

additional coursework or continuing education on the issue of driving rehab especially for OT's when they provide the on-road training.

An effective action plan to satisfy the above needs would involve inclusion of driving rehab in the curriculum and collaboration and cooperation between the licensing agency and health care providers. First, the motor vehicle administrations could have some type of screening procedure to identify those persons at risk for problems with driving. These people would then be required to proceed to some type of qualified evaluation and training program staffed by driving rehab specialists or other professionals experienced in retraining techniques. The hospital-based programs would need to streamline services for the elderly population. They could do this by utilizing questionnaires and reports from physicians for tests already performed (i.e. eye exams). Once the in-clinic evaluation was completed, the health care professional could then work to devise a plan by referring individuals to an educational program (i.e. 55 Alive), to a health professional who could help overcome specific limitations (as aforementioned), or to a commercial driving school for on road training. The commercial driving schools should have a mandatory training course on the elderly driver so that they understand the various factors that affect driving performance in the elderly and ways to overcome them. Insurance companies should cover services related to driving and realize its importance in an individual's ability to accomplish daily tasks and that in the long run, it reduces accidents and claims that might be filed. If driving evaluation and training were more readily covered by medical insurance, elderly persons could get the individualized help they need to return to driving provided by health professionals. Another route to take might be to lower costs in general so that the driving rehab services are more affordable for those who need to pay out of pocket.

In an ideal world, the above may be attainable. With all the changes that are about to occur with health care reform, it is very difficult to say if any of this is possible. Health care professionals can greatly assist elderly persons overcome limitations in driving performance by taking a holistic view of the individual, realizing that many factors affect a person's ability and desire to drive. Health professionals consider all of these factors and in collaborations with the client and/or family develop a plan which helps retain the level of community mobility that is required to accomplish activities of daily living. Unfortunately those services are expensive and time consuming. I believe that by working together (MVA's, commercial driving schools, and health professionals) we can create a reasonable alternative

which will satisfy the society's need of having safe drivers on the road and the individuals need of having a cost effective, efficient, and informative program for overcoming their limitations in driving and mobility.

## **EDUCATION, COUNSELING, AND FORMS OF SUPPORT**

*Donn W. Maryott*

As North America's highway user population continues to mature, the need to help the group improve its driving, passenger, and pedestrian skills increases. Lives can be saved as traffic safety concepts are communicated to the many thousands of licensed senior drivers who are on the road today. Education, counseling, and transportation alternatives will make a difference and will lead to a reduction in fatalities, injuries, and property damage. Extremes in traffic, weather, and population density compound the problems and contribute to the likelihood of traffic collisions.

### **Education (Classroom/In-Car)**

#### *Problem*

Senior highway users lack the knowledge, skills, and background to allow them to safely and efficiently travel in the transportation system.

#### *Needs*

Senior highway users require (1) skills to assist them drive, ride, and walk in the modern transportation systems, (2) a refresher/review of traffic and natural law, vehicle control, and (3) knowledge of age-related disabilities.

#### *Actions*

Federal, state, and local governments, and private sector components must provide seniors with traffic safety education classes. The program should include material focused on older drivers, riders, and walkers. These classes must educate seniors about the value of safety belts and other restraint systems, age-related disabilities and compensating behaviors, the effect of medications on coordination, vision, and the decision making process, alternative transportation, and support agencies to provide mobility. Additionally, right-of-way, traffic signs-signals-markings should be detailed to familiarize older

highway users with standardized and recent highway engineering innovations.

To have maximum positive impact, the education program should have classroom, simulation, and in-car components. While classes currently available (AARP, NSC, AAA, etc.) offer a strong classroom experience, they fail to give the learner the opportunity to practice behind the wheel or to demonstrate newly mastered skills and information. Without simulation instruction and practice, theory is often heard, but never conceptualized by the senior student.

The cost of a two or three component education program will be expensive. Seniors often learn at a slower rate than other groups in both the classroom and in the car. This will necessitate more instruction, highly trained instructors, quality materials, and responsive government. The expense of the program will be overshadowed by the bottom line savings ... crashes with the resultant injuries and fatalities. Seniors, insurance carriers, and government should share the financial burden of the education program. With increasing numbers of seniors, high-mileage drivers, and a complex traffic environment, a great deal of educating needs to be done.

## **Counseling**

### *Problem*

Senior drivers are often unaware of alternative transportation options or support groups to help them meet their diverse mobility needs. Older highway users often fail to take advantage of community counseling services, established to assist them in their everyday lives.

### *Needs*

Senior drivers and pedestrians require counseling to advise them of their transportation options and to help them maintain/expand their level of independence. Both individual and group sessions are essential to meet the needs of seniors, as mobility requirements change with age and new lifestyles.

### *Actions*

Community senior centers often serve as the focal point of neighborhood activity for older drivers and pedestrians. Because of their widespread availability, these centers are ideal to provide the necessary counseling services. The directors of the centers are aware of the local senior population, their mobility needs

and deficiencies, and existing public and non-public transportation services.

A regular and continuing transportation counseling program should be established to assist area seniors of all ages, capabilities, and economic groups. In one-on-one or small group sessions, car pooling, public transportation, family resources, and center busing options can all be explored for individual needs. These sessions will familiarize seniors and their family members with available services and mobility offerings.

Large group counseling should be offered to provide a diverse audience with information about city/town services and programs. These sessions are ideal for those drivers and pedestrians who are generally capable of making personal mobility decisions.

Religious centers and agencies should be encouraged to provide counseling services. With trained staff and a long history of concern, the settings and facilities are ideal for providing the necessary assistance.

AARP chapters, with growing numbers and a strong desire to help, currently provide counseling and assistance programs to its members. This service should be expanded to include "mobility/ transportation options." With voluntary staff and an earned positive reputation, the basis of a supportive community program is in place.

## **Transportation Alternatives**

### *Problem*

Public and/or private transportation is not available to many senior highway users who live in rural and suburban areas. Without mobility, people are often isolated from their personal and business destinations.

Many seniors lack the financial resources to allow them to use their own vehicles or public/private transportation services. As the cost of vehicles, insurance, maintenance, and energy continues to rise, citizens on fixed incomes are further restricted from active participation in society. The cost of public transportation, as well, continues to rise. Transit companies have reduced rural scheduling on non-profitable routes. These factors combine to create a mobility crisis for many older citizens.

### *Needs*

The senior community needs safe, rapid, convenient, and inexpensive transportation. In many rural and suburban communities, shopping malls have replaced neighborhood and small town stores and shops. Seniors, who are

already financially pressed, are forced to travel greater distances to purchase the goods of life and to mix with others in society. Public and/or private transportation is needed to ensure mobility and independence for a population that must depend on community assistance.

### *Actions*

Public Transportation should be expanded to provide safe, rapid, convenient, and economical service to the total community. While citizens in all age groups would benefit, the people who have little or few alternatives to public transport would profit most. Senior riders need the benefits that public transportation can provide.

The majority of seniors live within range of a senior center operated by town, county, or state government. With a public need for expanded mobility, seniors can turn to their senior organizations and centers for help. Mini-vans, small buses, and automobiles must be mobilized to provide the necessary transportation to a variety of destinations.

The private sector stands to profit from increased senior mobility. Shopping centers from coast to coast have come to recognize seniors as major customers in an ever more competitive market. Older citizens, many with financial resources beyond their needs, spend millions of dollars annually on goods ranging from food and other necessities to pricey restaurants and boutiques. As the shopping centers have identified this lucrative and growing market, they must also recognize that their customers may need help to get to the retailers. An increasing number of merchants now run buses from rural and distant locations to attract business. The buses, either free or heavily subsidized, are operated on a scheduled basis so that buyers can travel with ease and in comfort from their homes to the retailers. This practice should be expanded through communications with area merchants and business organizations.

Similarly, churches should be encouraged to provide members of their congregations with transportation to and from places of worship. The vehicles used for this purpose can be utilized during other times to carry seniors to a variety of other locations.

Seniors who recognize that it is no longer safe to drive their personal automobiles, have the option of a "transportation co-op" in some areas. Car services, available to seniors, respond to telephone requests for local transportation needs. Rides are available for singles or groups with fees charged on a time and mileage basis. The drivers are known to the callers and provide an economical, clean, and safe alternative to taxi cabs. Car pooling has long been identified as a method to reduce traffic, fuel consumption, and to remove drivers from the road. While efforts have met with limited success in the majority of locations, there is a great potential to provide transportation services to

seniors. A well-publicized and organized campaign to encourage car pooling should be implemented within the senior community. AARP, AAA, and senior centers could easily reach out to thousands of older citizens to spread the word.

### **TRAINING ELDERLY DRIVERS**

*Alma M. Fonseca, Ed.D.*

Concern is growing over the ability of the aging population to drive safely. Motor vehicle injuries are the leading cause of accidental death for persons ages 65 to 74. Older drivers who suffer from declining physical skills eventually are unable to drive safely and become dependent on others for their transportation needs, thus losing cherished independent mobility. Some older drivers do recognize declining skills, such as reduced range of motion, but fail to take advantage of programs which can teach compensation techniques. Coupled with reduced physical abilities, lack of knowledge about the effectiveness of occupant restraints is an obstacle to safe driving. A negative attitude and overconfidence in one's ability to drive safely are also obstacles to safe driving.

#### **Problem**

While maturity and driving experience enhance driving ability, many experienced older drivers never completed formal training or developed safe practices. Older drivers often fail to (1) keep up with the latest traffic law changes, (2) adopt new safety measures, and (3) recognize physical changes that impair driving and learn skills to compensate for those changes.

Some of the driver improvement courses currently offered lack the content depth to meet specific needs of the aging driver in a complex driving environment. Other training programs offered in the past failed because instruction was not tailored specifically to older drivers. Current driver training programs, such as 55 Alive/Mature Driving and Coaching Mature Drivers, reach only a small fraction of the people who could benefit from them and do not include hands-on training to improve driving skills. Those who do participate tend to be drivers who already have unusually good records.

#### **Needs**

Particular measures must be taken to attract the older population, including the undereducated, the very old, the rural elderly, and the socioeconomically disadvantaged, to training programs to improve driving skills. Driver training instructors must (1) provide