by the year 2025. Even by 2015 there will be nearly 100,000 more senior citizens than there are today.

Since nearly 80 percent of Iowa's current seniors are licensed drivers, if this trend continues, Iowa could have nearly 540,000 licensed drivers age 65 and older by 2025. This would represent an increase of nearly 60 percent or almost 200,000 additional Iowa senior drivers. The number of 75 and older drivers has grown significantly since the early 1970s.

The growth in senior drivers is most readily apparent in Iowa's rural counties. In 53 of the state's 99 counties persons age 65 and older represent 20 percent or more of the driving population. In four of those counties (Sac, Monona, Wayne and Ringgold), over 25 percent of today's drivers are 65 and older.

STATE GRAPHIC

Since 1998, a total of 369 persons age 65 and older have been killed in Iowa crashes, an average of 92 per year. In 1998 alone, over 100 older persons perished in Iowa crashes. Nearly 20 percent of all Iowa traffic deaths are senior citizens

Major injuries for older Iowans in traffic crashes total between 350 and 400 per year. Persons 75 and older are more likely to die or be seriously hurt than younger seniors ages 65 to 74.

What types of crashes are senior drivers most likely to be involved in? Senior drivers, particularly those age 75 and older, are significantly more likely to be involved in crashes involving failure to yield at stop signs. In fact, they are twice as likely to be at fault/involved in this type of crash when compared to drivers under the age of 65.

Percentage of crashes - failure to yield right-of-way from stop sign

Under 45	6.87%
45 – 64	7.39%
65 – 74	10.27%
75 and Older	14.11%

Seniors age 75 and older are also significantly more likely to be in crashes involving left turns.

Percentage of crashes - failure to yield right-of-way – making a left turn

Under 45	6.09%
45 – 64	6.34%
65 – 74	7.70%
75 and Older	10.52%

Older drivers are also more likely to be involved in intersection crashes as compared to younger drivers. Nearly 60 percent of all crashes for drivers age 75 and older are intersection related as opposed to just 47 percent for drivers under the age of 45.

This may relate to more complex decision making at intersections. It may also reflect that seniors are driving in town rather than on the highway more as they get older. When seniors do get in crashes they are more likely to be killed. Seniors age 75 and older are fatality victims in one of every 90 crashes in which they are involved versus one of every 160 crashes for persons under the age of 65.

However, it's not all gloom and doom. There are many things we can do, from simple common sense adjustments in our driving behavior, to refresher courses and driver education opportunities, to improved medical therapies and a whole range of supportive technologies to make our driving experiences safe and pleasant. Looking at the numbers simply helps us answer the five Ws: Who, What, Where, When and Why.

OLDER DRIVERS AND AGING

HOW PEOPLE CHANGE WITH AGING

Are You Or An Older Driver You Know At Risk?

This section includes tips to help drivers sustain safe driving, and ways to assess the driving of someone you are concerned about.

> "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, Wis., 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 second! 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 professional-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 that may signal you or your aging loved one is at risk or driving unsafely.

Normal Changes With Aging And Barriers To Safe Mobility

Older drivers face a multitude of medical and non-medical barriers that may affect their safe operation of a motor vehicle. Some of the medical barriers that confront older drivers and impede their ability to operate a motor vehicle include:

Reduced pupil size: (red ocular transmission) – Inability to adjust to lowered levels of illumination—can't adequately see details/objects.

Focusing ability (accommodative convergence)-- Inability to change focus points to see objects clearly at all distances.

Glare threshold and recovery—Inability to recover from a strong light source; sensitivity to glare.

Static visual acuity—Inability to clearly see and distinguish the details of a stationary object; reduces ability to estimate speed and distance.

Central movement of depth—Inability to detect change in image size of an object approaching or moving away.

Peripheral visions—Inability to see objects or movement outside the central vision fields; diminishes early warning ability to detect potential hazards approaching from the side.

Color perception (yellowing of the lens)—Inability to discriminate different colors, especially in blue end of spectrum.

Glaucoma—Gradual loss of vision function beginning with periphery area associated with increased ocular pressure; reduces night vision, peripheral visions, and ability to see images clearly.

Cataracts—Opacity or clouding of the crystalline lens, reducing contrast sensitivity and clarity of objects seen.

Macular degeneration—Loss of vision in the central (macular) vision area due to neurological damage.

Increased auditory threshold—Loss of hearing.

Organic heart disease—Reduced / blurred vision.

Cardiac arrhythmias—dizziness or fainting.

Arteriosclerosis—Slowed reactions, nervousness, disorientation and numbness of extremities.

Arthritis—Severe pain and weakness, limited movement.

Osteoporosis—limited range of head, arm and foot movement.

Alzheimer's Disease and other dementia such as multi-infarction
Abilities during the early stages of dementia may allow a person to drive safely for a time. Earlier diagnosis and better medications may help people drive longer. But, until medical treatment can prevent or slow the progression of dementia, these individuals must eventually stop driving.

Medicines and alcohol

30 percent of all drugs in the U.S. are used by older persons –
even though they represent only 12.5 percent of the population.
63 percent of older persons regularly use over-the-counter drug products.

- Alcohol and medications can build to a toxic level faster as we age.
- When older persons begin combining medications with alcohol, serious adverse interactions may occur.
- Medications, anemia and depression can produce dementia-like conditions.
- The non-prescription medications are more powerful now, as lots of prescription drugs have been moved to "over the counter."
- More powerful non-prescription medications, age-related changes in drug absorption, prescription medications, and misuse (if one is good, two must be better) can conspire to undermine the judgment and safety of an older driver.
- Some drug combinations can produce dementia-like symptoms. Others can cause loss of consciousness or even death.

Examples of medication side effects

Medical condition	Type of medication - with example	Potential side effects
Arthritis and rheumatism	Analgesics – Motrin	Drowsiness, ringing ears
Allergies	Antihistamines – Benadryl	Drowsiness, confusion, reduced reaction time
Common cold	Antihistamines – Tavist Anti-tussives - Robistussin	Drowsiness, blurred vision, dizziness
Diabetes	Antidiabetics	Drowsiness, inability to concentrate
Hypertension	Antihypertensive - Hydrodiuril	Drowsiness, blurred vision, dizziness
Weight control	Stimulants –Dexatrim	False feeling of alertness, overexcitability
Anxiety	Sedatives – Equanil / Meprobamate	Drowsiness, staggering, blurred vision
Depression	Stimulants – Elavil	False feeling of alertness, dizziness
Depression	Anti-depressants- Prozac	Drowziness, dizziness, blurred vision
Fatigue	Stimulants – Ritalin	Overexcitability, False feeling of alertness, dizziness
Insomnia	Sedatives – Xanax Hypnotics – Serax Antihistamines –Seldane	Drowziness, dizziness, blurred vision
Heart arrhythmia	Ant-arrythemics –Quinidine	dizziness, blurred vision
Seizure disorders	Ant-convulsants –Dilantin	Drowsiness, dizziness, blurred vision

Non-medical barriers to safe driving operation also hinder older drivers.
Assessment of a motor vehicle's fit for an older driver can determine if assistive devices or a different vehicle might help the driver continue driving safely.

Some of these barriers include:
Operational design of a motor vehicle including:
- manual brakes that require more leg strength than power brakes;
- manual transmission that requires upper body strength and repetition not required with an automatic transmission; and
- manual steering that requires upper body strength and speed to maneuver turns.

Interior design of a motor vehicle including:
- seats that cannot be adjusted to accommodate a driver's shape, size, or medical condition;
- interior seating that does not provide for the comfort of the operator
- illogical dash design and displays; and
- seat belt/shoulder harness placement that is difficult to reach.

Exterior design of motor vehicles including:
- motor vehicle exterior doors that are heavy and cumbersome;
- visibility problems due to pillar post placement; and
- motor vehicles that are large in overall size.

Roadway engineering can also improve the barriers presented to an older driver.
The Federal Highway Administration and other engineering practitioners have identified a number of roadway elements that can be improved or maintained to assist older drivers (and the driving public) in navigating roadways. In Iowa, Department of Transportation engineers and policy-makers are implementing these guidelines where possible in ongoing roadway design and improvement projects.

Engineering barriers to safe operational mobility include:
- narrow inner, outer and center highway divider lines;
- worn/damaged/missing roadway markings and signs;
- illegible and unreasonably sized fonts on traffic control devices;
- clusters of signage that can be confusing;
- inconsistent use of traffic control devices;
- unexpected variations in entrance and exit ramp configurations (i.e. left or right merging, gradual or tight curves, etc.);
- work zone areas that are not distinctly marked with official traffic control devices to warn of substandard width lanes, slower posted speed, pedestrian traffic, etc.;
- lack of a vigorous maintenance schedule for traffic control devices;
- traffic control devices that, due to placement off the roadway, are not effective; and
- lack of back plates on traffic lights to reduce glare from the sun or other lighting.

Alzheimer's and Dementia

"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 and other cars. He didn't understand what the problem was and didn't do anything about it because he couldn't."

A woman whose husband has mild dementia

Background

According to Marnie Goodman, a Hartford spokesperson, "Alzheimer's disease and dementia will eventually lead to confusion and impaired judgment, which can hinder a motorist's ability to make quick decisions on the road and judge distances, causing a driving hazard. But motorists diagnosed with a dementia don't necessarily know when their driving skills have diminished. Families are often hesitant to revoke privileges." However family must take the responsibility to assess the situation, solicit support from a respected source, and take action to ensure public safety while assuring the dignity of the person experiencing the loss.

Dementia

Today, more than four million people in the U.S. are afflicted with dementia, with Alzheimer's disease being the most common form. And this number is expected to grow as the population ages. When a person is diagnosed with dementia, the individual and family members struggle with a number of caregiving challenges, from medical and daily care to financial and legal matters. Of these concerns, driving is one of the more immediate issues. Unsafe driving can be life threatening for both the person with dementia and countless others. Families have difficulty deciding when a person with dementia should stop driving. Caregivers and the individual must weigh the potential safety considerations against the loved one's sense of independence, pride and control.

Abilities during the early stages of dementia may allow a person to drive safely for a time. Earlier diagnosis and better medications may help people drive longer. But, until medical treatment can prevent or slow the progression of dementia, these individuals must eventually stop driving. Most information about dementia warns against driving, but does not describe how individuals and caregivers can determine when to stop.

Iowa DOT

The Iowa Alzheimer's Association and the Iowa Department of Transportation have developed a brochure to help Iowans address Alzheimer's and dementia concerns related to older drivers. That text and a checklist and family agreement developed by the Hartford Insurance Company are included here as additional tools for helping with safe mobility decisions.

If you're concerned about a loved one's driving and how it affects their safety and others, you can take action that protects your loved one and the community.

A variety of mental impairments can affect safe driving. In Iowa, the driver may be able to continue driving if restrictions are added or if new driving skills are learned through an adult driver's education or a hospital rehabilitation center.

For drivers with mental impairments such as dementia, changes in visual perception, impaired judgment and memory loss make driving hazardous. Dementia is a disease of the brain that causes a slow steady decline in memory, reasoning and other thinking tasks. With dementia, drivers may become lost, have near misses, or may be involved in crashes.

At this point, family members, friends and health-care professionals should take action. Family members and friends should ride with these drivers. This helps to monitor their driving capabilities. A driver may also appear at an Iowa driver's license station to request a drive test to have his/her abilities evaluated.

Startling Statistics
Individuals with dementia are twice as likely to be involved in a traffic accident as other persons the same age.

Data indicates that 50 percent of persons with Alzheimer's disease (the most common form of dementia) still drive for up to three years after they have been diagnosed with the disease.

Warning Signs
One or more of these behaviors may mean it is time to limit or stop driving. The person:
- is unable to locate familiar places;
- does not observe traffic signs;
- makes slow or poor decisions in traffic;
- drives at an inappropriate speed;
- has specific problems at intersections, .e., right-of-way or not checking intersection thoroughly; and/or
- becomes angry or confused.

What Actions Can you Take?
- encourage the person to voluntarily stop driving;
- free non-driver identification card;
- offer alternative forms of transportation;
- drive, or arrange for someone else to drive;
- reassure the person that rides will be available; and/or
- use public transportation or regional transit bus system - is available in every county.

Solicit the support of others:

- have driving skills tested at a special independent driving evaluation center; and/or
- ask the physician to send a letter to the Office of Driver Services advising that the person cannot drive safely.

Make the car less accessible by:

- taking away the keys or substituting a key that doesn't fit;
- disable the car by removing the distributor cap or other major ignition part;
- having a mechanic install a "kill switch" or alarm system that disengages the fuel line to prevent the car from starting; or
- getting rid of the car.

Office of Driver Services

- In Iowa, you must appear at a driver license station for renewal
- At age 70 and over, you receive a two-year license.
- If you have a medical condition that is considered progressive such as: Alzheimer's, Parkinson's disease, dementia, etc., you receive a two-year license or may be recalled more regularly if warranted.
- You must pass a vision screening OR present a vision statement from your eye doctor.
- You must be physically and mentally able to drive safely.
- You may be asked to obtain a medical report from your physician. NOTE: It is important to discuss your medical conditions or medications that may affect your driving with driver license staff.
- You may be asked to take a drive test to determine if restrictions may be required.

Sometimes a person with medical problems is only able to drive in their own hometown. Iowa's examiners work with individuals to determine where they are safe to drive. The examiners go to a person's own town and gives a drive test, restricting the person to that area. This allows the person the independence and ability to continue to drive safely in a familiar area.

In Iowa, a citizen or peace officer may request the examination of a person to determine if that person is safe to operate a motor vehicle. You may obtain a form to request an examination from your local driver license station. This reexamination will include all testing and may include medical information. The results of the examinations determine if a driver is able to continue to drive. It also determines if a person may drive with certain restrictions, such as daylight only, in a familiar area such as a small town, or an area in which the person is are familiar.

The Iowa driver license examiners are experienced in driver testing and will work with citizens to determine what restrictions are needed. For any licensing questions, they are there to assist.

IOWA DEPARTMENT OF TRANSPORTATION
Office of Driver Services
Park Fair Mall
100 Euclid Ave.
P.O. Box 9204
Des Moines, IA 50306-9204
Phone 800-532-1121

For more information about driving and dementia, or an educational session on this issue contact your local chapter of the Alzheimer's Association;

Greater Iowa Chapter	1-800-738-8071
East Central Iowa Chapter	1- 888-397-9635
Big Sioux Chapter	1- 800-426-7512
Omaha/Council Bluffs Chapter	1- 800-309-2112

Burlington Office
320 N. Third St., Suite 419
Burlington, IA 52601
Phone 319-754-7955

Creston
116 W. Adams, Room 104
P.O. Box 449
Creston, IA 50801
Phone 641-782-8535

Des Moines Office
700 E. University Ave., Level B
Des Moines, IA 50316-2392
Phone 515-263-2464

Davenport Office
736 Federal, Building 2
Davenport, IA 52803
Phone 563-324-1022

Dubuque Office
1690 Elm St.
Dubuque, IA 52001
Phone 563-589-0030

Southeast Outreach Specialist
1021 W. 18th St. S.
Newton, IA 50208
Phone 641-792-8402

Additional Resources:

AARP
601 E St. N.W.
Washington, DC 20049
www.aarp.org

AARP LifeAnswers
Consultation Service
1-877-217-7800
www.aarplifeanswers.com

Alzheimer's Association
919 N. Michigan Ave., Suite 1000
Chicago, IL 60611
1-800-272-3900
www.alz.org

Alzheimer's Disease Education and Referral Center
National Institute on Aging
P.O. Box 8250
Silver Springs, MD 20907-8250
1-800-438-4380
www.alzheimers.org

Additional Resource Regarding Alzheimer's
As driving and self-assessment skills decline, the risk of serious loss or injury increases. Caregivers often must assume most of the responsibility for monitoring and regulating the driving of the person with dementia. The Hartford has developed a comprehensive guide to help Alzheimer's patients and their families work through concerns and processes related to driving. These two tools may be helpful.

Assessing Concerns
The following activities can help caregivers assess the driving skills of the person with dementia:
• Create opportunities to observe the person with mild dementia when driving.
• Keep a written record of observed driving behaviors over time.
• Share observations of unsafe driving with the person with dementia, other family members, and healthcare providers.

Warning Signs Date(s) Notes
Observed (Severity/Frequency)
Incorrect signaling _____
Trouble navigating turns _____
Moving into a wrong lane _____
Confusion at exits _____
Parking inappropriately _____
Hitting curbs _____
Failing to notice traffic signs _____
Driving at inappropriate speeds _____
Delayed responses to unexpected situations _____
Not anticipating potential dangerous situations _____
Increased agitation or irritation when driving _____
Scrapes or dents on the car, garage, or mailbox _____
Getting lost in familiar places _____
Near misses _____
Ticketed moving violations or warnings _____
Car accident _____
Confusing brake and gas pedals _____
Stopping in traffic for no apparent reason _____
Other signs:
_____

Agreement with My Family about Driving
To My Family:
The time may come when I can no longer make the best decisions for the safety of others and myself. Therefore, in order to help my family make necessary decisions, this statement is an expression of my wishes and directions while I am still able to make these decisions.
I have discussed with my family my desire to drive as long as it is safe for me to do so. When it is not reasonable for me to drive, I desire _____(person's name) to tell me I can no longer drive.
I trust my family will take the necessary steps to prohibit my driving in order to ensure my safety and the safety of others while protecting my dignity.
Signed _____
Date _____
Copies of this request have been shared with:
_____
_____
_____
_____
_____

SUSTAINING SAFE DRIVING

General Approaches for Drivers and Families

"We sometimes panic and 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 judgment can be maintained or even enhanced. The good news is that studies show some older drivers can regain once lost skills and judgment. 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 judgment 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 judgment, 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 judgment? 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 judgment 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.

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 (two-session) classroom program is specifically tailored to older drivers. Even after a lifetime of driving, first-time participants usually come away surprised 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 eight-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 loose it"
Team managers in the world of professional motor sports 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 judgment, 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.

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, that are 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.

Iowa COMPASS is Iowa's *free* statewide information and referral service for people with disabilities, their families, their service providers and other members of the community. We maintain information on more than 8,000 local, state and national agencies and programs. Our information specialists are available via E-mail and telephone, Monday through Friday, 8 a.m. to 5 p.m. to help you. You can also search our database yourself!

Iowa COMPASS
Call toll-free:
Voice 800-779-2001
TTY 877-686-0032

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?

Medications and mimics

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 that at lunchtime he would have his big meal of the day. He would also take all of his medications for the day since most of them were to be taken with food! Well, this drug cocktail was affecting his judgment and causing the unsafe behavior."

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.

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

Here are some things you can to 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 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 medications 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 behind the wheel. Surprisingly, not all do, according to their family members and friends! Sometimes it is vanity. The driver does not like how he/she looks 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.

DRIVER STRATEGIES FOR SAFE MOBILITY DECISIONS

Self Assessment

About 20 major decisions are needed for every mile driven; drivers frequently have less than one-half second to act to avoid a collision.

Be sure to read this section on self-assessment and tips. Honestly assess your skills and decide how you can best "keep tabs on yourself"

Be sure to read the preceding normal aging and Alzheimer sections so you can better identify changes in your own capacity from normal aging or dementias.

Be sure to read the following chapters for caretakers and friends so you can better understand the concerns of others and the processes that may be needed to complete your safe mobility decision-making.

Your safe mobility for life. Self-rating questions from the Drivers 55 Plus.
Check your own performance workbook from AAA.

	Circle	Triangle	Square
1. I signal and check the rear when I change lanes.			
2. I wear a seat belt.			
3. I try to stay informed on changes in driving and highway regulations.			
4. Intersections bother me because there is so much to watch from all directions.			
5. I find it difficult to decide when to join traffic on a busy interstate highway.			
6. I think I am slower than I used to be in reacting to dangerous driving situations.			
7. When I am really upset I show it in my driving.			
8. My thoughts wander when I am driving.			
9. Traffic situations make me angry.			
10. I get regular eye checks to keep my vision at its sharpest.			
11. I check with my doctor or pharmacist about the effects of my medications on my driving ability.			
12. I try to stay abreast of current information on health practices and habits.			
13. My children, other family members, or friends are concerned about my driving ability.			
14. How many tickets, warnings, or "discussions" with officers have I had in the past two years?			
15. How many accidents have I had in the past two years?			

You, too, may outlive your ability to drive. Here are some things you can do NOW so the mobility options will be there when YOU have to leave the wheel.

Tips For Adapting To Changes

1. *Changing lanes* - After driving for many years, good habits can fade. If turning is difficult because of loss of flexibility or the pain of arthritis, you may not realize you have changed your habits to adapt to your physical changes.
2. *Seat belts* - Of all traffic fatalities, one half could have been injuries instead of deaths if people had been wearing seat belts. People over 65 are more likely than younger persons to be injured or killed in an accident.
3. *Road design* - Engineers continue to improve safety and traffic flow with improved road design. Knowing signs, shapes, markings and laws will help you be prepared to follow "the rules of the road" with other drivers.
4. *Intersections* - Intersections are one of the most common sites of collisions involving older drivers, especially in left-turning situations.
5. *Interstate highway traffic* - Freeway driving demands special skills and, without practice, can become more difficult. Choose other routes if you are uncomfortable.
6. *Reaction time* - We begin to feel the physical and psychological changes of aging in the middle age. The increased collision rate per mile of travel that begins between ages 55 and 65 parallels certain age-related declines in driving skills.
7. *When I am really upset I show it in my driving* - Emotion and safe driving so not mix. Delay driving until you have calmed down and can make better decisions.
8. *My thoughts wander* - Investigations of collisions and fatalities of older drivers show that inattention and failing to take action are underlying causes, or at least contributing factors.
9. *Anger while driving* - Anger clouds you judgment and may indicate that you tend to be an aggressive driver, but may not manage the quick reaction time so well now.
10. *Vision* - Drivers receive 98 percent of their visual communication through peripheral vision. Low peripheral vision can double your risk of collision. A 60-year old must have 10 times the light required by a 20-year-old. A 55-year-old takes eight times as long to recover from glare as a 16-year-old.
11. *Medications and alcohol* - Medications can cause impairment. 25 percent of all drug prescriptions are consumed by people over 65 who make up 11 percent of the total population. Alcohol tolerance decreases with age, and alcohol can multiply the impairment of medications.
12. *Health* - Of the deaths in the U.S. annually, 80 percent are closely related to personal health habits and behavior.
13. Others are concerned about me - Of all age groups, drivers over 50 have the most misconceptions of the actual risk of having a collision.
14. *Tickets* - Driving patterns that attract the attention of traffic safety officers may be a warning of changes in your driving habits.
15. *Accidents* - A collision is the best predictor of another collision.

Tips For Sustaining Safe Mobility

Compensating for changes brought about by aging

- Have regular medical and vision checkups.
- Avoid driving in stressful traffic situations.
- Limit driving to familiar areas.
- Keep an appropriate distance from the car ahead.
- Concentrate on the whole traffic scene.
- Don't drive when emotionally upset.
- Take medication in prescribed amounts at specified intervals.
- Avoid driving after surgery until medically cleared
- Avoid prolonged hours of driving.
- Don't drive when not feeling well.
- Have a passenger to help you navigate.

Compensating for vision problems

- Position outside mirrors so the headlights of following vehicles are not directly in your eyes.
- Do not wear colored lenses, anti-glare glasses, or sunglasses for night driving unless directed by an eye doctor.
- Do wear sunglasses in sunlight if glare is a problem.
- Limit night driving to well-lit roads.
- Keep headlights, taillights, windshields, (inside and out) and your eyeglasses clean
- Keep headlights properly adjusted.
- Wear proper glasses for day and night driving (a slight difference may be need for day and night).
- Choose a car with a non-tinted windshield. Tinted glass reduces the amount of light available for safe night driving.
- Know the drug side effects before driving. Some drugs may interfere with clear vision and judging contrast, color or distance. (Among the drugs that affect vision are: barbiturates, narcotics, tranquilizers, sedative bromides, and antihistamines.
- Avoid eyeglass frames with wide, heavy temples (Side parts). When located on the same level as the eyes, they can seriously restrict side vision.
- Have eye examinations—as needed—by a licensed ophthalmologist or optometrist.

Compensating for hearing loss

- Visit your physician if you think you have a hearing loss. Your physician can refer you to an appropriate specialist if you need one.
- Allow time to adjust to your hearing aid. It makes sounds louder, not clearer.
- If talking while driving distracts you, ask passengers not to communicate with you. If they must, have them get to the point quickly.
- In some situations, leaving your car window partially open will allow you to hear warning signals more clearly.
- Keep car radio noise to an absolute minimum.
- Place air conditioner or heating blowing units on the lowest setting, if possible.

- Check maintenance systems so worn out exhaust pipes are replaced before they become noisy.
- Watch for flashing lights at railroad crossings. You may not be able to hear a warning bell or horn.
- Always check your turn signal indicator. A visual check is necessary if you cannot hear the sound that tells you it is working.
- Always have a mirror on each side of your vehicle and a wide rearview mirror to aid you in changing lanes and passing. Making good use of all mirrors on a car is especially important for those drivers who have hearing problems.

Flexibility

- Regular exercise to keep your neck and torso limber will help you turn, which will help you improve your visual cues.
- Regular exercise to keep your arms and legs strengthened will help improve your comfort and stamina for driving.

Safe medication use and safe driving

- The most important thing to remember is that all medications, prescription and over-the-counter drugs are potentially dangerous for older drivers.
- Never take medications from another person.
- Don't mix medications under any circumstances unless so indicated by your physician.
- Be sure that your specialist(s) and regular physician know what medications are prescribed by each other.
- Also remember that while the effects of medications wear off with time, you must be certain you are completely free of harmful effects before driving. If you must take medications before driving, know the effects beforehand.
- Evaluate your own reactions, because reactions to medications are personal.
- Don't take medications past their expiration dates.

Alcohol and medication interaction

- Alcohol and medications can build to a toxic level faster as we age.
- When older persons begin combining medications with alcohol, serious adverse interactions may occur.

Refresh Your Road Knowledge

Pavement Markings

The two colors used for pavement markings are yellow and white. These markings are provided to guide the driver down the roadway safely.

White Lines

Dashed white lines separate traffic traveling in the same direction on roads with multiple lanes.

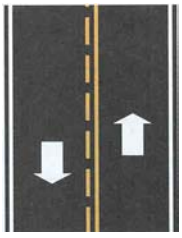
Solid white lines are used to mark the right edge of two-lane roadways, freeways and ramps.

Yellow Lines

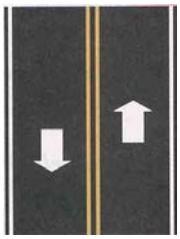
Yellow lines are used to alert the driver that severe consequences may result if the driver is not cautious when he is near them. They separate traffic traveling in opposite directions or mark the left edge of divided highways and ramps.

Special attention needs to be paid on two-lane roadways.

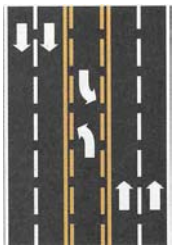
Two-lane, two-way roadway, passing permitted when safe to do so



Two-lane, two-way roadway, passing prohibited when solid yellow line is in your lane



Two-lane, two-way roadway, passing prohibited from both directions, crossing centerline permitted only to turn into driveways.



Multi-lane, two-way roadway, with two-way left turn lane reserved only for left turning vehicles in either direction. Special signs and pavement markings arrows are used.

Traffic signs

Traffic signs are used to guide, inform, warn and regulate the flow of traffic. Below are the standard sign classifications, the color that corresponds to that class, and examples of each.

- Stop or prohibition (red): stop, yield, wrong way, do not enter.

- Regulatory (white): speed limit, road closed, railroad crossing, seat belt, etc.

- Warning (yellow): curve, merge left/right, no passing, signal/stop ahead, animal crossing, etc.

- Pedestrian (fluorescent yellow-green): pedestrian/school crossing ahead, school bus, bicycle, etc.

- Construction and maintenance (orange): roadwork zone ahead, flagger ahead, people working, detour ahead, etc.

- General service (blue): hospital, rest area, gas/food/lodging.

- Navigation (green): distance to next city, distance to exit, exit sign, mile markers, etc.

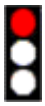
- Recreational or cultural Interest (brown): picnic, camping, hunting, fishing, etc.

Traffic Signals

Traffic signals are used to control the flow of traffic through an intersection. Below are the standard signal indications a driver can expect to see:

GREEN – GO - *When safe.*

YELLOW - CAUTION. *The green signal is about to end, so don't enter the intersection if you can stop safely.*



RED - STOP. *All states permit "right-turn-on-red" (unless there is a sign prohibiting it), but only after stopping and only if the intersection is safe and clear of pedestrians and other vehicles.*

GREEN ARROW - GO. *When safe, go only in the direction of the arrow.*

FLASHING YELLOW - SLOW DOWN. *Proceed with caution.*

FLASHING RED - STOP. *After stopping, proceed with caution if there is no cross traffic.*

Protected/Permitted Left-turn Signal Phasing
A protected/permitted left-turn signal phase is a cycle that begins with a *protected* indication (a green left-turn arrow) and then transitions to a *permitted* indication (a green ball).

- When you receive a green arrow, advance forward and turn left *(opposing traffic is stopped).*

- When the arrow changes to a green ball, *you must now yield to opposing traffic.*
- Pull **slightly** forward to commit yourself to the intersection.
- Wait for an acceptable gap in opposing traffic.
- When an acceptable gap exists, proceed to turn left.

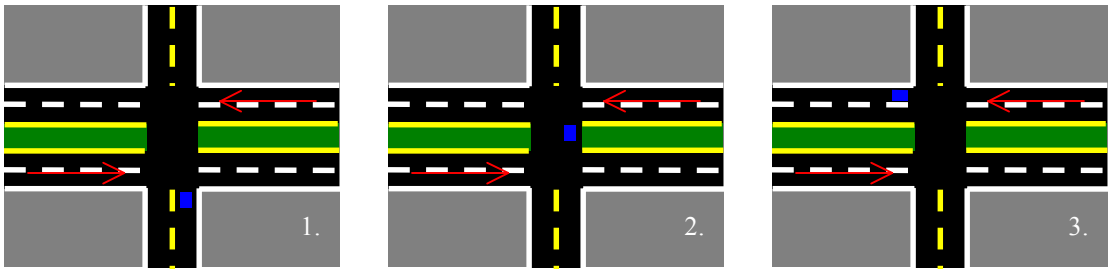
Turning left onto a four-lane divided roadway
Turning left onto a four-lane divided roadway is one of the most difficult maneuvers for a driver to safely complete. It requires the driver to perceive an acceptable gap in traffic to enter the roadway and accelerate to travel speed without impeding other vehicles. Two possible scenarios may exist at this type of intersection. The first has a sufficient median width to allow the driver to cross one direction of traffic at a time. The other requires the driver to cross both directions in one maneuver. These two scenarios are described below.

Medians in four-lane divided roadway WITH storage space for a vehicle
A median may have enough space for a vehicle to stop in the median (between to two directions of traffic). Where this is the case, the driver can gauge the speed of oncoming traffic from one direction at a time-- allowing a driver to look in and cross one direction of traffic at a time. This is common on Iowa's expressways, and may also be the condition in some urban areas. The turning maneuver is completed in three steps.

1. Look for an acceptable gap in traffic approaching from the left. When an acceptable gap is obtained, proceed forward until you arrive at the median.

2. When you arrive at the median, stop and look for an acceptable gap in traffic approaching from the right.

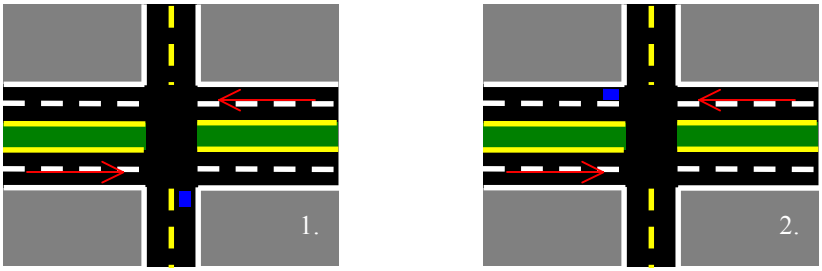
3. When an acceptable gap is obtained, accelerate and turn left into the nearest lane.



Medians in four-lane divided roadway WITHOUT storage space for a vehicle
A four-lane divided roadway with a median width too narrow to store a vehicle requires even more concentration. The driver must look in both directions. The turning maneuver is completed in two steps:

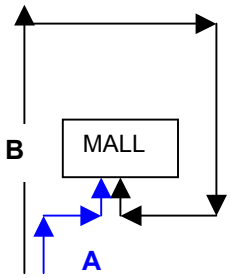
1. Look to the left at the near lanes and to right for the far lanes for acceptable gaps in *both* travel directions.

2. When an acceptable gap is obtained in *both* travel directions, accelerate and cross both directions of traffic in a single movement, turning in to the left lane.



Avoiding a left turn
Crashes while executing a left turn are more frequent in older drivers. Sometimes, it is simply best to reduce your stress and risk by avoiding left turns.

Instead of turning left across oncoming or mid-block traffic, simply go past the street, proceed around the block using right turns until you arrive at your entrance.



TRANSPORTATION AND SAFETY SYSTEMS

IOWA DRIVER LICENSE RENEWAL

"People sometimes unfairly criticize the DOT 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."

Personnel in Iowa's Office of Driver Services are dedicated to working with older drivers to communicate, educate and understand the need for independence in living. They will work with older drivers to the best of their abilities in determining safe driving for the driver and other persons sharing the road. There are many persons that determine themselves they are unsafe to continue to drive. Driver Services personnel appreciate their very difficult decision. The Office of Driver Services offer a free identification card to those persons that voluntarily surrender their driving privileges.

There are times, due to vision, medical reasons or unsafe driving the department suspends a person's license. The DOT personnel make the commitment to work with individuals in learning what other transportation alternatives are, and the local available options for transportation.

Hopefully this information will make the renewal process understandable and less stressful for you. To understand why the DOT screens vision, requires medical information and requires drive tests, and how they all relate to highway safety, may help in the entire renewal process.

Personnel are available to answer any questions or discuss concerns at any of the Iowa Department of Transportation's driver license sites. Please contact any of the driver license stations listed in this book.

Renewing Your License

Getting your driver license renewed can be very stressful for older drivers. They sometimes worry about not passing the vision screening or being required to take a knowledge or drive test. Hopefully, this section will illustrate how the renewal process works. To know the process and not make it as stressful when you renew your license.

- In Iowa your license expires on your birthday. It is valid for another 60 days, so you can renew it with that 60 days without having to take the knowledge test.
- You can also renew your license from 30 days to one year before the expiration on your license.
- If you want to renew your license more that 30 days before the expiration date, you need to explain why you are applying for the early renewal. Many times persons that go to a warmer climate in the winter do this to be sure their licenses won't expire while they are gone.

Vision Screening

Vision is so important that Iowa requires that you pass a vision screening before you get a driver's license or permit, or when you renew your license. This screening is to make sure you have at least 20/40 vision in at least one eye, with or without corrective lenses.

Other important aspects of vision are:

Side vision - You need to see "out the corner of your eye." This lets you spot vehicles and other potential trouble on either side of you while you look ahead. Because you cannot focus on things to the side, you also must use your side mirrors and glance to the side if necessary.

Judging distances and speeds - Even if you can see clearly, you still may not be able to judge distances or speeds very well. In fact, you are not alone; many people have problems judging distances and speeds. It takes a lot of practice to be able to judge both. It is especially important to know how far you are from other vehicles, and to be able to judge safe gaps when merging and passing on two-lane roads.

Night vision - Many people who can see clearly in the daytime have trouble seeing at night. All people have more trouble seeing at night than in the daytime, but some drivers have problems with glare while driving at night, especially the glare of oncoming headlights. If you have problems seeing at night, do not drive more than is necessary. When you do have to drive at night, be very careful.

Because it is so important to safe driving that you see well, you should have your eyes checked every year or two by an eye specialist. You may never know you have poor vision unless your eyes are tested.

If you need to wear glasses or contact lenses for driving, remember to:

- always wear them when you drive, even if you are only going a short distance. If your driver's license says you must wear corrective lenses and you don't, you could get a ticket if you are stopped by a law enforcement officer.

- keep an extra pair of glasses (with the current prescription) in your vehicle. Then if your regular glasses get broken or lost, you can drive safely. This also can be helpful if you do not wear glasses all the time and you forget to take them with you when driving.

You may decide to go directly to your doctor and have your doctor check your vision if you are applying for a non-commercial license. The information can be on a form furnished by the department, or it can be a letter from your doctor if the doctor has measured your vision within 30 days of when you apply for a license.

Medical Requirements

During the renewal process you are asked, "Do you have any mental or physical disabilities that may affect your driving?" Many health conditions may have an affect on your driving, including a bad cold, infection or virus. Even little problems like a stiff neck, a cough or sore leg can affect your driving. Just in the normal aging process, you probably have some changes in your health conditions.

Some conditions are more serious, such as diabetes, heart conditions and Parkinson's. When asked the question on any physical problems you need to advise the driver license clerk what your physical problems are. Some health conditions require the driver license examiner to have you get a statement from you physician to be sure your condition doesn't affect your ability to drive safe. Physicians are the experts; they know the medications you are taking and whether the medications may affect your driving.

If you have had a stroke or amputation, or just have tighter muscles or stiffer joints since your last renewal you may want to be evaluated at a rehabilitation center in Iowa. They can show you mechanical attachments and other equipment that may help make driving easier for you. Ask your physician for recommendations.

Drive Tests

If there has been a change in your conditions or the current license restrictions do not reflect your current condition, the driver license examiner may ask you to take a driving test. This is NOTHING to be afraid of. The examiner wants to you to take the drive to make sure you are safe, based on your condition, and that your vehicle is properly equipped. If you aren't able to take the drive test that day, an appointment can be set up at your convenience.

The examiner will explain prior to the test what will be expected during the drive test, and will answer any questions you may have. The examiner will give instructions well in advance of what he/she want you to do. If you have any questions, ask!!! The drive is designed to show normal driving situations, such as lane changes, backing, speed control and how you observe situations at intersections.

At the conclusion of the drive test the examiner will review with you the test results. Also, the examiner will discuss the areas of driving you do well in, and the areas where you need improvement. Many times during a drive test the examiner sees some "bad driving habits" that you may not be aware of. The examiner will review the test and correct driving techniques with you.

If you pass the test your license will be issued. If you score too many points or didn't pass due to a serious safety error, the examiner will review where practice is needed and schedule you for another drive test.

You may pass the drive test but need to have restrictions based on you driving performance, vision acuity or physical conditions. In some cases you may have already restricted your own driving such as not driving at night, driving during certain times of the day when traffic is less congested, or not driving on four-lane highways. The examiner may also add restrictions such as no night driving, speeds not to exceed 35 mph, or driving in only a familiar area or a limited radius from your home. The drive test may also be given in your home area or hometown, if you want to be restricted to that area.

The drive test is a way to be sure you are a safe driver. No driver is "perfect" and can always benefit by having someone to evaluate their driving.

The following are some things you can do to prepare yourself for the renewal process.

1. Make an appointment with your eye doctor. This can be your annual eye check-up and the doctor can send with you a vision statement the Iowa DOT would use during the renewal instead of the driver license personnel doing a vision screening. If the doctor recommends new lenses, make sure you have them prior to appearing for renewal. Your vision is extremely important to driving and you need to correct any changes in your vision.

2. Make it a point each year to review the Iowa Driver's Manual. Education is a key to keeping abreast of good driving habits. There are also Senior Drivers Workbooks that contains general questions and sign quizzes for you to take to increase your knowledge of safe driving. These are free. Stop at a driver license station and request these books.

   55 Alive is an inexpensive class for older drivers to increase their awareness of driving procedures. It also instructs persons to be aware of changes in their physical/mental health, and how to identify any future problems. Even after a lifetime of driving, first-time participates usually come away surprised they learned so much. Take advantage of these classes by contacting your local AARP or the local community college to find out when you can sign up for the class!

3. It is a great idea to have someone just ride with you!!! Ask a family member or neighbor to ride along with you to give you an opinion of how you are doing!!! It will help your piece of mind knowing that it is safe for you to continue driving and, the ones who ride with you may also have some suggestions about which driving situations you should be more careful with. Make it an FUN time! Stop and have an ice cream cone or piece of pie while you are out!

Permanent Examining and Records Stations - For specific hours of operation, call the driver's license station or the Motor Vehicle Information Center at 800-532-1121.

Ames
HyVee Mall
3708 Lincoln Way
515-296-2393

Council Bluffs
Mall of the Bluffs
1751 Madison Ave.
Suite 330
712-323-1219

Carroll
510 N. Carroll St., Ste 1
712-792-5269

Sioux City
Market Place Mall
3005 Hamilton Blvd.
712-255-5539

Fort Dodge
2313 First Ave. S.
515-573-5141

Mason City
Southport Shopping Center
1622 S Federal Ave.
641-423-8391

Waterloo
103 Crossroads Center
319-235-0902

Dubuque
Asbury Square Shopping Center
2255 JFK Road
563-583-9844

Marshalltown Plaza Mall
2500 S. Center St.
641-752-5668

Clinton
316 S. Second St.
563-243-7144

Iowa City
Eastdale Mall
1700 S. First Ave.
319-338-5294

Burlington
Fairway Shopping Center
2700 Mount Pleasant St.
319-754-8767

Ottumwa
2830 N. Court Road
641-682-4855

Muscatine
1903 Park Ave.
563-263-5414

Spencer
Gateway North Shopping Center
East 18th Street & Grand Avenue
712-262-6278

Cedar Rapids
152 Collins Road N.E.
319-377-6461

Davenport
2162 W. Kimberly Road
563-386-1050

Des Moines
Park Fair Mall
100 Euclid Ave.
515-244-1052

HIGHWAY SAFETY AND LAW ENFORCEMENT CONCERNS WITH OLDER DRIVERS

Most older drivers are not problem drivers;
they are merely people who need basic transportation.

Law enforcement can perform an integral part in assessing older driver capability. Some older drivers may have age and health-related "impairments." As with impairment from alcohol or other conditions, law enforcement must assess each driver fairly and equitably, using cues that help officers determine when drivers are a public safety risk or a risk to their own safety.

State and local law enforcement officers often visit senior centers, and they can conduct educational town meetings at retirement communities, create older driver assistance groups, and provide a sincere commitment to the community in addressing the concerns of the older driver.

As with other traffic safety and driving concerns, peace officers may become involved with an older driver through:

- a normal traffic stop if the officer observes unsafe driving characteristics;
- an observation and traffic stop effort following a report of a dangerous driver called in to a dispatch station by an individual; or
- a response to a family's "request for assistance" with concerns for a driver's safety.

If the officer observes sufficient evidence to be concerned with the driver's immediate safety, the officer may intervene to remove the driver from the road and eminent danger or file a form with the Office of Driver Services if the concern is not acute. This form requests that the driver be called in for a retest to ensure eh/she can pass the basic driving skills test and have sufficient skills and knowledge to drive safely.

Local peace officers may also be available to discuss concerns with family members or the driver in an informal manor. Each law enforcement agency may have procedures or policies that limit its involvement, or refer such cases to other resources available in the community.

Cues for Law Enforcement

Law enforcement officers must analyze a steady flow of cues when conducting any traffic encounter. Older drivers, those 65-years-of-age and older, present a mix of operational mobility cues law enforcement officers should recognize. Understanding these cues will assist the law enforcement officer in assessing the continued safe operational needs of the older drivers that they may encounter.

Older operators can have an abundance of medical and non-medical barriers to safely operating a motor vehicle. A talk with the person, as well as visual cues, will assist in determining if the person will require further evaluation of driving mobility.

Older Driver Law Enforcement Cues For Concern

- Does the driver know the current:
    - time of day?
    - day of the week?
    - month of the year?
- Is the driver disoriented?
    - Does the driver recall where he/she coming from?
    - Does the driver know his/her destination?
    - Is the driver far from his/her residence?
- Does the driver:
    - have difficulty communicating?
    - stumble over words?
    - ramble in short, unattached, meaningless sentences or explanations of his/her driving ability?
- Is the driver's clothing:
    - disheveled?
    - non-matching?
    - Incomplete, or too much for existing weather conditions?
- Does the driver exhibit poor personal hygiene?
    - (i.e.: Has the person soiled his clothing or vehicle?
- Does the driver launch into accusations of perceived victimization by criminals?
- Does the driver appear to be suffering from dementia such as Alzheimer's disease?
- Is the driver wearing an identification bracelet or necklace indicating dementia that would affect safe driving mobility?
- Does the driver have large amounts of prescription medicines, prescribed by different doctors, visible in the motor vehicle?
- If the driver is out of the motor vehicle or exits the motor vehicle, do he/she have difficulty finding and removing driver's license, motor vehicle registration, insurance card from wallet/purse or producing other requested documents?
- Does the driver take a long period of time to walk a short distance, stumble/fall, shake excessively, or lack coordination when accomplishing simple tasks?

The aging process and associated health problems, such as inactivity, lack of exercise, smoking, alcohol and use of legal and illegal chemical substances, can impact the body in the advanced years. Changes in visual acuity, ability to focus on daily occurrences, reaction time, coordination under stress, and ability to effectively react to stress-related situations are common factors in the aging process. The changes in driving habits that occur as aging progresses can be directly attributed to physical changes. For example, some older citizens stop driving at night because of vision problems, or have friends accompany them to assist in navigating the roadways.

The cues listed were field analyzed by Florida state troopers in Pinellas County, Fla., during April 1998. The responses obtained from using the cues assisted these law enforcement officers in the assessment of the older citizen drivers they encountered during traffic crash investigations and traffic stops.

The listed cues can help law enforcement officers determine if an older driver can continue to operate a motor vehicle safely or needs more assistance to determine that driver's driving ability. Law enforcement officers can assist the citizen in self-assessment.

Law enforcement assistance in the form of intervention can include:

- referring to a local assistance agency that can coach and council older citizens on safe operational mobility;
- the officer seeking information and assistance from family members of the older driver;
- recommending public transportation systems;
- coaching on restriction of certain types of motor vehicle operation (nighttime, inclement weather, interstate driving, etc.);
- offering the assistance of the law enforcement community in safe operational mobility learning exercises; or
    - a reminder that self-assessment is an important step in maintaining safe operational mobility.

At times, law enforcement officers will encounter an older driver that requires the immediate removal from the roadway. Law enforcement officers should be familiar with the agency's policies and procedures to guide their action in these situations.

Law enforcement performs an important role in the assessment of older driver capability. They can work with established civilian and government agencies to develop alternatives and solutions to accommodate the mobility needs of the older citizens who are still operating motor vehicles.

Law enforcement officers can take a positive approach and lead the way. In conjunction with other organizations, they can be part of the solution and make a difference within their community. Law enforcement officers can facilitate an exchange of information, give a voice to the older citizen and educate the general public. It makes sense.

PUBLIC TRANSIT OPTIONS IN IOWA

Iowa drivers can choose to use public transit for some of their needs as they adjust to safe mobility challenges that come with aging.

Iowa remains fairly unique among states in that some level of public transit service is available in all parts of the state. The level of transit services varies around the state. Depending on services available and the aging driver's needs, it may be less stressful and quite practical to begin using transit services to access health care or other services while still able to drive for other purposes.

Most communities over 20,000 population have local bus systems which offer services along fixed routes, and are supplemented by paratransit services which offer door-to-door or curb-to-curb transportation for persons who, by reason of age or disability, are unable to utilize the route buses. Most of the routes and all of the paratransit services are accessible to persons using wheelchairs and scooters. The paratransit services typically require a person to apply for an ID card to verify eligibility and then require prior day reservations for each trip, although most also allow standing reservations for rides taken on a set schedule. The hours of operation vary. Most operate from early morning to early evening on weekdays and Saturdays. A few communities offer evening and/or Sunday transit service.

In smaller communities and rural areas, public transit services are typically more limited. Iowa has 16 regional transit systems which have been established by the counties within each part of the state to provide or coordinate transit services outside the major cities. Most service is based on reservations. Advertised availability of service may be for only certain days of the week or certain days each month. While this is less than ideal, it allows some mobility to those without access to automobiles. It is often possible to negotiate doctor's appointments, etc., to match the availability of transit service as long as you are willing to tell the person setting the appointment that you want to use public transit to get to the appointment. Many of the public transit systems will help with such negotiations if there are problems.

Sometimes it is helpful to verify with the transit system whether there may be other services that the transit system provides in your community or into or out of your community that are not advertised. All services provided by the transit system are required to be open to the general public, and it is possible that these unadvertised services may offer travel opportunities that can be helpful in getting to locations or at times that are not discussed in the transit systems marketing materials.

Contacting the local public transit system should be as easy as looking in the phone book's yellow pages under "Bus Lines." There should be a listing for any local urban transit system(s), plus the regional transit system, including contact information on the regional system's contracted provider agency, if applicable.

Some basic questions to ask of the transit system or provider agency are listed below.

- What is the service area for your transit service?
- Are there specific eligibility criteria for certain services?
- How much does it cost? Are reduced fares available? If so, what are the eligibility criteria for those, and how does one sign up?
- What are the hours and days that service is available?
- How much assistance does the driver provide?
- Does the driver help with packages?
- Is there any kind of training to help orient a new rider to the service?
- What special arrangements are needed for persons who use wheelchairs or scooters?
- Can an aide or companion ride along? What is the fare for that person?
- How much advance notice is required for ride reservations?

Other Transportation Resources

In many cases there may also be other groups within the community that offer transportation service for specific purposes. Many churches operate vans or small buses to provide transportation to their worship services or other church activities. Some social service agencies may have their own equipment to transport persons in their target population to services, or to transport volunteers. Some communities may also have organized volunteer driver programs. Often the transit system can help to identify these other resources. The area agency on aging may also be a good source of information.

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

Intercity Transportation

Most of Iowa's regional transit systems offer travel opportunities to cities in the same general part of the state, and some offer longer distance trips on a regular basis to medical centers, like those found in Iowa's major cities, or the University of Iowa hospitals and clinics, or even Mayo Clinic in Rochester, Minn. For the most part, however, for long-distance transportation it is important to check out the availability of service by intercity bus, Amtrak train, or commercial airlines. Local access to these services is fairly limited outside Iowa's larger communities. If you are not aware of what is available in or near

your community, the transit system, the area agency on aging or a local travel agent may be a good source of information. Of these, a travel agent may be able to not just let you know where such services are available in your area, but they may be able to tell you schedules, etc. The transit system may be able to provide transportation to the intercity carrier's terminal and back, as long as your travel falls within normal transit service hours.

When using any of the transportation options, it is recommended each person should:

- carry personal identification and a card listing "whom to contact in an emergency";
- carry any special medications they may need to take during their trip;
- carry appropriate gear or clothing for changes in the weather; and
- learn to ask for directions and help.

Relocating

When a person can no longer drive, consideration may be given to relocating to be closer to services and to have better access to transportation. (See ……) Anytime you are relocating, whatever the reason, it is recommended you ask about the transportation opportunities. If the rental agent says public transit is readily available, don't just take the agent's word on it—call the transit system and find out the specifics so you won't be disappointed when you move in. Find out where the fixed-route bus, if any, stops, as well as how to make request rides on any reservation-based services.

Personal Solutions

Many seniors who don't drive ride with other seniors who are still driving. Sometimes this is a life-long friend, but it may also be someone who previously was only a casual acquaintance but who is involved in the same church group or who is part of the same discussion sessions at the local restaurant or coffee shop. There may also be opportunities to recruit volunteer drivers through notes on the bulletin board at a church, or at the grocery store, or even an ad in the local shopper.

Long-time riders say they always offer to pay the driver something or buy gas. Long-time driver volunteers say they usually accept payment from riders. Such an arrangement helps to keep the arrangement going.

The routes some families have taken are shown below.

"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 of 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".

Getting around is a challenge when one doesn't drive, but there are ways. Most likely your mobility will be more restricted than when you drove yourself, but by looking to transit, family, friends and other community groups, volunteers or paid drivers, it is possible to piece together service to maintain enough mobility to live in today's world.

Transit Agency Phone Numbers

Ames	515-292-1105
Bettendorf	563-344-4104
Burlington	319-753-8171
Cambus (U of IA)	319-335-8632
Cedar Rapids	319-286-5567
Clinton	563-242-3721
Coralville	319-351-7711
Council Bluffs	712-328-4634
Davenport	563-888-2151
Des Moines	515-283-8111
Dubuque	563-589-4196
Fort Dodge	515-573-8145
Iowa City	319-356-5154
Marshalltown	641-754-5719
Mason City	641-421-3616
Muscatine	563-263-8152
Ottumwa	641-683-0695
Sioux City	712-279-6405
Waterloo	319-234-5714

Region 1 (Northeast Regional Transit System)	563-382-4259
Region 2 (North Iowa Area Regional Transit System)	641-423-0491
Region 3 (Regional Transit Authority)	712-262-7920
Region 4 (Siouxland Regional Transit System)	712-279-6286
Region 5 (Mid-Iowa Development Association)	515-576-7183
Region 6 (Region 6 Planning Commission)	641-752-0717
Region 7 (Iowa Northland Reg. Transit Commission)	319-235-0311
Region 8 (Delaware, Dubuque & Jackson County RTA)	319-588-3980
Region 9 (River Bend Transit)	563-386-7484
Region 10 (East Central Iowa Transit)	319-365-9941
Region 11 (Heart of Iowa Reg. Transit Agency)	515-256-5680
Region 12 (Western Iowa Transit System)	712-792-9914
Region 13 (Southwest Iowa Transit Agency)	712-243-4196
Region 14 (Area XIV AOA, Southern Iowa Trolley)	641-782-6571
Region 15 (10-15 RTA)	641-683-0608
Region 16 (Southeast Iowa Transit Authority)	319-753-0193

OLDER DRIVER DECISION-MAKING PROCESS AND RESOURCES

SAFE MOBILITY DECISIONS FOR LIFE - STRATEGIES FOR HELPING A DRIVER WITH DECISIONS

> "The driver was an 82-year-old female. Returning from a doctor's appointment one sunny afternoon, she entered a four-lane divided highway and headed west. Then she decided she was headed the wrong way, did a u-turn and began to travel east in the left westbound lane. After a mile or two she met oncoming cars and crashed—killing herself and a young mother driving the other vehicle. The mother's small child –correctly restrained in a child seat–survived the crash. The highway was closed for hours while emergency medical personal and law enforcement worked to clean it up. The older driver's family stated they had become increasingly concerned about her driving, but had not yet intervened."

If this story has a familiar ring, it is because your concerns are shared by most faced with an at-risk aging driver. Indeed, what to do about an at-risk or unsafe aging driver has become a growing issue among more and more families and caregivers. And like you, they are troubled by what they see when their aging loved one gets behind the wheel. Most families and friends want to help, but often they are not certain what to say, what to do, or even where to find assistance.

You probably know from your own situation that the indicators of a problem with driving are rarely as dramatic as a serious crash. More often, they come from a range of indicators taken from the driver's routine behavior, home environment and, of course, their driving. It is this composite view that serves to crystallize the notion that the driver may now be at risk or has actually become unsafe.

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 affected.

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."

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, and their behavior and driving performance. Use the checklist below to identify and categorize your concerns.

Begin your process of "keeping tabs" by taking stock of the person's driving, physical/mental condition, and behavior. Some safety related declines could 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, you can use the following list to identify specific concerns.

- Did the driver wear eyeglasses or contact lenses?
- Did the driver use the safety belts on his/her own, or did he/she take his/her 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 was he/she able to rely on the 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 he/she 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 his/her 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 judgment. 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.

When I ride with or follow the driver, what should I look for?
By observing driving over time and noting specific instances, you can get a sense of how the driver is doing. This checklist can give you a frame of reference for gauging the degree or speed of change in the driver's capacity or performance.

Safety Checklist

Driving Safety Concerns

- ☐ 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

- ☐ Vision problems (cataracts, glaucoma, macular degeneration, retinitis pigmentosa, diabetic retinopathy)
- ☐ Memory loss
- ☐ Problems with judgment
- ☐ Indecisiveness
- ☐ Disorientation
- ☐ Inadaptability
- ☐ Disinhibition (no longer feeling inhibited - improper behavior in social situations)
- ☐ Dysmobility (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

Levels of Concern

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 judgment; or
- your driver's own lifetime record of safe and injury-free driving might end in sadness and unspeakable regret.

Which of these should be of immediate concern?

- Not obeying stop signs – 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.
- Not checking for cross traffic after stopping – Checking for cross traffic requires a driver to interact with changing traffic patterns rather than giving an automatic response. Your driver is at extreme risk and must not continue driving
- Not yielding – Yielding the right of way requires a driver to interact with changing traffic patterns rather than giving an automatic response. 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 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 (more than occasional and combined with other signs)
- Problems with judgment
- Indecisiveness
- Disorientation
- Inadaptability
- Disinhibition (no longer feeling inhibited - improper behavior in social situations)
- Dysmobility (loss of coordination)
- Functional losses, such as trouble walking, incontinence, swallowing.

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 he or she 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.

A word of caution
It is not uncommon for families, caregivers and even health care professionals to be incorrect in their judgment of a driver's risk or driving ability. Formal scientific studies have shown significant judgment 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.

Ways to observe or learn how your driver is doing.
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 he/she is driving.
- Pay particular attention to your driver's health, disposition and behavior.
- Inspect your driver's vehicle for signs of damage or new paint that 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. Yes, 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.

Think of all the business and professional people who are a part of your loved one's routine, and when and how they may observe changes that could alert you to be concerned. Each of these may have clues that could indicate you should be concerned. A phone call to one or more of them could help you better assess or "keep tabs" on how your loved one is doing.

- pharmacist
- physician.
- eye care provider
- clergy
- insurance agent
- banker.
- grocery store manager
- aging services professionals such as senior meal program site manager, senior housing residence manager, and senior center director

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.

Family and Caregivers

Most families restrict driving after an accumulation of warning signs. Therefore, family members must frequently observe driving behaviors over time. Caregivers can note dates and incidences of good and bad driving practices on the work sheet . Share observations with the person with dementia, other family members, and health care providers. Families need to consider the circumstances and seriousness of unsafe driving practices to decide whether to continue monitoring, modify driving, or stop driving immediately.

As driving and self-assessment skills decline, the risk of serious loss or injury increases. Caregivers often must assume most of the responsibility for monitoring and regulating the driving of the person with dementia. The Hartford has developed a comprehensive guide to help Alzheimer's patients and their families work through concerns and processes related to driving.

TIPS FOR BALANCING INDEPENDENCE AND SAFETY

"My sons and daughters had a meeting without me and decided that they want me to stop driving, but they're making a big deal out of nothing. I'm very comfortable on the road. I've driven longer than they've been alive."

– Person recently diagnosed with dementia

For People with Dementia or Reduced Driving Capacity

• Confide in a friend or family member what driving means to you. Help them understand what you have to give up when you stop driving.
• Work with your family to create a transportation plan that meets your needs.
• Consider the "Agreement with My Family about Driving" as a way to balance your independence and safety.
• Volunteer to be a passenger. Allow others to do the driving.

For Caregivers

• Imagine for a moment your own life without driving. Allow your relative to express how he or she feels about not driving.
• Initiate conversations about driving and transportation needs early and often.
• Observe the person with mild dementia when driving.
• Keep a written record of observed driving behavior over time.
• Share observations of unsafe driving with the person with dementia, other family members, and healthcare providers.
• Create opportunities for you or others to drive the person with dementia.
• Ask professionals outside the family to raise questions about driving safety.
• Get information about driving evaluation services in your state or region.

THE PROCESS OF DECISIONS AND STEPS IN LIMITING DRIVING

Overview Of Steps

Difficulties of Dementia or Physical Limitations and Driving

For many adults, driving represents independence, freedom, competence and control. It is a way to access health care, buy necessities, be productive, and to stay connected to family, friends and the community. Concerns about driving are likely to surface during the early stages of dementia or other functional challenges when individuals are still socially engaged and able to manage other daily activities.

Giving up driving can be a deeply personal and emotional issue. Once a person is diagnosed with a dementia, or is physically unable to drive, family members can encourage the loved one to express what the loss of driving means to him or her. Open conversations at an early stage of the disease may help smooth the transition to not driving in the future. Caregivers can try to imagine what their life would be like if they could not drive, and encourage the family member with dementia to share his or her feelings. It is often helpful for people with dementia to confide in a friend about what it means to give up driving.

Finding a Balance

Many caregivers report that they have allowed a family member with dementia or some physical challenges to continue driving, sometimes for many months, even though they believed it was unsafe. They did so to avoid upsetting their relative, to prevent a family disagreement, or to delay taking on the responsibility of providing transportation. Others needed support from family, friends or professionals. At the other extreme, some family members overreact to common driving errors such as failure to complete a stop at a stop sign. They may blame such errors on the dementia disease or physical incapacity, when, in fact, the person may have exhibited this bad driving habit long before dementia. A single occurrence of poor driving usually is not cause for a person to stop driving. It does, however, signal the need for increased monitoring and assessment.

Easing the Transition from Driver to Passenger

Family caregivers can help a person with dementia limit and stop driving over time while preserving the person's dignity. The most effective approach to limit or stop driving involves progressive steps and a combination of strategies that fit the family's unique circumstances, resources and relationships. For persons with early stages of dementia, driving is best reduced over time rather than all at once. Fortunately, in many cases, people with dementia begin limiting where and when they drive, just as many older people without dementia do to accommodate changes in skill. Caregivers can observe the person with dementia to see if he or she is modifying driving behavior in these ways:

- driving shorter distances;
- driving on familiar roads;
- avoiding difficult, unprotected left turns; or
- avoiding driving at night, in heavy traffic, during rush hour, on heavily traveled roads or during bad weather.

Co-Piloting Is Not Recommended
In an attempt to keep a person with dementia on the road longer, some caregivers act as "co-pilots," giving directions and instructions on how to drive. By chance, this strategy may work for a limited time. But in hazardous situations, there is rarely enough time for the passenger to foresee the danger and give instructions, and for the driver to respond quickly enough to avoid the accident. Finding opportunities for the caregiver to drive and the person with dementia or skill challenges to co-pilot is a safer strategy.

Letting Others Do the Driving
A gradual shift in who drives can ease the transition for both family members and people with dementia. Family members may avoid offering to drive early in the disease so the person with dementia can maintain control as long as possible, or so they can delay taking on the added time commitment. However, some people with dementia are better able to adjust to not driving if others gradually assume more of the driving responsibilities. The objective is to find ways to reduce the amount of driving.

Reducing the Need to Drive
Resolving the driving issue involves not only substituting other drivers or modes of transportation, but also addressing the reasons people want to go places. Caregivers can look for ways that others can help meet the physical needs of the person with dementia, such as :

- arrange to have prescription medicines, groceries and meals delivered, reducing the need to go shopping;
- have hairdressers make home visits;
- schedule people to visit regularly, either as volunteers or for pay; and
- arrange for friends to take the person with mild dementia on errands or to social or religious events.

Balancing the Social Needs
While caregivers consider ways to reduce the need to drive, it's also important to remember the social benefits the person with dementia derives from interacting with others. As one person reflected:
"When I went to the bank or drug store, I would stop at the local bakery for some pastries. Sometimes it would take most of the morning because I could take my time and chat with different friends along the way."
If caregivers consider the social needs that were met through driving, the transition to not driving will be more successful. The following questions can help families and caregivers identify the social needs and develop ways to address them to ease the transition to not driving.

- Where does the person with dementia go? When and how often? (e.g., grocery store, barbershop, appointments, library or religious activities)
- What services can be brought to the home? (e.g., groceries delivered or in-home barber)
- Who can offer to provide transportation? (e.g., neighbors running errands, relatives for doctors' appointments, or a friend going to religious services)
- Can visits from family or friends include outings? (e.g., eating out)

Early Planning

When possible, include the person with dementia in the planning process. People are better able to respond to appeals to safety during the early stages of Alzheimer's disease or other kinds of dementia. Take advantage of the time during the early stages to discuss options for when the person must limit and eventually stop driving. One way to initiate a conversation about driving is to use the "Agreement with My Family about Driving" on page --. This informal agreement does not restrict driving at the moment of signing, but designates a person to take necessary steps to ensure driving safety in the future. It respects the individual's dignity by focusing on the disease, not the individual, as the reason for driving restrictions and cessation. The agreement is not a legal contract, but is a document to help plan for the future. Like plans made for medical and financial decisions, the form allows families to discuss matters and agree on a course of action before a crisis and while the loved one is capable of making decisions. This document is a helpful tool, but it has limitations. Not everyone with dementia will grant advance permission for someone to stop him or her from driving. The signed statement does not answer the question of when driving should stop, and it does not ensure the person with dementia will comply once the disease progresses. However, it is a tool to help caregivers.

Getting Outside Help

Caregivers often achieve better results by seeking support from professionals outside the family.

Healthcare Professionals

Healthcare professionals may be more likely to discuss driving issues with a patient if a caregiver has met with him or her privately and shared observations of driving behavior. This input can help because physicians do not have tests to determine definitively when a person in the early stages of dementia should not drive. And some doctors may hesitate to bring up a topic as emotionally charged as not driving for fear of jeopardizing the relationship with a patient. Doctors may request that a patient not drive for a period of time while trying new medication that may produce drowsiness. When a physician is concerned about someone's driving safety, writing a prescription to stop driving may give added weight.

Take the Keys as a Last Resort

Taking away the car keys or a driver's license or selling or disabling the car should be a last resort. To a family member in the early stages of the disease, such actions seem abrupt, extreme, disrespectful and punitive. And people with mild dementia can ignore, undo or maneuver around those strategies by driving without a license, enabling the disabled car, or buying a new car to replace the one that was sold. As one person with dementia noted, "If they disabled my car, I would call someone to fix it." Once a person has stopped driving, caregivers must decide whether taking the keys, license and car away will help the person adjust or make it more difficult. Some caregivers remove the keys or the car from sight to avoid having driving resurface as an issue. But others allow people with dementia who have stopped driving to keep their keys, their car and their license to help them maintain a sense of dignity. Some people with dementia stop driving but carry their driver's license as photo identification.

Independent Driving Evaluations
Healthcare professionals may know how to arrange for an independent driving evaluation. These assessments may be available through rehabilitation programs and some state motor vehicle departments. Driving tests are not uniform, and the evaluations vary depending on the extent of the tests and the evaluators' familiarity with cognitive impairments and other conditions that affect driving. Nevertheless, such tests may provide families additional input and support.

Other Sources of Support
Lawyers, financial planners and care managers can also raise questions about driving safety. Caregivers can enlist their help by asking them to mention the subject as part of planning. Alzheimer's support groups offer opportunities for caregivers and persons with dementia to share concerns and explore options.

Other Opportunities to Limit Driving
With some foresight, caregivers can create opportunities that limit driving. For example, people with dementia sometimes consider moving to an area that has more support services. Family conversations about housing alternatives can lead to discussions about driving and transportation alternatives at the new location. People with dementia are more uncomfortable and at higher risk of accidents when driving in unfamiliar places. Caregivers can use the relocation to encourage the individual with dementia to limit or stop driving. At times, financial issues may be used to initiate a change. Caregivers can build a case for selling a car by itemizing the cost of operating a car, including registration, insurance, maintenance, gasoline and car payments.

Family Relationships Affect Driving Decisions
No two families dealing with dementia resolve transportation issues in exactly the same way. Roles and relationships within families can affect decisions about when and how a person should stop driving. Each family member plays a role in decisions about driving, even members who appear on the periphery, such as a teenage grandchild who refuses to ride with a grandparent, or an in-law who provides transportation and a sympathetic ear. Individual responses of family members may vary. For example, a caregiving spouse may try to protect the person with dementia by withholding information about driving incidents from adult children. An adult child may intervene on matters of safety, even though this might affect the relationship with the parent. One person may avoid confronting the driving concerns of the family member, while another may take charge of the situation and act without input from others.

Caregivers need to remember that family members follow long established patterns for making decisions. It is unrealistic to think that patterns will change when handling a difficult issue like driving safety. However, caregivers can work to minimize friction by listening to different opinions and appreciating what each person can contribute, even if it differs from his/her point of view.

Disagreements in families are often the result when individuals do not have the same opportunities to assess driving abilities. While having factual information about driving behavior does not guarantee family members will reach consensus on when to limit driving, frequent open communication about observed behaviors and concerns may help lessen differences. Everyone involved in caring for the person with dementia can help by focusing on the key issues – the self-respect of the person with dementia and the safety of everyone on the road.

Family Transportation Planning and Worksheets

Giving up the wheel is a life-changing event for most people. It represents the end of an individual freedom many of us have known and taken for granted for most of our lives. If you are a family member, your loved one's decision to stop driving also may represent your transition to a caregiving role.

One of the most difficult kinds of change to accept is one in which you don't know for sure what is happening or might happen. You are uncertain about what you can do to make the situation better, and you don't know if the change means a total loss for you. The change is "ambiguous."

(Pauline Boss, "Losing a Way of Life? Ambiguous Loss in Farm Families," University of Minnesota Extension Service, BU-7614-F, 2001.)

The changes that surround a decision to stop driving impact both the person who is giving up driving and the family members who are closest to him.

Finding some ways to take control of your new situation and to make it less ambiguous can be an important way to live with change.

The Family Change and Priorities Worksheet – Dealing with the Changes and Loss

(adapted from the Boss reference above.)

1. Make a list of those things that seem unclear or worrisome for you personally as you face decision about driving for you or your family member.
   (Examples) How will I get to the doctor? How will I get to church? Or... How will I find the time to make sure my mom can see her friends? Will she be able to stay in her house even though there is no public transportation?)

2. List what you believe IS being lost forever and not likely to ever be as it was before.
   (Examples) I'll never be able to ask mom to drive over for the afternoon again. Or... I'll never be able to just decide to go out shopping without asking someone else.

3. Think about and talk about what IS NOT lost. What can you and your family hang on to in spite of the losses you listed above?
   (Examples) I can still go to church by making some new arrangements. My family members will help me find ways to get together. We can still enjoy good times together. We can help to build a better network of support in mom's community.

The Family Transportation Planning Worksheet –Practical Steps

Many families provide transportation for aging parents and relatives who no longer drive. Those who do suggest the following ways to address the situation.

- If possible, share the driving responsibility with another family member.
- Work out a driving schedule and be flexible enough to allow for adjustment 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 ahead can also save a trip if plans have changed.
- Arrange for prescriptions, newspapers, groceries, etc., to be delivered.
- Try to keep your loved one involved with the friends and activities they previously drove to.
- Talk with your loved one.
- Work out a driving schedule and be flexible enough to allow for adjustment 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 ahead can also save a trip, if plans have changed.
- Arrange for prescriptions, newspapers, groceries, etc. to be delivered.
- Try to keep your loved one involved with the friends and activities they previously drove to.
- Talk with your loved one's close friends. Discuss with them any transportation you are having difficulties providing. They may be able to offer alternative solutions or may be able to help out themselves.
- Remember that your loved one is part of a generation that enjoyed often ritual "Sunday drives." Inviting them along to "just ride" as you run some of your own errands is likely to be deeply appreciated even if they choose not to come along.

Sound Advice from Experienced Caregivers

Caregivers who have wrestled with driving and transportation issues were asked, "If you could do it over, what would you do differently? What advice would you give others who are in similar situations?" They revealed four basic principles that can help caregivers and people with changes in mental or physical capacity manage driving and transportation decisions.

1. There is no easy answer; no right way.
Caregivers need to consider the personality and the abilities of the person with diminished physical or mental or physical capacities when making decisions over the course of changes from aging or disease. They must take into account the roles and relationships within the family that affect decisions and their outcomes. Each family must select strategies that will work within its unique situation, and proceed with the individual's dignity and safety in mind.

2. Begin discussions and planning early and involve the person.
Ideally, a person with diminished physical or mental or physical capacities should make the transition from driver to passenger over a period of time. The "Agreement with My Family about Driving" (family agreement form from the American Alzheimer's) can serve as the starting point for meaningful discussions about driving. Open, early and continual communication can help the person with dementia and the family to agree on a course of action before a crisis occurs.

3. Base decisions on driving behavior observed over a period of time.
Regular monitoring and assessing of driving helps caregivers respond appropriately. A diagnosis alone may not be sufficient reason for a person to stop driving. However, when it clearly is no longer safe for a person to drive, caregivers must not delay in taking necessary steps. In hindsight, many caregivers regret permitting a loved one to drive longer than it was safe. The result was prolonged anxiety for caregivers and placing others at risk.

4. Get support when making and implementing decisions about driving.
It is not healthy for the caregiver, the person with diminished mental or physical capacities, or the family as a whole, when one person shoulders all of the responsibility for making and implementing decisions about driving and dementia. Caregivers can make reasonable requests of family members and those outside the family. Neighbors, friends and relatives can contribute in practical ways by providing for the emotional, social, and transportation needs of the person with dementia.

Doctors, lawyers, care managers, financial planners and local Alzheimer's support groups offer information, guidance and perspective. People in authority outside the family can reinforce the family's efforts to ensure the safety and dignity of a person with dementia. The more people who are asked to help, the less any one person has to do and the greater the likelihood that the person with dementia will get the best support. People diagnosed with dementia rightfully want to drive for as long as it is safe. Family members must constantly weigh the need to respect a person's desire to drive with the need for safety.

We hope this guide will help those making safe mobility decisions find the balance between maintaining independence and ensuring safety.

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 three 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
- Transportation authorities, brokers and independent providers
- Diabetes Association
- Legal Aid Society/Eldercare Legal Association
- Community service organizations
- Local driving school
- Insurance agent
- AARP driving program
- Local AAA affiliate (Automobile Association)

Area Agencies on Aging

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 its area that 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:

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

The area agency on aging 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.

Iowa Area Agencies on Aging

NORTHLAND AGENCY ON AGING
Serving: Allamakee, Clayton, Fayette, Howard and Winneshiek counties

808 River St.
Decorah, IA 52101
Phone: 319-382-2941
Toll Free: 800-233-4603
Fax: 319-382-6248
Email Address: mail@northlandaging.com
Web site: www.northlandaging.com

ELDERBRIDGE AREA AGENCY ON AGING
Offices located in Mason City, Fort Dodge and Carroll, Iowa
Serving: Audubon, Calhoun, Carroll, Cerro Gordo, Crawford, Floyd, Franklin, Greene, Guthrie, Hamilton, Hancock, Humboldt, Kossuth, Mitchell, Pocahontas, Sac, Webster, Winnebago, Worth and Wright counties

22 N. Georgia, Suite 216
Mason City, IA 50401
Phone: 515-424-0678
Toll Free: 800/243-0678
Fax: 641/424-0678

Fort Dodge: 515-955-5244 or 1-800-543-3280
Caroll: 712-792-3512 or 1-800-543-3265
Email Address: Elderbridge@jumpgate.net
Web site: www.elderbridge.org

NORTHWEST AGING ASSOCIATION
Serving: Buena Vista, Clay, Dickinson, Emmett, Lyon, O'Brien, Osceola, Palo Alto and Sioux counties

2 Grand Ave.
Spencer, IA 51301
Phone: 702-262-1775
Toll Free: 800-242-5033
Fax: 712-262-7520
Email Address: naa@nwaging.org
Web site: www.nwaging.org

SIOUXLAND AGING SERVICES
Serving: Cherokee, Ida, Monona, Plymouth and Woodbury counties

915 Pierce St.
Sioux City, IA 51101
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Toll Free: 800-242-5033
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Web site: www.SiouxlandAging.org

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SOUTHWEST 8 SENIOR SERVICES, INC.
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Council Bluffs, IA 51501
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Fax: 712-328-6899
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Toll Free: 800-642-6522
Fax: 641-682-2445
Email Address: senecaaaa@pcsia.com
Web Site: www.seneca-aaa.org

SOUTHEAST IOWA AREA AGENCY ON AGING, INC.
Serving: Des Moines, Henry, Lee and Louisa counties

509 Jefferson St.
Burlington, IA 52601
Phone: 319-752-5433
Toll Free: 800-292-1268
Fax: 319-754-7030
Email Address: seiowa.aaa@mcleodusa.net
Web Site: www.southeastiowaagingservices.com

Medical Practitioners

(neurologist, cardiologist, ophthalmologist, psychiatrist, etc.)

A physician in Iowa who agrees that your loved one has a medical condition affecting driving safety can file a form with the Iowa Department of Transportation's Office of Driver Services which will trigger a reexamination for a driver.

Upon review of the physician's statement, Office of Driver Services personnel 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 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 _____ to identify your safety, medical and behavioral concerns;
- ask that your concerns be reported in the driver's medical record maintained by the physician; and
- ask the physician to report your driver to DMV if he/she concurs with your observations.

Be aware that liability and confidentiality concerns can prevent the physician from sharing information about his/her 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 Driver Services personnel to be driving safely. If the physician is reluctant to do anything, this is often the reason.

Eye care provider (ophthalmic dispenser)

In Iowa, a licensed ophthalmic dispenser (optician, optometrist, ophthalmologist or a registered nurse giving a visual acuity test) can file a form with the Office of Driver Services, Iowa Department of Transportation that will trigger an Iowa Department of Transportation's Driver Services re-examination for a driver. Driver Services 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. Arrange to meet with your loved one's physician.
- Be specific about what you have observed.
- Ask the physician to report your driver to the Iowa DOT's Office of Driver Services if he/she concurs with your observations.

If the eye care provider concurs with your observations, request that he NOT provide your driver with the Visual Acuity Report needed for license renewal, or if renewal is still some time off, report the vision condition to Driver Services 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.

Driving Evaluations And Occupational Therapy

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 that 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 up to one hour of on-the-road evaluation. A written report will be provided. There is usually no loss of license penalties if the person performs poorly.

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 is no loss of license penalties if the driver does not perform well. Driving schools are listed in the Yellow Pages. Look for a school that 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."

Vehicle Modifications

Adapting Vehicle and Assistive Technology
Sometimes an older driver's capacity to drive safely is caused by vehicle characteristics that make driving more difficult or even impossible. Assessment of a motor vehicle's fit for an older driver can determine if assistive devices or a different vehicle might help the driver continue driving safely.

Examples of vehicle assessment to improve safe driving.

Operational design of a motor vehicle
- manual brakes that require more leg strength than power brakes
- manual transmission that requires upper body strength and repetition not required with an automatic transmission
- manual steering that requires upper body strength and speed to maneuver turns

Interior design of a motor vehicle
- seats that cannot be adjusted to accommodate a driver's shape, size or medical condition
- interior seating that does not provide for the comfort of the operator
- illogical dash design and displays
- seat belt/shoulder harness placement that is difficult to reach

Exterior design of motor vehicles
- motor vehicle exterior doors that are heavy and cumbersome
- visibility problems due to pillar post placement
- motor vehicles that are large in overall size

If a vehicle was purchased when the driver(s) were in full health, the overall size of the vehicle or even the limited adjustments available in the seat position may make driving difficult or impossible for a person who has changed in the years since the car was purchased. A car dealer or assistive technology specialist can evaluate the driver's needs and potential adaptations for the vehicle.

Iowa COMPASS is Iowa's *free* statewide information and referral service for people with disabilities, their families, their service providers, and other members of the community. We maintain information on more than 8,000 local, state, and national agencies and programs. Our information specialists are available via E-mail and telephone, Monday through Friday, 8 a.m. to 5 p.m. to help you. You can also search our database yourself!

Iowa COMPASS
Call toll-free:
Voice 800-779-2001
TTY 877-686-0032

LEAVING THE WHEEL

Preparing For A Discussion

A discussion about leaving the wheel is a serious event. If your loved one is capable of understanding the seriousness of his/her 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 and 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 medicines) 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."

Who Should Be Involved

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

- Area agency on aging resources
- 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 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!

What Approach Is Best

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, including lawsuits that 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 river 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 pinion, 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 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 his/her 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 Non-driver Photo Identification Card

The Iowa Office of Driver Services offers residents without a license, or those surrendering a driver's license, a non-driver photo identification card. This is legal identification for check cashing and other purposes. If your driver surrender is/her license or it expires, a non-driver photo ID card may provide 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 the 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 make sure your driver is not driving someone else's car (includes rental vehicles, too!).

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 the 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.

Tricks (need better title)

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), the police 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 and 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 families helping each other
    - "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 and 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!

CAREGIVERS AND 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 The Driver's 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 on for most of his or her life. Now, seemingly overnight, that freedom and all it conveys is gone forever. It is a loss that 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, and 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 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 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 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 earlier in this document.
- 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.

Maintaining Relationships and Mental Health

"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 that 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 need 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:

- loss or gain of weight
- not sleeping
- loss of appetite
- not seeing friends
- excessive alcohol/drug use
- need for an excessive amount of caffeine
- verbal abuse of 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.

Getting Around
Getting around without a car is difficult in today's auto-oriented society. America's heavy dependence on automobiles during the 20th century has left us with small towns and urban neighborhoods with no local services or even grocery stores. Even when services are available locally, we are used to having the freedom to drive to the doctor or grocery store across town or in another community rather than the one nearby because that is our personal preference. We are used to going where we want, when we want.

When one can no longer drive, it is a major adjustment. Suddenly it may be a challenge even to get to the nearest doctor or grocery, let alone the one that we have patronized over the years.

CONCLUSIONS

SAFE MOBILITY FOR LIFE –
A FINAL NOTE FOR ADULT CHILDREN AND "BOOMERS"

"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 were 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 of these can be at a moment's notice! The list below identifies conditions that can put an end to your driving privileges, literally overnight!

- cardiovascular (arhythmias, cardiac arrest, syncope and similar disorders)
- pulmonary
- neurological (seizures, stroke, dementia, narcolepsy, disorders or 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?

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 beginning 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!

For more information:

Iowa Dept. of Transportation
http://www.dot.state.ia.us

Office of Driver Services
Park Fair Mall, 100 Euclid Ave.
P.O. Box 9204
Des Moines, IA 50306-9204
http://www.dot.state.ia.us/mvd/ods/index.htm

Iowa Department of Elder Affairs
http://www.state.ia.us/elderaffairs

Iowa DOT's office of Public Transit
800 Lincoln Way
Ames, IA 50010
www.iatransit.com
FAX: 515-233-7983

Iowa Governor's Traffic Safety Bureau
(information on traffic safety programs and services in Iowa)

Iowa Area Agencies on Aging
http://www.state.ia.us/elderaffairs/aaadirectory.htm

Iowa Safety Management System
www.IowaSMS.org

AARP
601 E St. N.W.
Washington, DC 20049
Phone: 1-800-424-3410
www.aarp.org
Iowa State Office
600 E. Court Ave.
Suite C
Des Moines, IA 50309
Phone: 515-244-2272
Fax: 515-244-4719
TTY: 877-434-7598 (toll-free)

55 ALIVE driving program
1-888-AARP NOW (1-888-227-7669) and follow the prompts.
It's a toll-free call. Please be ready to give us your 5-digit postal zip code. A local volunteer will call you back within 3-5 business days to help you locate the course nearest you.
http://www.aarp.org/55alive/

AAA (American Automobile Association)
(chapter location and services information)
407-444-7000
www.aaa.com

AAA Foundation for Traffic Safety
(extensive traffic safety data and research information)
202-638-5944
www.aaafts.org

National Highway Traffic Safety Administration (NHTSA)
(extensive older driver information)
1-888-327-4236
www.nhtsa.dot.gov

National Safety Council
(older driver re-training program, safety information and data)
1-800-621-7619 or 6244
www.nsc.org

American Association of Motor Vehicle Administrators
(finding a DMV office in another state or province)
703-522-4200
www.aamva.org

United States Administration on Aging
(information about aging service programs and area agency on aging locations)
1-800-677-1116
www.aoa.dhhs.gov

Insurance Institute for Highway Safety
(extensive vehicle safety and crash data information)
703-247-1500
www.hwysafety.org

Don't have Internet access? Your public library does and can help you obtain information from the Internet sites listed above.