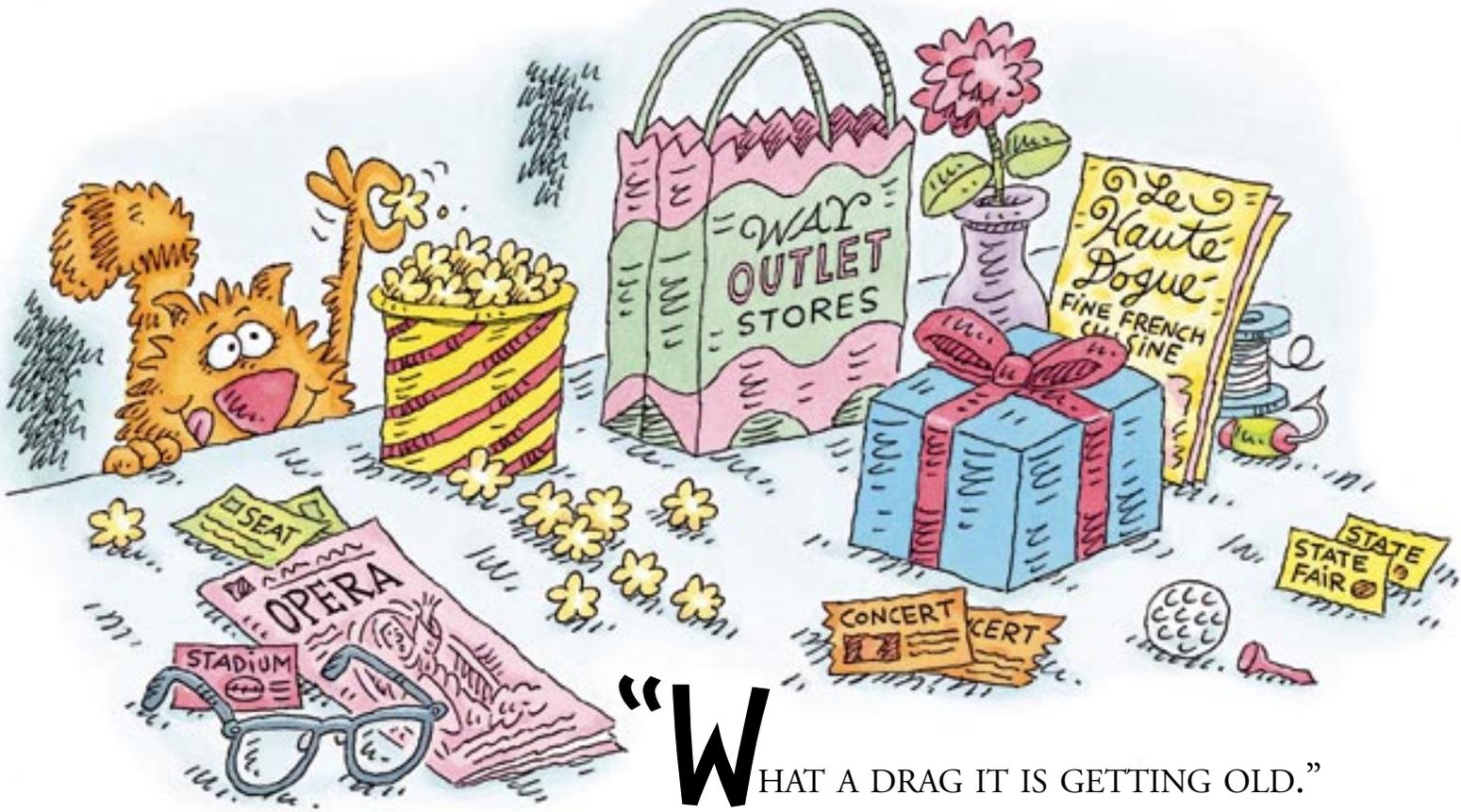


How to Help an Older Driver

A Guide for Planning

Safe Transportation





“WHAT A DRAG IT IS GETTING OLD.”

AT LEAST, THAT’S WHAT MICK JAGGER SANG BACK IN 1966, WHEN HE WAS JUST 23 YEARS YOUNG. THESE DAYS, AS A “GOLDEN OLDIE” HIMSELF, MICK MIGHT WANT TO CHANGE HIS TUNE. TIME CATCHES UP WITH EVERYONE, EVEN ROCK ’N ROLL STARS, BUT GETTING OLDER DOESN’T HAVE TO BE A DRAG.

Your parents, grandparents, or older relatives and friends will tell you that. They want to shop, socialize, go to movies and concerts, and generally do everything that keeps life from being a drag. Driving plays an important part in maintaining such an active, rewarding lifestyle. It means independence, freedom, and the pursuit of happiness at any age.

It’s no wonder, then, that most people want to keep driving as long as possible. In 1995 there were 16.5 million licensed drivers over 70 years old —

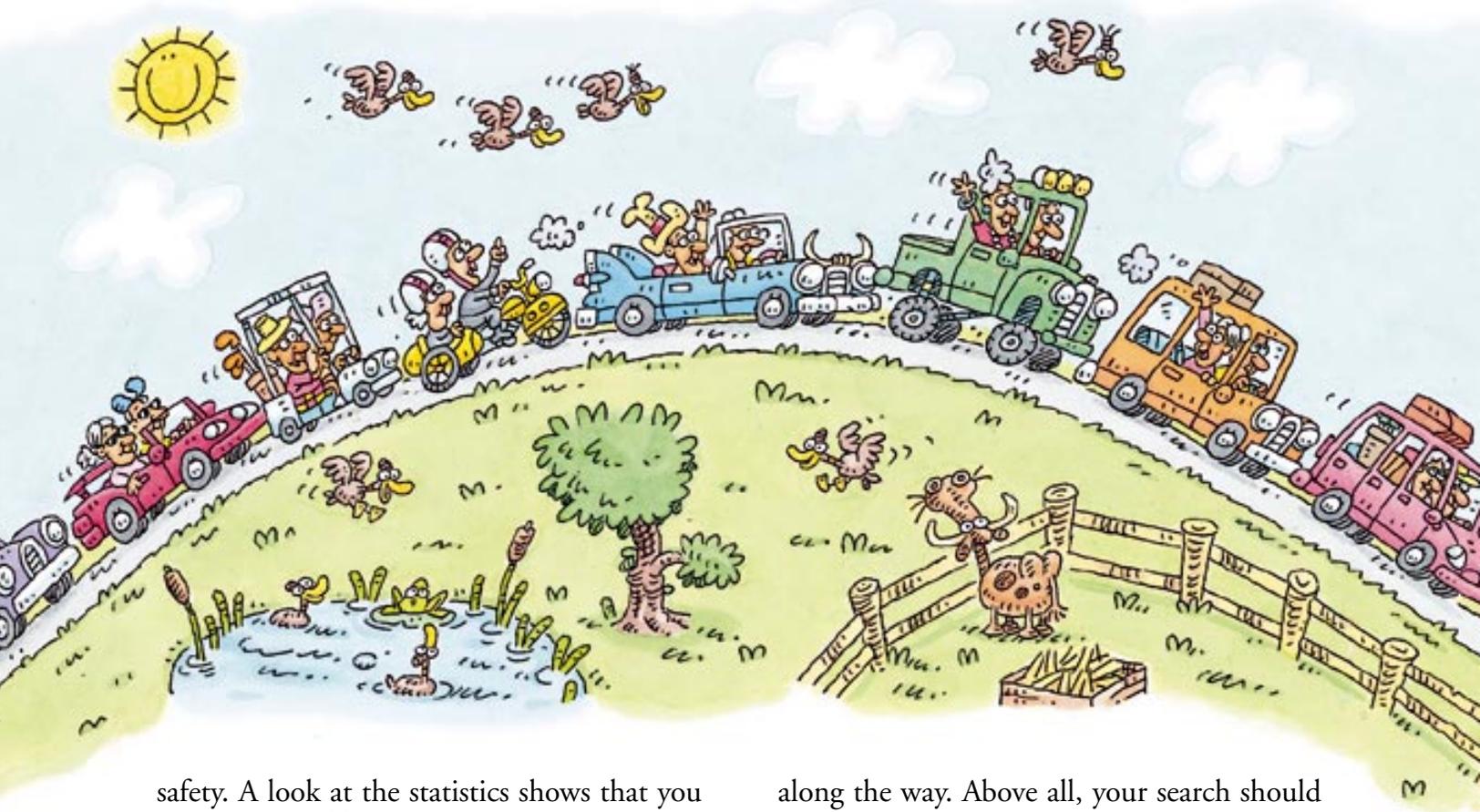


a 47 percent increase from 1985. By the year 2020, the United States will hold 54 million Americans over 65 years of age — and many of them will be driving.

You obviously care about the older drivers in your life — not only for their continued happiness, but also for their

ing that they're not a hazard to themselves and others on the road?

Unfortunately, there is no single, easy answer. Family circumstances, as well as individual skills, vary. This booklet provides a framework as you search together for answers. It also suggests resources to turn to



safety. A look at the statistics shows that you have good reason to be concerned:

Older drivers become more crash-prone with age, even though they drive less. The crash rate per mile driven rises steadily for drivers 65 and older, and those drivers are involved in more crashes per mile driven than any other age group except teenagers. And because older drivers are more fragile, their fatality rates are 17 times higher than those of 25- to 64-year-olds.

How can you preserve your loved ones' personal freedom and mobility, while ensur-

along the way. Above all, your search should be guided by three basic principles:

1. Understand each individual's strengths and weaknesses.

Although experts agree that driving ability generally begins to deteriorate at age 55, drivers have widely differing skills. Some people can continue to drive safely well into old age. Others can't. Older drivers want to be considered as individuals, and rightly so — they're not all the same.

2. Communicate openly and respectfully.

No one wants to be called a dangerous driver. Most older drivers in focus groups and field studies think of themselves as safe — safer, in fact, than younger drivers. Usually, they respond to direct accusations with anger and denial. You cannot help older drivers if you alienate them. Instead, show them that you know how important driving is in their lives. Explain that you want them to stay safely behind the wheel for as long as possible. Talk about strategies to correct their shortcomings, overcome their fears, and set their mind at ease.

Above all, be positive and supportive, not bossy. Parents, no matter how old, resent their children making decisions for them. As parents, they've played the role of decision-maker for a lifetime. Don't expect them to comfortably accept a role reversal in which their child becomes the decision-maker. Any driver who has been independent for his or her whole life will resent being coerced.

3. Plan early.

Most workers plan carefully for their retirement — they think about housing, health care, financial security, and other needs for years before retiring. But many retirees neglect to plan for transportation. If you are discussing retirement for a family member (or yourself!), take the same careful approach to transportation that you would with finances. Plan for regular medical check-ups and driving assessments, choose a safer car, and identify alternative modes of



transportation well before skills diminish. In choosing a retirement home, for example, look at access to public transportation, the ability to walk to services, and whether transportation is provided by the facility. Plan *now* for a time when driving may no longer be a safe option.

Under some unfortunate circumstances, the only responsible action you can take is to confiscate the keys, immobilize the vehicle, or take the car away.





How Age Affects Driving

Although driving might seem easy and natural, it's actually a complex, fast-paced activity. It involves sensing information about traffic, road conditions, signals, markings, and the car's behavior, deciding what to do based on that information, and then acting, all in rapid-fire succession. A typical driver makes 20 decisions per mile, with less than half a second to act to avoid a collision. Age affects all three steps in the process: sensing, deciding, and acting.

1. Sensing.

We receive 85 percent of the information necessary to drive through our eyes. But typically our eyes begin to grow worse at age 40 or 50 and decline progressively in later years, even with corrective lenses.

We lose our ability to clearly distinguish

details — not only at rest, which is commonly measured with an eye chart in driver's exams, but also in motion, which is seldom measured. That affects the distance at which we can read road signs, for example. We also lose the ability to change focus quickly between near objects such as the instrument panel and those at a distance

such as traffic and signs on the highway. The field of vision typically narrows with age, increasing the possibility of a side collision at an intersection. This narrower visual field also makes it hard to pick out a particular object in a cluttered scene — spotting a poorly placed road sign at a busy urban intersection, for example. Colors, especially red, become less bright, making it difficult to detect the flash of brake lights.

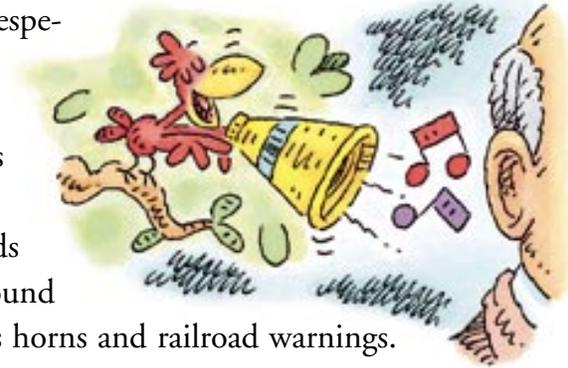


Compared to young people, older drivers require much more light and more time to adjust to changing light conditions. This delay affects driving at night, entering and leaving tunnels, and driving through shady lanes on sunny days. Older drivers are also bothered more by glare and take longer to recover from it. The enormous number of big pickup trucks, vans, and sport-utility vehicles on today's roads make night driving particularly difficult for older people. These vehicles ride high, so their lights shine directly into eyes of a driver in an oncoming passenger car. This



can temporarily blind an older driver. Older people are also more susceptible to medical conditions such as glaucoma and cataracts.

In addition to deteriorating eyesight, older drivers must deal with decreased hearing ability. Studies show that 30 percent of people age 65 or older suffer significant hearing loss, especially to high-pitched tones, such as sirens, and to specific sounds amid background noise, such as horns and railroad warnings.



2. Deciding.

Once we take in information through our senses, we have to process it and make a decision behind the wheel to avoid a collision. Although older drivers process information and react more slowly than younger people, experience, mature judgement, and good driving habits usually compensate for those diminished skills. In the absence of dementia or other serious illness, judgement skills do not decline with age.

As a sign of continued good judgement, most older drivers recognize and avoid situations where their limitations put them at risk. They drive less after dark, during rush hour, or in bad weather, and they may avoid difficult roads or intersections.

Such compensation doesn't always work, however. Some older drivers become flustered in fast-changing situations that demand immediate response. Others deny the impairments of old age. "Who, me?"



they say. "I drive as well as I did 15 years ago." These drivers resist putting restrictions on themselves and continue to drive anywhere, anytime. They pose a hazard to themselves and others.

3. Acting.

Making good decisions is one thing. Carrying them out is quite another. Few older drivers can perform fast-paced motor activities as well as younger drivers. But, given more time, they do fine. Research shows that 90 percent of older drivers who fail reaction tests at high speeds perform satisfactorily at speeds 10 mph slower. Most older drivers understand this instinctively. They drive at a slower pace, using the brake more and the accelerator less.

Still, older drivers tend to respond more slowly in a crisis. Weaker muscles, reduced flexibility, and limited range of motion restrict their ability to grip and turn the steering wheel, press the accelerator or brake, or reach to open doors and windows.

DO THE EYES HAVE IT?

We drive with our eyes more than any other sense. Vision provides as much as 85 percent of the information we need to make safe decisions behind the wheel. Yet our eyes begin to deteriorate after age 40 and get progressively worse. How much worse? Check out these facts:

- The amount of light needed to drive roughly doubles every 13 years. A 45-year-old requires four times as much light as a 19-year-old. A 60-year-old requires 10 times as much.
- The ability to change focus declines with age. Younger drivers need only about two seconds to adjust their focus from near to far, such as when looking from the speedometer to the road ahead. Drivers over 40 take three seconds or more, with more time needed as they age.
- The eyes' lenses grow thicker, pupils shrink, and muscles lose elasticity with age, making older drivers much more sensitive to glare. Compared to a 16-year-old, a 55-year-old takes eight times longer to recover from glare.
- Colors become harder to see, especially red. Some older drivers take twice as long to distinguish the flash of brake lights as younger drivers.
- Peripheral vision narrows with age and depth perception declines. Depth perception affects the ability to judge how fast other cars are moving.

What's more, 50 percent of the middle-aged population and 80 percent of people in their 70s suffer from arthritis, a crippling inflammation of the joints, which makes turning, flexing, and twisting painful. Exercises will help strengthen bones and muscles and maintain flexibility, but no amount of exercise can completely erase the effects of aging.



How Medications Affect Driving

Older drivers take more medications than their younger counterparts. In fact, people over 65 make up 11 percent of the population but use 25 percent of all prescription drugs dispensed in the United States. That doesn't even count non-prescription drugs, such as over-the-counter cold and allergy medications, cough syrup, or sleeping pills.

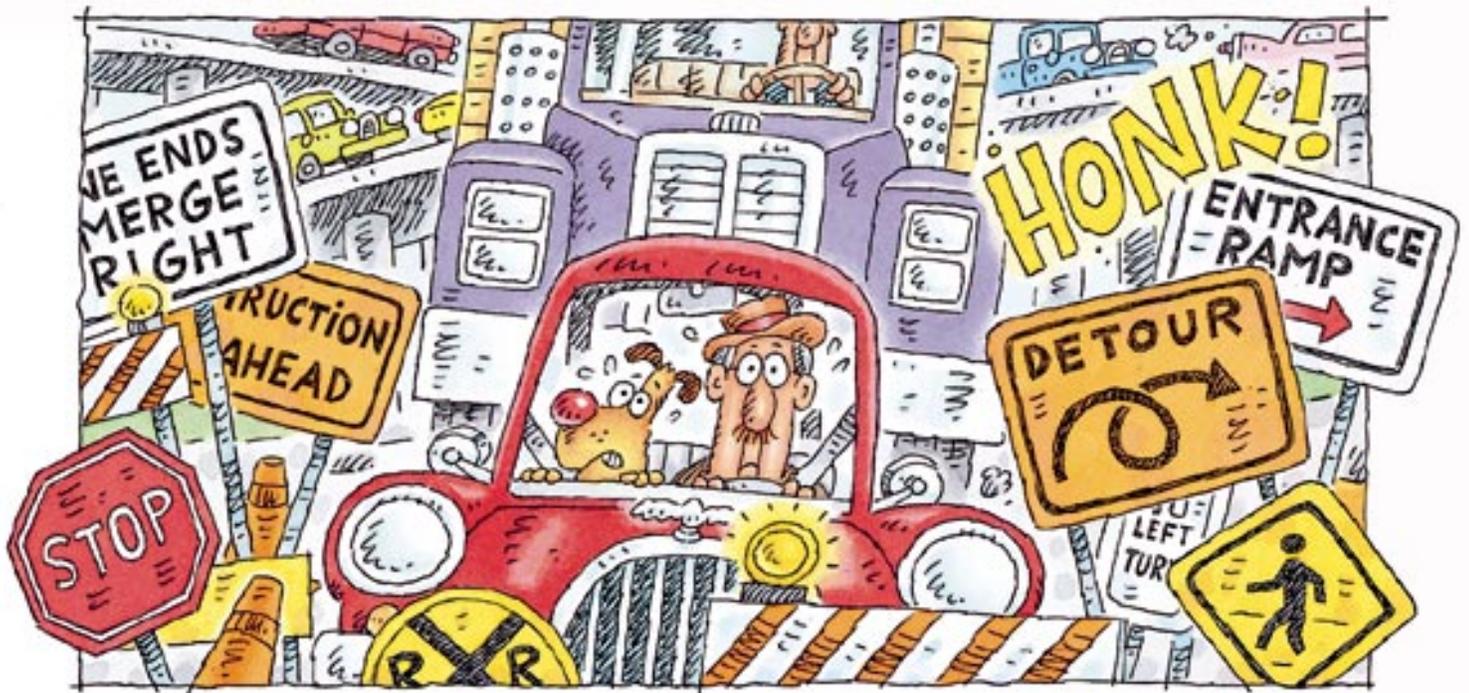
Many of these medications cause drowsiness, sap energy, slow reaction times, and otherwise affect driving ability. Although statistics linking legal drug use to crash rates remain sketchy, several studies have concluded that diazepam (Valium) and other drugs commonly prescribed to relieve anxiety, stress, and muscle spasms can double the likelihood of a traffic collision.

Even more dangerous are interactions with other drugs, including alcohol. Many

older people see more than one doctor, each of whom prescribes medication. Taking these drugs in combination can produce unexpected, dangerous side-effects and may multiply impairment.

Alcohol is far from harmless in this regard. Research shows that as people age, their tolerance for alcohol steadily declines and its effects linger longer.





Assessing an Older Driver's Skills

How can you tell whether an older motorist can still drive safely? Can you pinpoint skills that need work, bad habits that need correction, or difficulties that suggest limitations to driving?

Self-assessments.

Ideally, the older driver should assess his or her own performance. A crucial first step in owning up to behind-the-wheel safety, a self-assessment prompts the driver not only to recognize and correct possible shortcomings, but also to plan ahead for inevitable effects of aging. The assessment also helps the driver understand your concern.

The AAA Foundation for Traffic Safety publishes *Drivers 55 Plus: Test Your Own Performance*, which provides specific safety suggestions based on the driver's answers to

15 questions. It's available at many local AAA clubs or directly from the AAA Foundation (1440 New York Avenue, NW, Washington, DC 20005, or <http://www.aafts.org>).

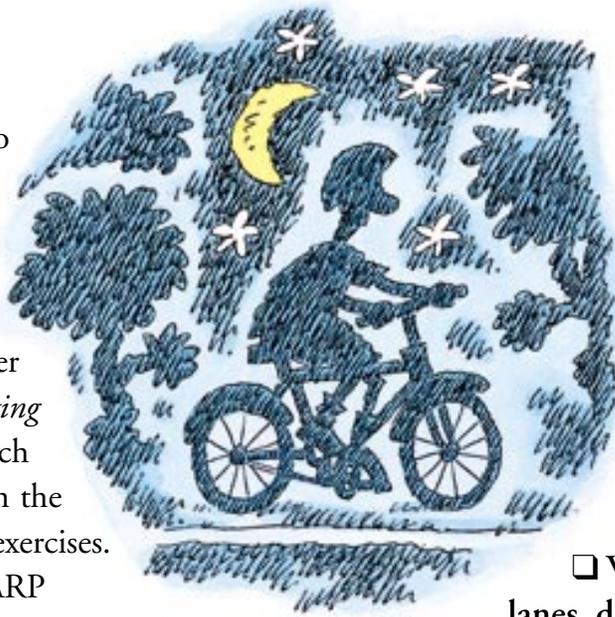
The AAA Foundation also offers *The Older and Wiser Driver* as both a 12-page brochure and 22-minute video. Either version includes safety tips and infor



mation about what to expect with aging.

The American Association of Retired Persons

(AARP) offers another self-assessment, *Creating Mobility Choices*, which offers advice based on the results of workbook exercises. It's available from AARP (800/424-3410, or www.aarp.org).



- Does the driver have difficulty merging on freeways, or turning onto busy streets?

Vision problems may impair his or her ability to judge the speed and distance of approaching traffic.

- When merging or changing lanes, does the driver rely only on the mirrors, rather than turning fully to check the blind spots over his or her shoulder?

Does the driver turn around completely when backing up? Failing to do so may be a bad habit--or may indicate the onset of stiffness in the neck and back.

- Does the driver have trouble seeing other vehicles, cyclists, or pedestrians, especially at night?

Deteriorating night vision or sensitivity to glare may be the cause.

- Does the driver seem to ignore or

Other indicators.

You can ride along with a driver and look for signs of risky behind-the-wheel behavior. Of course, despite your care and concern, you might not be the most objective judge of a parent's or relative's driving. That's why input from friends, neighbors, and especially law enforcement officers can help you determine the degree to which the driver needs help.

- Does the driver neglect to buckle up?

Safety belts are the single best protection for anyone, in any car, in any crash. Laws in every state except New Hampshire require drivers to use them. Going unbelted might be a bad habit — or it may indicate a poor fit, or trouble fastening the buckles.

- Does the driver have difficulty working the pedals?

For example, does the driver lift his or her leg to move from the accelerator to the brake, rather than keeping a heel on the floor and pressing only with the toes? That may be a sign of waning strength. In extreme cases, some elderly drivers use their hands to lift or push their leg.





“miss” stop signs and other traffic signals?

Perhaps he or she is inattentive or cannot spot the signs in a crowded, constantly moving visual field.

Does the driver react too slowly to sirens and flashing lights of emergency vehicles?

Does the driver weave, straddle lanes, drift into other lanes, or change lanes without signaling?

Does the driver position the car improperly for turns (especially left turns), or attempt turns from the wrong lane?

Do other drivers honk or pass frequently, even when the traffic stream is moving relatively slowly?

That may indicate difficulty keeping pace with fast-changing conditions.

Does the driver tend to park extraordinarily far from his or her destination?

A problem judging distances or making tight maneuvers may underlie the fear of closer parking spots.

Does the driver get lost or disoriented easily, even in familiar places?

Do you find yourself giving directions or prompting the driver frequently?

Has the driver been issued two or more traffic tickets or warnings in the past two years?

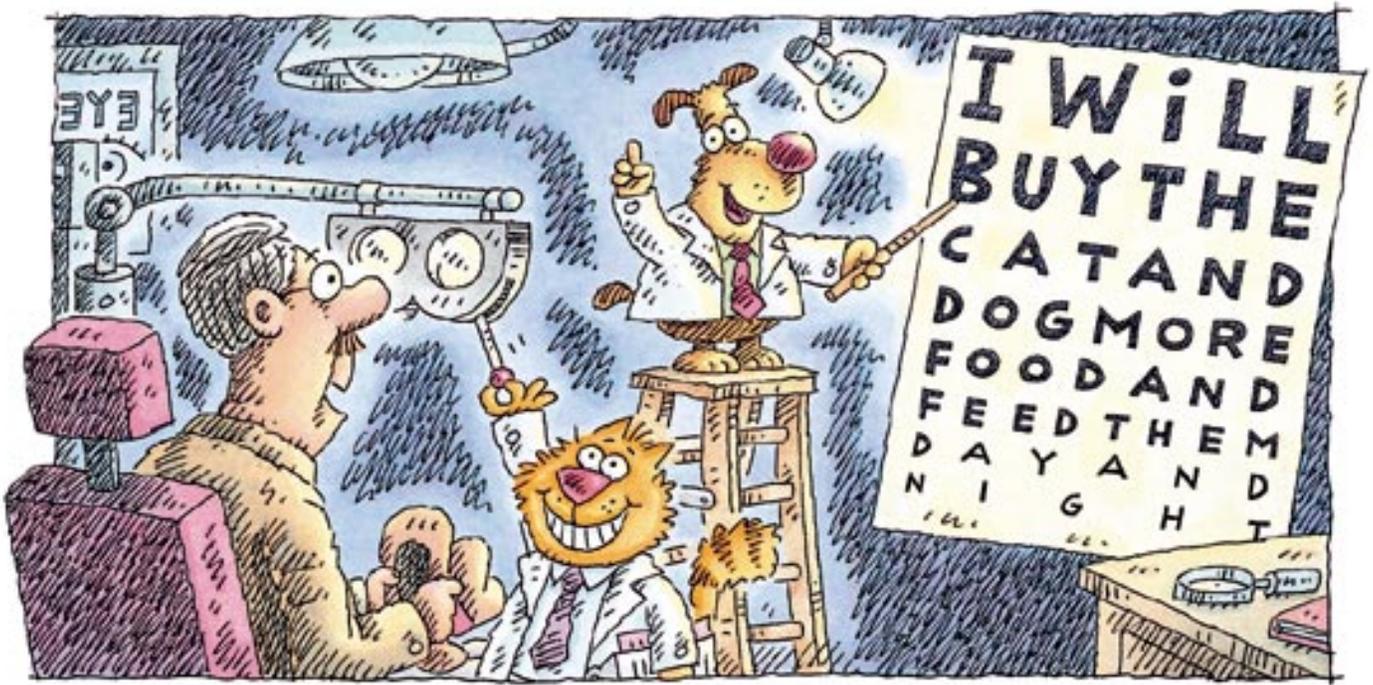
Insurance companies know that tickets predict greater risk for a collision. Driving the wrong way, failing to yield the right of way, and crossing a lane marking or driving off-road rank as the most common violations for older drivers, and they signal a sure problem.

Has the driver been involved in two or more collisions or “near-misses” in the past two years?

Rear-enders, parking lot fender-benders, and side collisions while turning across traffic rank as the most common mishaps for drivers with diminishing skills, depth perception, or reaction time.

Also, in some areas, certain hospitals and medical centers offer specially targeted programs for evaluating older drivers’ skills. They diagnose physical, perceptual, or cognitive impairments and, if needed, offer special training to compensate. Usually, such programs require a physician’s referral. Basic assessments can cost several hundred dollars, but insurance policies may cover a portion of the cost. Check with the individual’s insurance plan provider.





Helping an Older Driver Cope

If you answered “yes” to any of the assessment questions, you have good reason for concern and the driver in your life needs to take corrective action. The remedy may be as simple as an eye exam, a visit to the doctor, a regular exercise program, or a more appropriate vehicle. Or the driver may need a refresher course to renew driving skills and learn techniques that will help handle new challenges safely.

Schedule regular check-ups and eye exams.

A complete medical exam can reveal specific physical conditions that affect driving. For example, qualified medical personnel can check an older driver’s decision-making skills, reaction time, muscle strength, and joint flexibility.

Certainly, a physician should discuss the effects of all medications, warning of possible impairments to driving and harmful interactions. At the very least, the physician should discuss conditions such as anxiety and depression with their patients and advise them how their driving might be affected. The driver’s pharmacist can help, too. Even if your older driver takes medica-

directly from the Foundation (1440 New York Avenue, NW, Washington, DC 20015, or <http://www.aafts.org>).

Choose the right car.

Often, older drivers feel safer in a familiar car. Nevertheless, a car with up-to-date features and a comfortable fit will give the driver an added margin of safety. That's worth the time invested in practicing and adjusting to a new vehicle. Look for these features:

Height-adjustable seats.

People get progressively shorter with age, losing as much as three inches in height by age 75. In many cars, the seat height can be adjusted so the driver has a good line of sight from all windows.

Tilt/telescoping steering wheel.

Safety experts recommend that drivers of any age sit with their shoulders level with the top of the steering wheel and their breastbone at least 10 inches away from the airbag. A steering wheel that both tilts and telescopes (adjusts fore and aft) helps the driver find a safe, comfortable position.

Height-adjustable safety belt anchors.

Many cars in all price ranges now offer adjustable shoulder-belt anchors for a comfortable fit, regardless of the driver's size. Alternatively, sheepskin or padded "sleeves" for the shoulder belt may improve comfort and prevent chafing. Do not use belt-adjusting clips or straps that squeeze the lap and

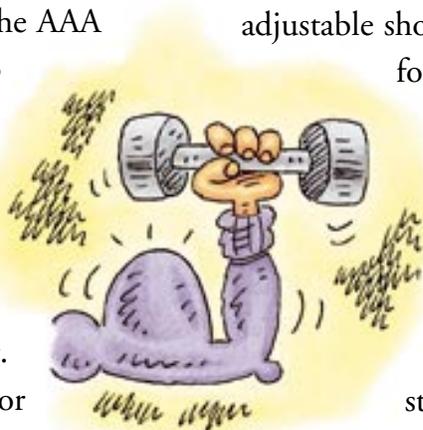


tions prescribed by more than one doctor, he or she should rely on a single source for prescriptions. Many pharmacies keep computerized patient records that automatically warn of dangerous drug combinations.

The same goes for eye care professionals. Gently encourage the older driver to mention driving-related vision to his or her examiner. Then, the eye care professional can specifically test for and identify those problems such as glare sensitivity, loss of peripheral vision, and poor night vision. That will lead to the best prescription for driving, a "daytime only" driving restriction, or treatment for glaucoma, cataracts, and other diseases.

Encourage regular exercise.

Your driver's physician can suggest an exercise routine to maintain strength, flexibility, and general well-being. The AAA foundation for Traffic Safety also publishes the brochure, *A Flexibility Fitness Training Package for Improving Older Driver Performance*, which outlines exercises aimed specifically at joint flexibility related to driving. It's available at some AAA clubs or





shoulder belts together over the driver's stomach. Although they promise greater comfort for short people, they can position the lap belt too high, over the abdomen rather than across the pelvis, leading to increased injuries in a crash.

❑ Good visibility.

Avoid wide roof pillars (which create over-the-shoulder blind spots) and high rear deck lids or aerodynamic spoilers (which block sight lines when backing up). And keep all windows clean, inside and out. Vaporized plastic from the interior forms a film on the windows that restricts visibility, especially at night. Regular cleaning every few months prevents this from building up. Similarly, keep headlight lenses clean to get as much light on the road as possible.

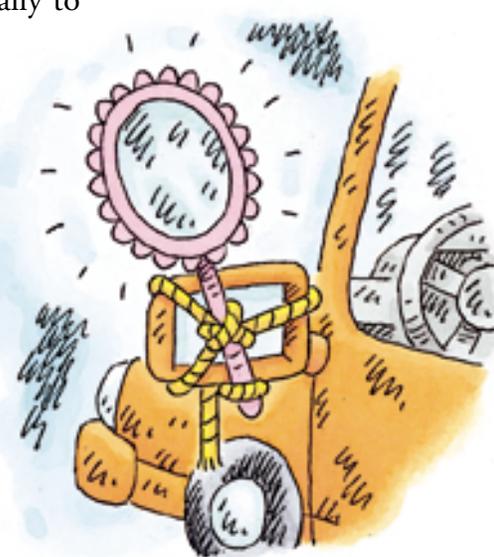
❑ Legible instruments.

Letters, numbers, and symbols on the gauges and controls should be easy to read in any light. The dimmer switch should be

used to adjust the dashboard lighting at night — set it at a low but readable level to make the road seem brighter.

❑ Big, glare-proof mirrors.

At the very least, the rear-view mirror should have a setting that cuts headlight glare from trailing vehicles, and the car should have outside mirrors on both sides to eliminate blind spots. Some cars now offer light-sensitive mirrors (inside and out) that darken automatically to reduce headlight glare. These self-darkening mirrors are extremely effective at reducing glare while maintaining excellent rearward visibility. Wide-angle



rear-view mirrors and a convex side mirror may help drivers with reduced neck flexibility or peripheral vision, but they distort distances and require practice to use safely.

❑ Convenience features.

Push-button controls and levers are easier for older drivers to use than knobs, which require turning or twisting. Power windows and door locks eliminate cranking and reaching; they provide extra security, too. Power steering (often eliminated from the standard equipment list on economy cars) compensates for reduced arm strength. Variable-assist power steering varies the force required to turn the wheel, making it easier to turn at low speeds, such as when parking, but firmer at high speeds on the

highway.

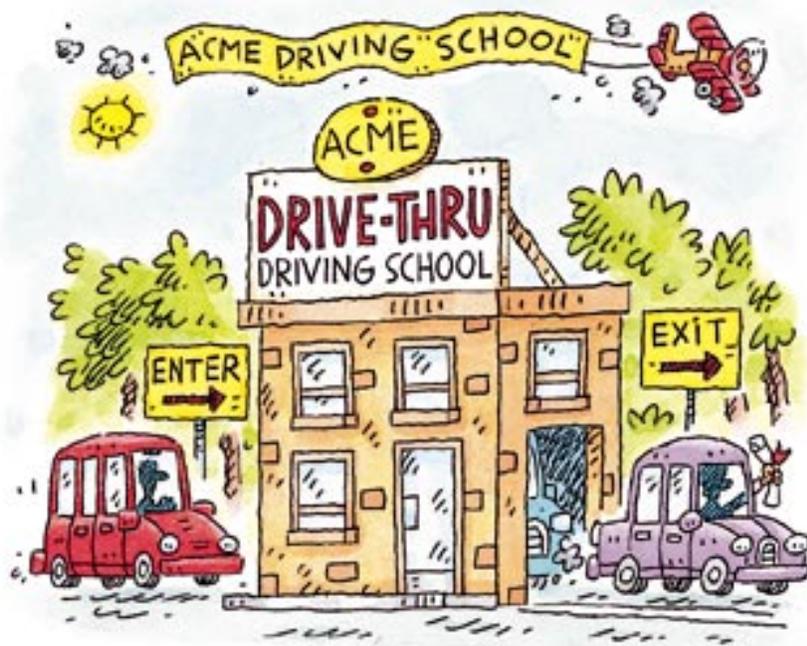
❑ Adaptive equipment.

Pedal extensions, steering wheel knobs, hand controls for the brakes and accelerator, and other equipment can help

drivers with special needs. The National Mobility Equipment Dealers Association (800/833-0427) can provide a list of qualified dealers and installers for such equipment in your area.

Suggest a refresher course.

Older drivers often need to be brought up to date on changing traffic laws. A refresher course can also refine skills and teach new behind-the-wheel techniques to compensate for the effects of aging. Depending on the state and the insurance provider, completing such courses may qualify the older driver for an insurance discount or reduce infraction points on his



or her license. That alone may motivate drivers to sign up. Several organizations offer courses specifically for drivers over 50:

► AAA.

Many AAA affiliated motor clubs offer an inexpensive, one-day driver improvement program for seniors. For more information, contact your local AAA office (in the White Pages of the phone book).

► AARP.

AARP's *55 Alive/Mature Driving* comprises two 4-hour class sessions over two days. To find a course nearby, call 888/227-7669 and follow the recorded prompts, or surf to <http://www.aarp.org/55alive/class.html>.

► National Safety Council.

Some community groups sponsor *Coaching the Mature Driver*, the National Safety Council's one-day class, for groups of 10 or more. For more information, contact your local or state NSC chapter. You can find it by calling 800/845-4672 or link to chapters with web sites at <http://www.nsc.org/chaptop/htm>.



► **Commercial driving schools.**

Your local AAA club or state department of motor vehicles may suggest a certified driving school offering courses for seniors.

Agreeing on safe limits.

When driving assessments or medical exams reveal deficiencies that can't be corrected by retraining or other measures, older drivers must consider restricting their driving, or even think about hanging up the keys for good. If the older driver has cooperated in the assessment process, actively participated in decisions along the way, and learned a little about the effects of aging — and if you, as a loved one, broach the subject with tact and understanding — he or she may accept the restrictions willingly. In fact, many older drivers will voluntarily restrict themselves to driving only during daylight and good weather, on well-known routes, and at off-peak times. They prefer such self-imposed restrictions to giving up the keys completely.

Some states have formalized this process, issuing “graduated licenses” that restrict driving privileges to certain hours and environments. These states usually include a written exam and a road test to assess the driver's abilities before restricting a license. Your state's department of motor vehicles can provide more information.

Map out a safe route to grocery stores, malls, church, doctors' offices, or other frequent destinations, and practice driving it together.

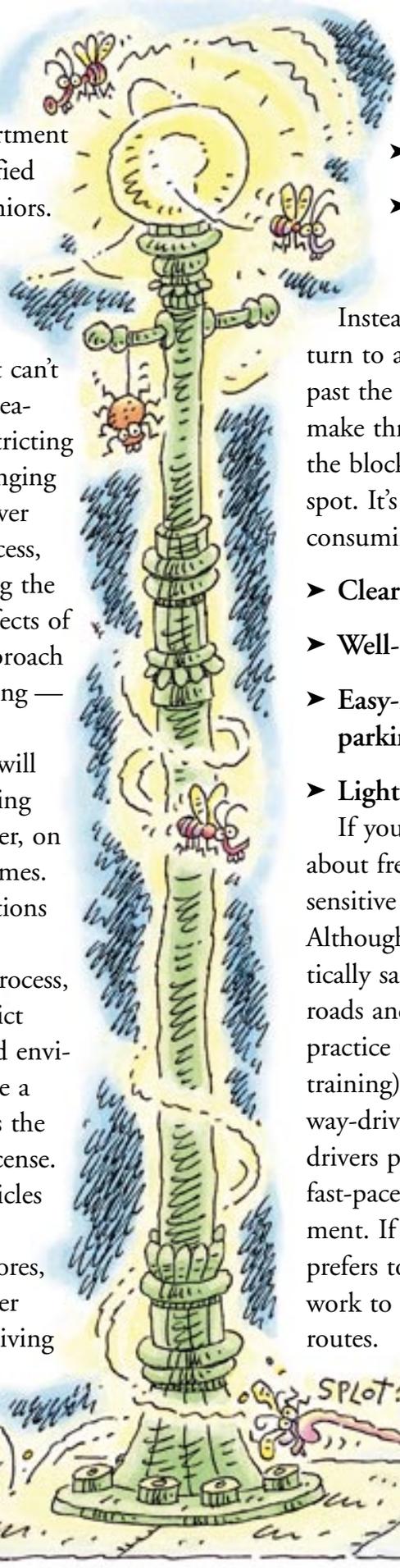
Choose routes with:

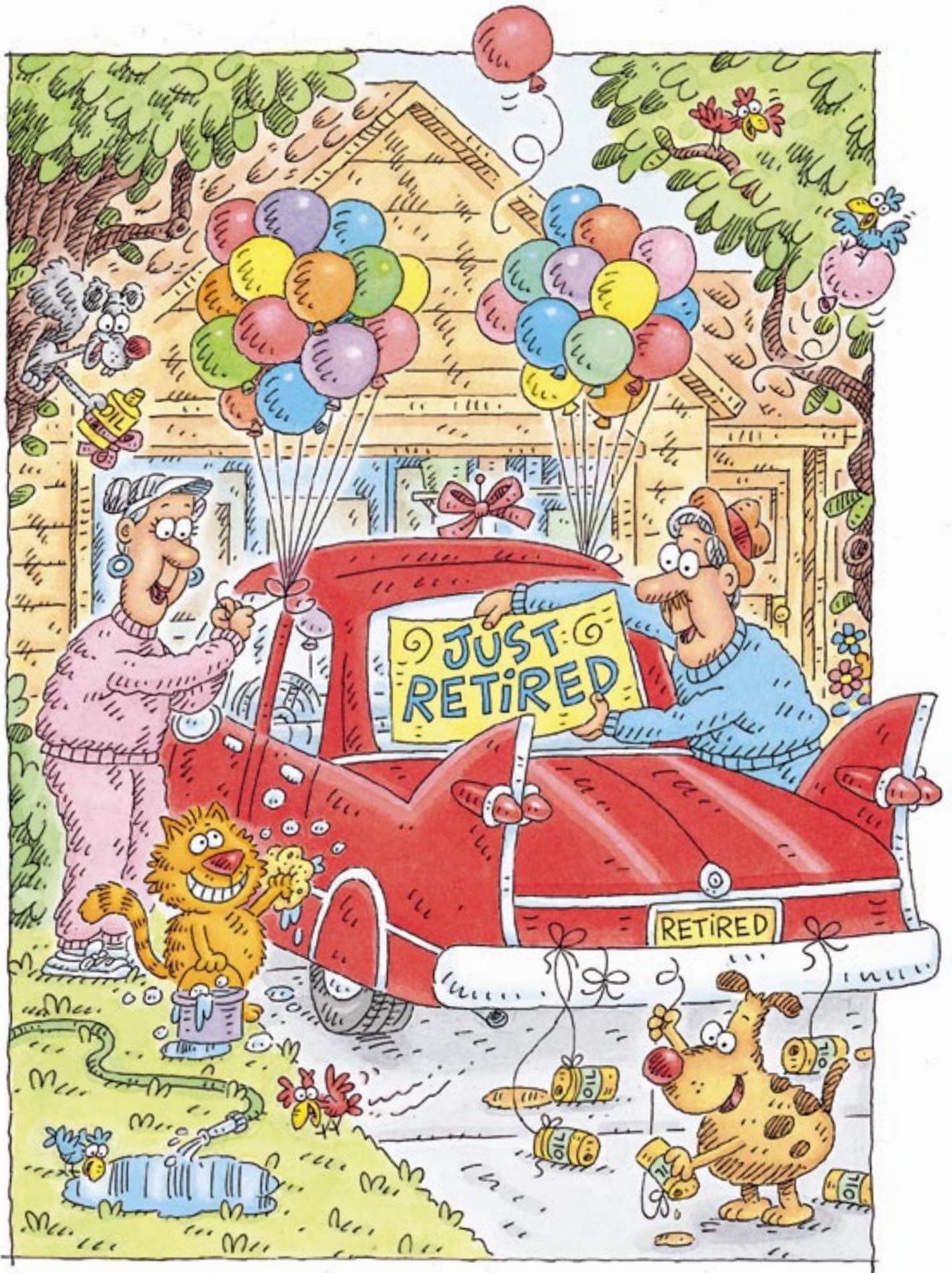
- **Good lighting.**
- **Right-turn instead of left-turn intersections.**

Instead of making a left turn to a destination, drive past the intersection and make three right turns around the block to get to the same spot. It's a little more time-consuming, but a lot safer.

- **Clear signs and signals.**
- **Well-marked lanes.**
- **Easy-in, easy-out parking.**
- **Light traffic.**

If your older driver worries about freeway driving, be sensitive to those concerns. Although Interstates are statistically safer than secondary roads and older drivers need practice (and perhaps refresher training) to keep their freeway-driving skills sharp, many drivers prefer to avoid the fast-paced freeway environment. If the older driver prefers to avoid freeways, work to develop safe alternate routes.





Retiring from Driving

When refresher courses, reasonable limits, and safe routes no longer seem enough, the time has come to retire from driving. Hopefully, you and the older driver will have discussed this possibility, investigated and weighed options, and made informed decisions long before this moment. Even with good planning and preparation, however, giving up the keys is always painful. It marks the end of a stage in life and means facing the limitations of age, finally and realistically. And it may provoke fear of becoming “stranded” or house-

bound. “How am I going to get out?” your loved one may wonder. “Am I going sit in a chair and watch TV forever?”

You can help allay those fears and ease the transition to a non-driving life-style:

Explore public transportation.

Make transportation an important consideration in choosing a retirement home. Generally, communities with mixed residential-commercial development accommodate walkers much better than exurban or rural communities. Urban areas and close-in suburbs usually offer more convenient and reliable bus service and other public transportation.

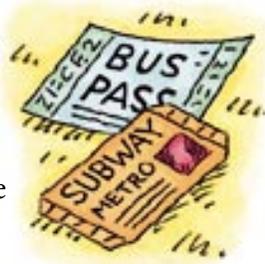
Contact the local or regional transportation authority, government office on aging and senior citizens, or the local AARP chapter to learn more about transportation options. Some communities have shuttle

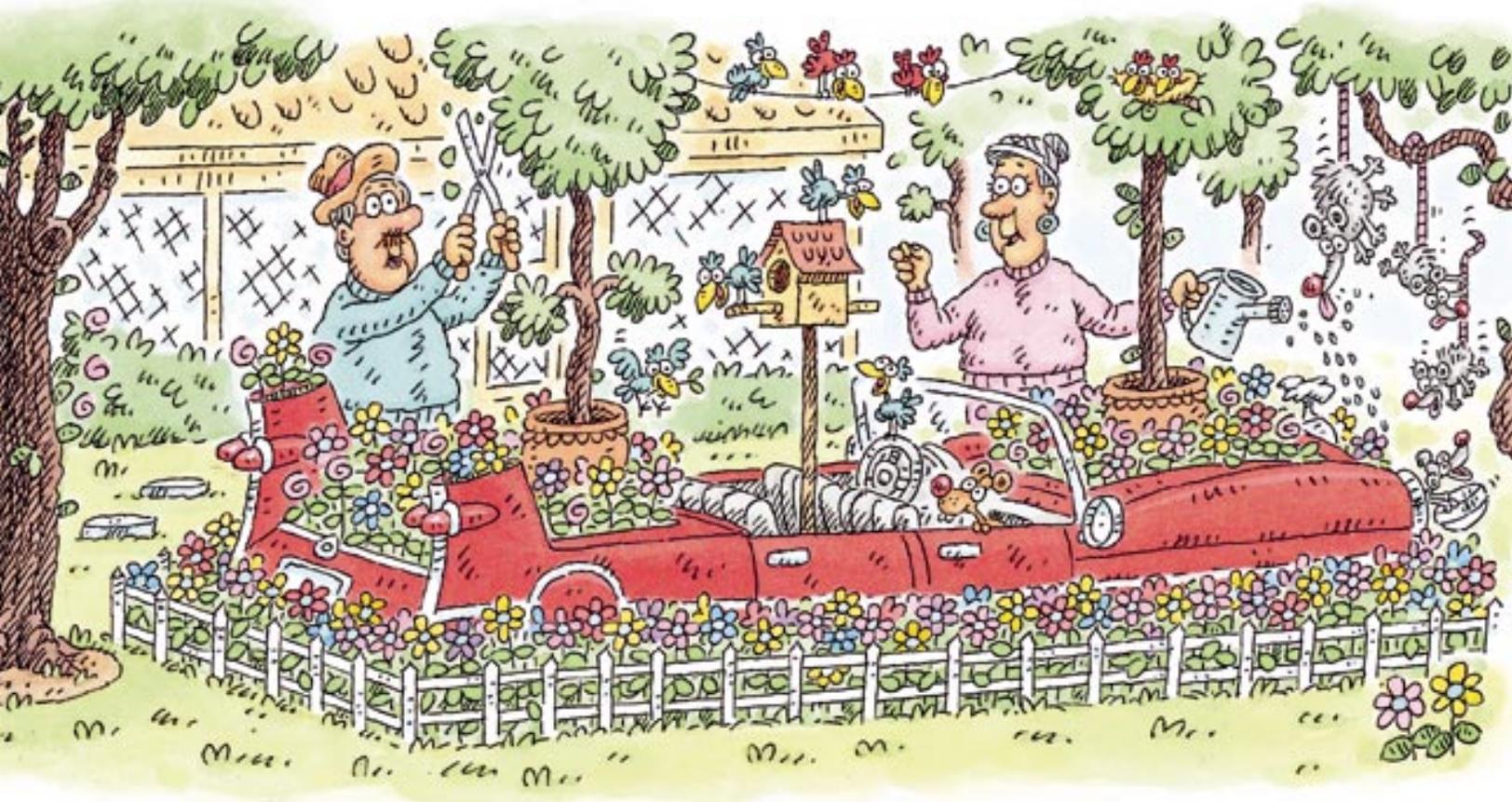
buses running regular routes specifically for seniors, and many transit agencies offer discounts for seniors. In a growing number



of communities, neighborhood homeowners’ associations organize volunteers who regularly drive older residents to doctor’s visits, church services, and other appointments. The local council representative or homeowners’ association officer can provide details.

Above all, help your senior with the “homework” involved in arranging public



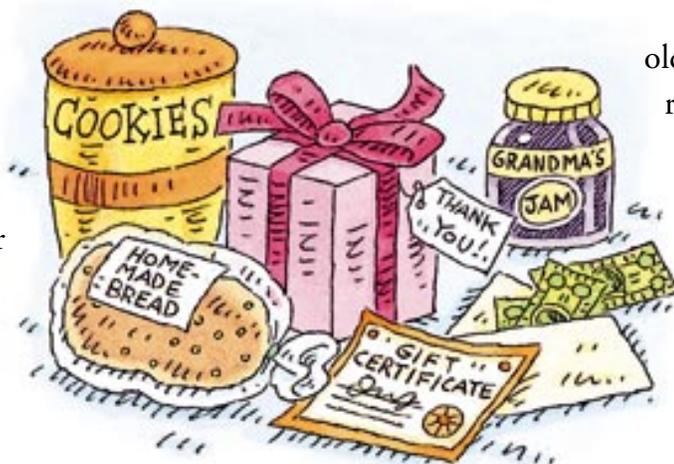


transportation. Know the eligibility requirements for bus passes and senior discount cards, fill out the required forms, and learn the schedules and routes. You might want to accompany your loved one on the first few public transportation adventures. This will encourage him or her to give it a fair trial and get over any initial discomfort with the idea. Often, a senior's first experience will influence his or her attitude and decision to continue. One hitch or misunderstanding on the first trip may lead to the conclusion that "this will never work." Also, some people are afraid of getting lost, of crime, or of other mishaps. Traveling with a guide for the first few trips helps allay fears.

Enlist mutual support.

Obviously, friends, neighbors, and other family members can help. But older people are often reluctant to impose, or to feel beholden to others, especially neighbors or friends. In these cases, encourage your loved one to reimburse the driver. This eases the passenger's sense of obligation and makes the driver feel appreciated and also more likely to continue welcoming passengers.

Also, encourage the older driver to offer rides to others while he or she is still driving. That fosters a sense of mutual support and makes it easier to ask for rides later.



Wait a while before selling or “mothballing” the car.

Just because an older driver has decided to give up the keys doesn't mean that he or she has to give up the car immediately. Often, seniors feel more secure just knowing that the car is still there. Perhaps they believe that they could drive it if they had to. They might also feel more comfortable and less obligated if you and other family members drive them on errands in their own car. Whatever the reason, seeing the car every day in its accustomed spot often eases the transition to a non-driving lifestyle.

Be supportive and available.

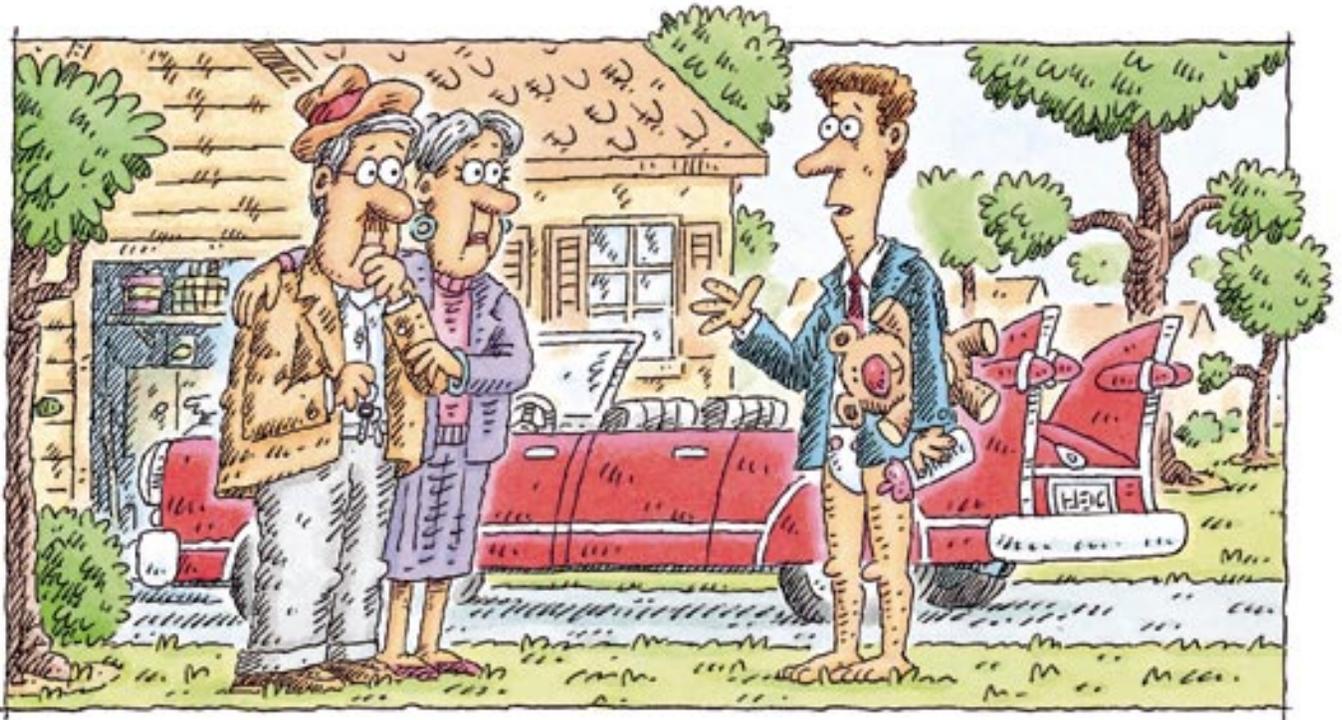
Many seniors fear loneliness most; they see giving up driving as the first step in losing contact with friends and family members. Do everything you can to assuage those fears. Let your loved one know that you're always just a phone call away. Make regular appointments to take them out, and reinforce your love and commitment.

WHAT SENIORS REALLY THINK

In focus groups at the University of North Carolina Highway Safety Research Center, people age 65 or older from various parts of the U.S. talked about their behind-the-wheel skills, the prospect of giving up the keys, and their feelings about retiring from driving. Here's a sampling of their comments:

- “We think, ‘Well, I know what I’m doing.’ But maybe we really don’t...You think you’re good, but you might not be as good as you should be.”
- “When I do drive, before I start anyplace, I map in my mind where I’m going, how I’m going, lanes that I’ll use to get me where I’m going safely. I know what I do, can do, and am supposed to do.”
- “I haven’t driven for five years. I still have my driver’s license. I could pass the test, but I don’t drive. I had panic attacks. Traffic just scared me to death....”
- “I could have bought a car, but the insurance would’ve been too high. It would have been about \$1,700 a year to drive.”
- “You need to develop a network around you. You can do things for them, and they can do things for you.”





Overcoming Resistance

Sometimes, an older driver's fear of dependence overrides your caring, reasonable persuasion and his or her better judgement. Other times, the older driver stubbornly denies having any problems with driving. The driver refuses to retire from the road until a serious collision scares them or tragedy intervenes. These cases often represent the most frustrating, painful, and divisive struggles a family can face. They demand all of your tact, understanding, and love.

Get help.

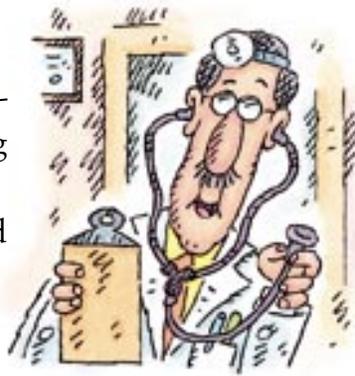
Studies reveal that older drivers give the least credibility to family members who criticize their driving. This can be especially true if the critic is their own child. "I'm still the parent, and you're still the kid," they think, even if the kid is a 50-year-old corporate executive. Older drivers show much

more willingness to accept suggestions from law enforcement officers, doctors, and friends.

Encourage your loved one's friends — particularly fellow seniors — to frankly discuss driving problems and the possibility of giving up the keys. They should express their concern sincerely and sympathetically: Often, their words will carry more weight

than yours.

Talk to the driver's doctor, too. In many states, laws require doctors to file a report with the motor vehicle licensing authority when a patient is diagnosed with Alzheimer's, dementia, seizure disorders, narcolepsy, and other specific health conditions. Doctors may report a patient for other conditions at their discretion, even though not required by law. However, some doctors resist the latter step because they fear violating their patient's confidentiality or because the legal criteria are vague. At the very least, the doctor can professionally explain the effects of aging to the driver and make recommendations.



Report unsafe drivers.

Almost every state has a procedure in which anyone can report an unsafe driver of any age to the department of motor vehicles. (In fact, police officers may file such reports after a collision involving a suspect driver.) Usually, if the state agency finds the complaint reasonable and credible, the driver named will be required to take a re-examination, and his or her license may be revised or revoked based on the results. State agencies that handle older driver reports are listed in the appendix.

Before taking this drastic step, however, contact your state's department of motor vehicles or licensing authority to learn the complete procedure and the full conse-

quences. Usually, the person filing the report must reveal his or her name, although the state promises to hold it in confidence. You may choose to ask a friend, more distant relative, doctor, or local police officer to file the report. Above all, think through the full ramifications of filing such a report, including prospective court appearances, your personal involvement, and the possible consequences to the driver. Prepare yourself to take responsibility and live with those consequences.

No one likes to report a relative. But sometimes safety demands it as the only alternative to a personal confrontation or a more devious act, such as stealing and hiding the car keys.

Of course, frank discussions, early planning, and continual attention to the needs of aging loved ones can avoid the need for



such drastic steps. For most people, giving up the keys — like aging itself — is not a sudden event but a gradual process. Knowing what to expect and preparing for the inevitable can make the process less painful and avert a crisis.



H e l p i n g a n o l d e r d r i v e r
a n t i c i p a t e a n d a c c e p t
c h a n g e

S t o p

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.

L o o k

Assess your 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 checkup.

L i s t e n

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 assure them of your continued love and support.

A c t

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 them. Your family discusses financial planning, medical care, and housing with an eye toward retirement. Include transportation needs in those discussions, too.

RESOURCES

The list below provides state-by-state contacts for information on driver licensing, reporting unsafe drivers, and services for seniors.

ALABAMA

Department of Motor Vehicles (334) 242-4371
PO Box 1471
Montgomery, AL 36102-1471
www.ador.state.al.us/motorvehicle/MVD_MAIN.html

ALASKA

Department of Motor Vehicles (907) 269-5551
3300 B Fairbanks Street
Anchorage, AK 99503
www.state.ak.us/dmv/

ARIZONA

Motor Vehicle Department (623) 925-5795
Medical Review Program
Mail Drop 818Z
PO Box 2100
Phoenix, AZ 85001-2100
Or FAX the statement to (623) 925-9323
www.dot.state.az.us/MVD/mvd.htm

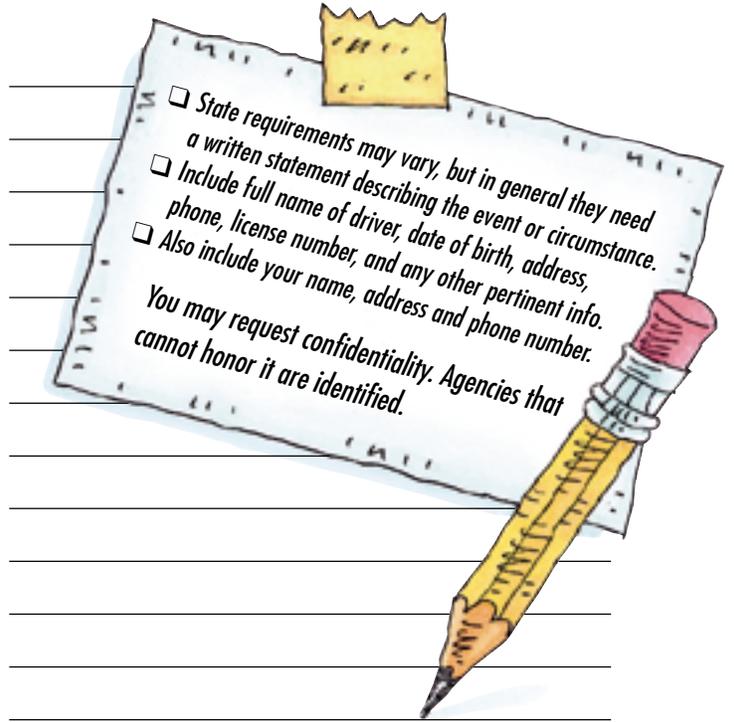


ARKANSAS

Driver Control (501) 682-1631
Hearing Officer, Rm 1070
1910 West 7th
Little Rock, AR 72203
www.state.ar.us/dfa/odd/motor_vehicle.html

CALIFORNIA

Driver Safety Office (916) 657-7023
Department of Motor Vehicles
PO Box 932345, H251
Sacramento, CA 94232-3450
www.dmv.ca.gov/



COLORADO

Department of Motor Vehicles (303) 205-5600

Driver Services
1881 Pierce Street
Lakewood, CO 80214

www.state.co.us/gov_dir/revenue_dir/MV_dir/mv.html

CONNECTICUT

DMV Medical Qualifications (860) 263-5223

60 State Street
Wethersfield, CT 06161-2510

(Not confidential)

<http://dmvct.org/>

DELAWARE

Department of Public Works (302) 744-2507

Division of Motor Vehicles

Medical Records
PO Box 698
Dover, DE 19903

www.state.de.us/pubsafe/index.htm

DISTRICT OF COLUMBIA

Department of Motor Vehicles (202) 727-6244

Medical Review Office
301 C Street, NW, Rm 1033
Washington, DC 20001

<http://dmv.washingtondc.gov/>

FLORIDA

Division of Drivers License (850) 488-8982

Medical Review
Neil Kirkman Building, Rm A227-MS 86
Tallahassee, FL 32399-0500

Or FAX the statement to (850) 921-6147

Fill out a form online at:

www.hsmv.state.fl.us/ddl/dlfaq_new.html



GEORGIA

Department of Public Safety (404) 624-7588

Attn: Medical Unit
PO Box 1456
Atlanta, GA 30371

Written statement from a physician required.
www2.state.ga.us/Departments/DOR/dmv/dmv_idx.shtml

HAWAII

Department of Motor Vehicles (808) 532-7700

1199 Dillingham Boulevard, Bay A-101
Honolulu, HI 96817

www.co.honolulu.hi.us/mvl/index.htm

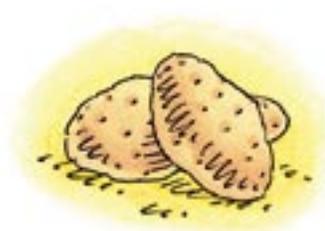
IDAHO

Motor Vehicles Division (208) 334-8736

Idaho Transportation Department, Driver Services
PO Box 7129
Boise, ID 83707

Letter must be from a family member, physician, or law enforcement officer.
(Not confidential)

www.state.id.us/itd/dmv/dmv.htm



ILLINOIS

Driver Services (217) 782-6212

2701 S Dirksen Parkway
Springfield, IL 62723

Driver Services (312) 814-2975

17 N State Street
Chicago, IL 60602

Medical report may be picked up at any driver license facility. Seniors Community Services Driving Schools for Seniors: (800) 252-2904.

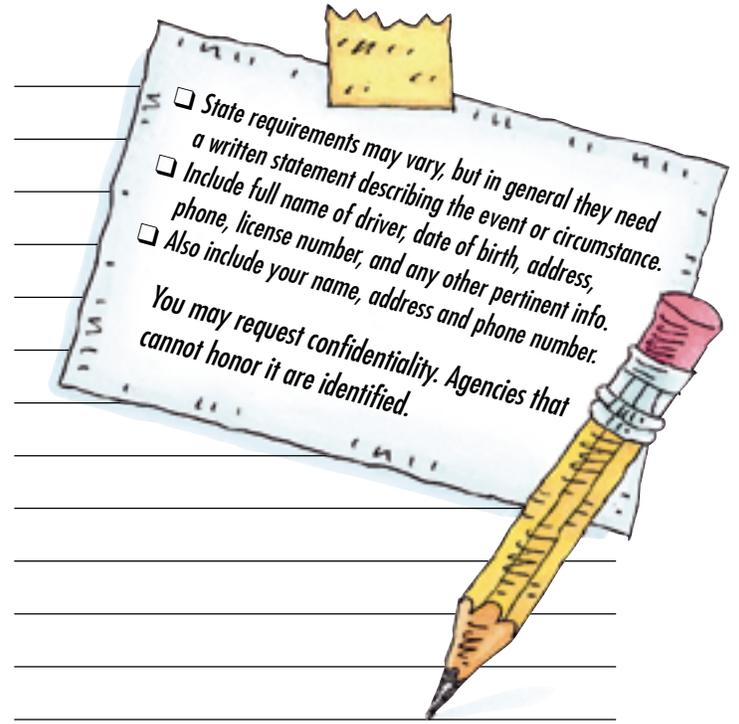
www.sos.state.il.us/depts/vehicles/veh_home.html

INDIANA

Bureau of Motor Vehicles (317) 233-6000 x2

Driver Services
100 N Senate Avenue, Rm N405
Indianapolis, IN 46204

www.ai.org/bmv/



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MARYLAND

Maryland Motor Vehicle Administration (301) 729-4550
or (800) 950-1682

6601 Ritchie Highway, NE
Glen Burnie, MD 21062

www.mec.state.md.us/mec/things/vehicle.html



MASSACHUSETTS

Medical Affairs (617) 351-9222

PO Box 199100
Boston, MA 02119

www.state.ma.us/rmv/index.htm

MICHIGAN

Driver Assessment Unit (517) 241-6840

Michigan Department of State
7707 Rinkle Road
Lansing, MI 48918

Or FAX your statement to (517) 241-6848

www.sos.state.mi.us/dv/index.html

MINNESOTA

Medical Unit (651) 296-2021

445 Minnesota Street, Suite 170
Town Square Building
St. Paul, MN 55101-5170

www.dps.state.mn.us/dvs/index.html



MISSISSIPPI

Driver Improvement (601) 987-1231

PO Box 958
Jackson, MS 39205

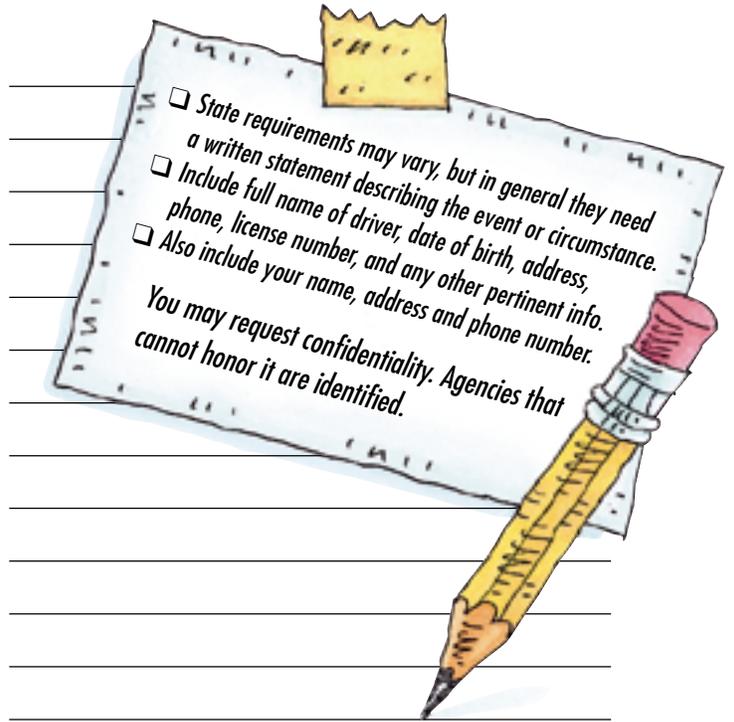
www.dps.state.ms.us/mhp/dl/driverservices.html

MISSOURI

Drivers License Bureau (573) 751-2730

Attn: Medical Review
PO Box 200
Jefferson City, MO 65105

www.dor.state.mo.us/dmv/



- State requirements may vary, but in general they need a written statement describing the event or circumstance.
 - Include full name of driver, date of birth, address, phone, license number, and any other pertinent info.
 - Also include your name, address and phone number.
- You may request confidentiality. Agencies that cannot honor it are identified.

TENNESSEE

Department of Safety (615) 741-3954
Driver License Division
1150 Foster Avenue
Nashville, TN 37249-1000
www.state.tn.us/safety/listinfo.htm

TEXAS

Department of Public Safety (512) 424-7120
Attn: Medical Advisory Board
PO Box 4087
Austin, TX 78773-0320
www.txdps.state.tx.us/administration/driver_licensing_control/dlindex.htm



UTAH

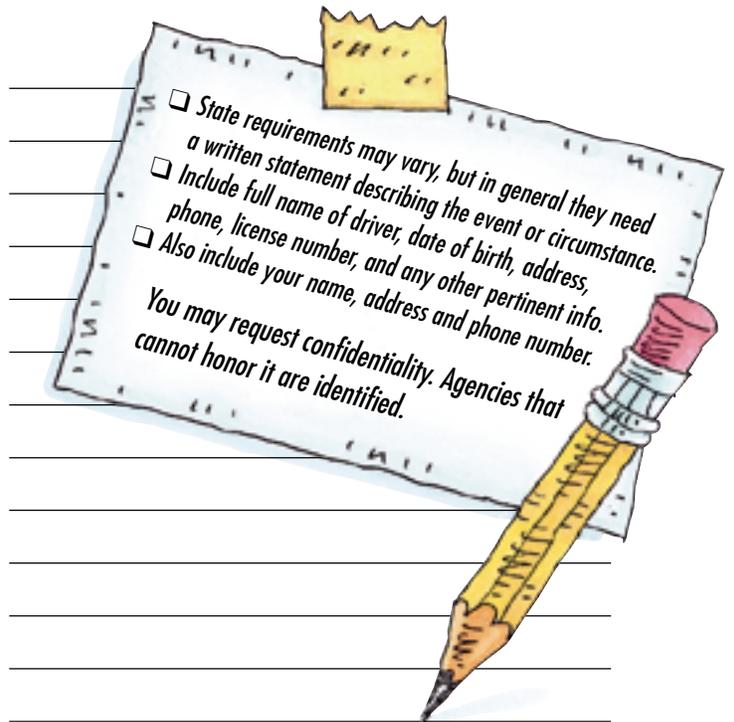
Department of Safety (801) 965-4437
Driver License Division
4501 South 2700 West, 3rd floor
PO Box 30560
Salt Lake City, UT 84130-0560
(Not confidential)
www.dl.state.ut.us

VERMONT

Department of Motor Vehicles (802) 828-2000
120 State Street
Montpelier, VT 05603
www.aot.state.vt.us/dmv/dmvhp.htm

VIRGINIA

Department of Motor Vehicles (804) 367-0538
Attn: Medical Review Center or (804) 367-6602
PO Box 27412
Richmond, VA 23269
(Confidential only for relatives and doctors.)
www.dmv.state.va.us/



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WASHINGTON

Department of Licensing (360) 902-3900

Driver Services
PO Box 9030
Olympia, WA 98507-9030

(Not confidential)

www.wa.gov/dol/maintext.htm



WEST VIRGINIA

Department of Motor Vehicles (800) 642-9066

Attn: Medical or (304) 558-3900

Capital Complex, Bldg. 3
1900 Kanawha Boulevard East
Charleston, WV 25317

(Not confidential)

www.state.wv.us/dmv/default.htm

WISCONSIN

Driver Services, Medical Division (608) 266-2327

Medical Review Section
PO Box 7918
Madison, WI 53707

*Request must come from a relative, physician, police officer
or two private citizens.*

www.dot.state.wi.us/dmv/dmv.html

WYOMING

Driver Services (307) 777-4810

5300 Bishop Blvd
Cheyenne, WY 82009-3340

*Only a physician or law enforcement official may enter a
Request for Re-exam.*

[http://wydotweb.state.wy.us/Docs/Licenses/
DriverServices.html](http://wydotweb.state.wy.us/Docs/Licenses/DriverServices.html)

*Internet addresses are provided. If you do not have internet
access, ask your local public library for help.*

NOTE: All information was confirmed at time of printing.



AAA FOUNDATION FOR TRAFFIC SAFETY

1440 New York Avenue, NW, Suite 201

Washington, DC, 20005

202-638-5944 • www.aaafoundation.org