

*How to start*  
a conversation on  
driving, mobility  
and aging

**A tool for assessment of ability**

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Publication date: May 2017

Edition: 1

Book design: Adam Fromme

## **Acknowledgments**

This book was designed as part of a Department of Design course at The Ohio State University in the Spring of 2017. The project team was a blend of graduate students and residents at the Ohio Living Westminster-Thurber community in Columbus, Ohio.

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## **Special note**

It is important to note that we are not the authors of much of this content, but have gathered together some of the best ideas and composed them in a comprehensive and usable format. We have done our best to acknowledge all of our source material.

## **Background**

Our project team first gathered because of a shared interest in aging and public space. We set out to explore and co-design (collaborative design) on this topic with no set objective. Initial project directions included physical spaces, memory, activity, fall prevention, hearing loss, and activities of daily living.

At the beginning of the 15-week semester, we explored these ideas further in workshops and discussions. One topic continued to surface: driving. Each of us (young and old) had stories of an older adult who we knew should not be driving, and yet, few of us took action. We, like many, did not want to be the ‘bad guy’ or seen as pushing someone to ‘hang up the keys.’ Both of which are horrible notions that we wished to address.

So our journey to address ‘how’ we can start that discussion began during our weekly meetings. We used our experiences to guide the design. Our hope is that this book can be the thing that empowers *you* to start *your* conversation—with compassion and love.

We know this is not yet truly comprehensive. So, please fill out the form at the end of the book and share your feedback with us. In that spirit, we encourage you, the caregiver (child, friend, spouse, loved one, etc), to make it work for you—cut, paste, add, remove as you see fit. Nothing would delight us more than to hear how you have made this book better; helping you and your loved one start your own conversation.

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## **Did you know**

Among females, the 65+ age group had the highest number of driving fatalities followed by the 16–20 age group (NHTSA, 2008).

Among the 65+ age group, mean population was 41% for males and 59% for females from 1996 through 2006. However, the fatalities were 57% for males and 43% for females during the same time period indicating an over-representation of males in crash fatalities (NHTSA, 2008).

Introduction

**So, what is this  
and how do I get  
started?**

## **Introduction - So, what is this and how do I get started?**



## **Why this tool**

This tool was developed as a conversation starter to guide and educate caregivers through the difficult task of talking to a loved one about driving, mobility, and aging.

While many other decision-based tools exist, we felt they focused too specifically on one aspect of the driving condition for older adults. This book attempts to combine existing knowledge into a singular source for supporting a compassionate conversation. We also included at-home activities to help provide thorough review of ability, because as one of our team members continually said “You don’t know your ability until you’re tested.” We took that to heart.

### **Who is this for?**

This tool is designed for the ‘informal caregiver’ of an older adult. We use that term as loosely as possible, referring to anyone (child, family member, neighbor, or friend) who has a vested interest in the health of an older adult. Further, all of these activities can be done by self-study (however you may need someone to help you with a few of the activities).

This book is designed to be completed at home with minimal additional resources. We want to make this process as easy as possible. (We used large type throughout. And, we have provided a link to a digital copy at the end of the book; our page size can be easily printed on home printers.)



## **Introduction - So, what is this and how do I get started?**



## **Approach**

There are many options for how to approach talking about driving, mobility and aging. This tool is meant to ease the conversation by providing education, activities for testing ability, an assessment tool and reflection questions to guide this difficult discussion.

We identified two key mindsets that are critical to a positive outcome:

### **Be non-confrontational**

This should be done with love. If at anytime a discussion turns heated, step away. Positive results will only occur when all parties are open.

### **Be a problem solver with them**

Be a partner in the solution. Be sure to offer ideas that meet all the needs of the older adult (physical, social and mental).

Additionally, consider how you can...

### **Be proactive**

Talk about important issues early, because it can allow time for research and making informed decisions about the topic.

### **Be inclusive**

Involve a small group of loved ones in these discussions. Hearing everyone's ideas ensures that no one feels left out.

### **Be positive**

Listen to your loved one and to take his or her opinion on these matters into account.

**Introduction - So, what is this and how do I get started?**



## Getting started

This tool is divided into three parts:

**The Pretest**

**5 topic-specific sessions**

- Vision
- Hearing
- Physical mobility
- Cognitive function
- Support

**2 summary sessions**

- Action
- Next Steps

Our team realized that many of the current assessments focus on either the decision-making process (without an assessment) or a single activity (like vision). Going through this tool requires an investment of time. Our tool was designed to be comprehensive, looking at several key areas that impact the driving condition and how the sum affects all people on the road.

We should also note, we are not medical professionals. This material will not determine if you can/can't, should/shouldn't drive. That is a decision to be made between you and your older adult in consultation with their physician.

## **Introduction - So, what is this and how do I get started?**



## **Getting started**

This tool is not a quick fix. Again, it is designed to start the conversation (in all its parts). Take your time.

Move through these sessions at your own pace. Each session may take between 30-60 minutes. You can do them all at once or spread them out over a few weeks. Set a realistic goal and realize that putting time between sessions may prompt additional thought and consideration during the process.

Each of the topic-specific sessions walks you through an educational section (reviewing common age-related conditions and how they affect one's ability to drive); activities (assessments to identify areas of concern); and a reflection (time to understand and reflect on your current abilities).

After you and your loved one have completed all 5 topic-specific sessions, move on to the Summary sessions. Here, you will make decisions based on your specific situation, look at alternatives, and formulate a plan that accounts for all of your needs (physical, social, and mental).

Once you are comfortable with your decisions you will look to what future decisions you will need to make to support your needs.

## **Introduction - So, what is this and how do I get started?**



## **A complex task**

Driving is a complicated task. It requires people to see and hear clearly; to pay close attention to other cars, traffic signs and signals, and pedestrians; and to react quickly to events. Drivers must be able to accurately judge distances and speeds and monitor movement on both sides as well in front of them.

It's common for people to have declines in visual, thinking, or physical abilities as they get older. As a result, older drivers are more likely than younger ones to have trouble in certain situations, including making left turns, changing lanes, and navigating through intersections. Vision, hearing, cognitive function, physical mobility and resources are all basic abilities needed to drive. As people get older, their driving patterns change, as does their control over those abilities. While in youth, one has better control of their vision, hearing and motor skills.

The cognitive functions of the teenage brain, such as an inclination for high risk behavior and inexperience with driving, puts young adult drivers in a high risk category. This is evident in insurance rates. Between the ages 16-25 years, young people have a higher accident rate due to lack of experience. Over time, however, the risk diminishes as their brains mature and they gain more experience. Drivers in their middle ages, around 25-60 years are the safest drivers as they have the experience and the ability to drive.

However, after a certain age (that can vary depending on one's general health) driving ability tends to decline. Simple movements and tasks that are needed for driving become compromised, such as

## Introduction - So, what is this and how do I get started?



one's vision, hearing, cognitive function and/or physical mobility. What is concerning is that these are gradual changes that are not perceived by the driver immediately, so it compromises the ability of the driver. At some point experience behind the wheel cannot compensate for some basic driving disabilities.

### Common mistakes

Common mistakes of older drivers include:

- Failing to yield
- Failing to stay in lane
- Misjudging the time/distance needed to turn in front of traffic
- Failing to stop completely at a stop sign
- Speeding or driving too slowly

Most traffic deaths of older drivers occur during the daytime, on weekdays, and involve other vehicles. Older adults are more susceptible to death or serious injury in a crash if they are physically frail, but the good news is that older people are more likely to survive crashes than in the past.

Retirement, different schedules, and new activities affect when and where they drive. Most older adults drive safely because they have a lot of experience behind the wheel. But when they are involved in crashes, they are often hurt more seriously than younger drivers. Age-related declines in vision, hearing, and other abilities, as well as certain health conditions and medications, can affect driving skills.

**ORIGINAL CONTENT SOURCE**

<https://nihseniorhealth.gov/olderdrivers/howagingaffectsdriving/01.html> source

**Introduction - So, what is this and how do I get started?**



**Table 3.01 - Death & Injury Statistics  
Age Distribution of Persons Killed**

From Date: 01/01/2015  
To Date: 12/31/2015  
County(s): All Counties

Age Group	Drivers*	Passengers	Pedestrians	Total
0-15*	7	19	7	33
16-20	70	41	11	122
21-25	91	26	9	126
26-30	76	13	6	95
31-35	56	14	10	80
36-40	47	10	10	67
41-45	61	7	10	78
46-50	62	4	7	73
51-55	69	7	14	90
56-60	61	6	12	79
61-65	37	7	8	52
66-70	44	11	5	60
71-75	39	7	5	51
76 and Over	76	24	4	104
Not Stated	0	0	0	0
<b>Total</b>	<b>796</b>	<b>196</b>	<b>118</b>	<b>1,110</b>

High Risk Group

High Risk Group

\*Notes: - Drivers include operators of motorized and non-motorized units  
- Age 0 consists of occupants under 12 months  
Table Data: Fatal crash severity and fatal injuries involved

Report generated on : 5/18/2016 11:50:01 AM

**ORIGINAL CONTENT SOURCE**

2015 Crash Facts book is based on crash reports received by O.D.P.S. as of 03/31/2016

## **Introduction - So, what is this and how do I get started?**



### **Changes in driving habits**

When people retire, they no longer drive to work. With more leisure time, they may start new activities, visit friends and family more often, or take more vacations. Like drivers of any age, they use their vehicles to go shopping, do errands, and visit the doctor. Driving is an important part of staying independent.

Most people 70 and older have drivers' licenses. They tend to drive fewer miles than younger drivers. But, they are also keeping their licenses longer and driving more miles than in the past, often favoring local roads over highways. As the overall population ages, there will be more older drivers on the road.

### **Starting the conversation**

All of this leads to a need for older adults to be educated on the aging condition and assessed regularly. You know your loved one better than we do, so finding the first words is up to you.

Here are some final thoughts before getting into the sessions:

- Make sure you have enough time to talk
- Sit down in a familiar place before starting
- Be clear about your intentions (To merely start a conversation...)
- Lay out a plan for future discussions

And again:

- Be direct, honest, and sincere
- Do not pretend to have the answers, but pledge to work together
- Come from a place of love

## **Did you know**

Fifty percent of the middle-aged population and 80 percent of people in their 70s suffer from arthritis, crippling inflammation of the joints, which makes turning, flexing and twisting painful.

Since older drivers are more fragile, their fatality rates are 17 times higher than those of 25- to 64-year-olds.





Introduction

**The Pretest**

## **Introduction**

The Pretest is designed for you, the caregiver. It does not have a pass/fail or number you need to 'get right'.

Instead, the goal is two-part:

- 1) How well are you informed about your loved one's driving ability?
- 2) Identify if it is time to start a conversation about driving.

Based on your responses, you can decide if you should continue on to the tool. Don't worry about having all the answers at this point (that will come in the summary section). Right now focus on giving an honest assessment of their ability.

Their safety (and the safety of others on or near the roads) is of greatest concern.

## **The Pretest**

- 1) When is the last time you rode with your loved one?
- 2) How safe did you feel?
- 3) How often does your loved one drive?
- 4) Why do they drive (necessity, socialization, habit, etc)?
- 5) Have they expressed any concerns about their driving ability (self imposed restrictions, etc)?
- 6) Have they been in any accidents or had any near accidents recently?
- 7) Are there any scratches or dents on their car?
- 8) Do you trust your loved one driving in poor conditions (rain, snow, nighttime)?
- 9) Do you trust your loved one driving on the highway?
- 10) Do you trust your loved one driving near where children are at play?

## **Did you know**

In 2014, more than 236,000 were treated in emergency departments for motor vehicle crash injuries.

In the age group 80 years and over, one in three people have vision less than the legally required driving standard. It is projected that, by the year 2051, there will be at least double the number of elderly people and thereby an increase in the number of people with impaired vision.



Session 1

**Vision**

## Session 1 - Vision



# General vision information

People over age 60 should have dilated eye exams yearly. During this exam, the eye care professional will put drops in your eyes to widen (dilate) your pupils so that he or she can look at the back of each eye.

This is the only way to find some common eye diseases that have no early signs or symptoms. If you wear glasses or contact lenses, your prescription should be checked, too.

See your doctor regularly to check for diseases like diabetes and high blood pressure. These diseases can cause eye problems if not controlled or treated.

If you or your loved one is over the age of 60, talk about these symptoms.

- a) Suddenly cannot see or everything looks blurry
- b) See flashes of light
- c) Have eye pain
- d) Experience double vision
- e) Have redness or swelling of your eye or eyelid

### ORIGINAL CONTENT SOURCE

<http://www.nytimes.com/health/guides/symptoms/vision-problems/overview.html>

Additionally, become aware of some common age-related eye problems listed on the following pages. Compare the affected vision and normal vision images to understand the impact of these conditions.

Session 1 - Vision



## Common eye problems



Affected vision



Normal vision

## Presbyopia

(prez-bee-OH-pee-uh)

### How it affects your driving

This is a slow loss of ability to see close objects or small print. It is normal to have this problem as you get older. People with presbyopia often have headaches or strained, tired eyes.

### What can be done

Reading glasses usually fix the problem.

ORIGINAL CONTENT SOURCE

<http://www.rutherfordeyecare.com/your-eyes/presbyopia/html>

Session 1 - Vision



## Common eye problems



Affected vision



Normal vision

## Floaters

### How it affects your driving

These are tiny specks or “cobwebs” that seem to float across your vision. You might see them in well-lit rooms or outdoors on a bright day. Floaters can be a normal part of aging. But, sometimes they are a sign of a more serious eye problem such as retinal detachment. If you see many new floaters and/or flashes of light, see your eye care professional right away.

### What can be done

Depends on severity.

ORIGINAL CONTENT SOURCE

<http://www.grhardwick.co.uk/flashes--floaters.html>



Session 1 - Vision



## Common eye problems



Affected vision



Normal vision

## Cataracts

### How it affects your driving

These are cloudy areas in the eye's lens causing blurred or hazy vision. Some cataracts stay small and don't change your eyesight a lot. Others become large and reduce vision.

### What can be done

Cataract surgery can restore good vision. It is a safe and common treatment. If you have a cataract, your eye care professional will watch for changes over time to see if you would benefit from surgery.

ORIGINAL CONTENT SOURCE

<http://visionsimulations.com/galleries/dry-eye-syndrome>

Session 1 - Vision



## Common eye problems



Affected vision



Normal vision

## Dry Eye

### How it affects your driving

Dry Eye happens when tear glands don't work well. You may feel stinging or burning, a sandy feeling as if something is in the eye, or other discomfort. Dry eye is more common as people get older, especially for women.

### What can be done

Your eye care professional may tell you to use a home humidifier or air cleaner, special eye drops (artificial tears), or ointments to treat dry eye.

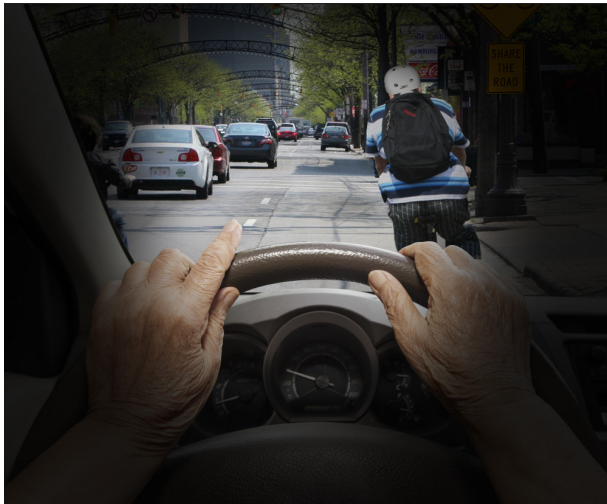
ORIGINAL CONTENT SOURCE

<http://visionsimulations.com/galleries/dry-eye-syndrome>

Session 1 - Vision



## Common eye problems



Affected vision



Normal vision

## Glaucoma

### How it affects your driving

Glaucoma often comes from too much fluid pressure inside the eye. If not treated, it can lead to vision loss and blindness. People with glaucoma often have no early symptoms or pain. You can protect yourself by having dilated eye exams yearly.

### What can be done

Glaucoma can be treated with prescription eye drops, lasers, or surgery.

Session 1 - Vision



## Common eye problems



Affected vision



Normal vision

## Age-related macular degeneration (AMD)

### How it affects your driving

AMD can harm the sharp, central vision needed to see objects clearly and to do common things like driving and reading. During a dilated eye exam, your eye care professional will look for signs of AMD.

### What can be done

There are treatments for AMD. If you have AMD, ask if special dietary supplements could lower the chance of it getting worse.

Session 1 - Vision



## Common eye problems



Affected vision



Normal vision

## Diabetic retinopathy

### How it affects your driving

This problem may occur if you have diabetes. Diabetic retinopathy develops slowly and often has no early warning signs. If you have diabetes, be sure to have a dilated eye exam at least once a year.

### What can be done

Keeping your blood sugar, blood pressure, and cholesterol under control can prevent diabetic retinopathy or slow its progress. Laser surgery can sometimes prevent it from getting worse.

Session 1 - Vision



## Common eye problems



Affected vision



Normal vision

## Retinal detachment

### How it affects your driving

When the retina separates from the back of the eye, it's called retinal detachment. If you see new floaters or light flashes, or if it seems like a curtain has been pulled over your eye, go to your eye care professional right away. With treatment, doctors often can prevent loss of vision.

### What can be done

**THIS IS A MEDICAL EMERGENCY.**

Session 1 - Vision



## Common eye problems

### Tearing

#### How it affects your driving

Tearing (or having too many tears) can come from being sensitive to light, wind, or temperature changes, or having a condition called dry eye.

Wearing sunglasses may help. So might eye drops. Sometimes tearing is a sign of a more serious eye problem, like an infection or a blocked tear duct. Your eye care professional can treat these problems.

### Eyelid problems

#### How it affects your driving

This can result from different diseases or conditions. Common eyelid problems include red and swollen eyelids, itching, tearing, and crusting of eyelashes during sleep. These problems may be caused by a condition called blepharitis (ble-fa-RI-tis) and can be treated with warm compresses and gentle eyelid scrubs.

### Corneal diseases

#### How it affects your driving

This can cause redness, watery eyes, pain, problems with vision, or a halo effect of the vision (things appear to have an aura of light around them). Infection and injury are some of the things that can hurt the cornea.

Treatment may be simple—for example, changing your eyeglass prescription or using eye drops. In severe cases, surgery may be needed.

## Session 1 - Vision



# Activities

Now that you have learned some new information, let's take some time to assess your older adult's vision.

We encourage you to perform these tests along with your loved one. This removes the tester/testee dynamic. Additionally, try to make test assessment a fun experience. It is not about getting an answer right or wrong, but understanding your current level of ability.

### Test 1

Amsler GRID test for Macular Degeneration

### Test 2

Color Blindness

### Test 3

Peripheral Vision

### Test 4

Driving Test with Special Glasses



**Session 1 - Vision**



## Scorecard

List any known vision issues here:

---

---

List any vision concerns here:

---

---

### **Result of Test 1**

Amsler GRID test for Macular Degeneration

- No concern     Some concern     Moderate concern     High concern

### **Result of Test 2**

Color Blindness

- No concern     Some concern     Moderate concern     High concern

### **Result of Test 3**

Peripheral Vision

- No concern     Some concern     Moderate concern     High concern

### **Result of Test 4**

Driving Test with Special Glasses

- No concern     Some concern     Moderate concern     High concern

**Save this scorecard for the Summary Session**

## Session 1 - Vision



# Test 1

## How To Test Your Eyes With This Amsler Grid

**Materials:** pen and two copies of page 35 (to test each eye)

### Instructions

Test your older adult's eyes under normal room lighting used for reading.

They should wear the eyeglasses you normally wear for reading.

Hold the grid approximately 14 to 16 inches from their eyes.

Test each eye separately: Have them cup their hand over one eye while testing the other eye.

Instruct them to keep their eye focused on the dot in the center of the grid and answer these questions:

1. Do any of the lines in the grid appear wavy, blurred or distorted?
2. Do all the boxes in the grid look square and the same size?
3. Are there any "holes" (missing areas) or dark areas in the grid?
4. Can you see all corners and sides of the grid (while keeping your eye on the central dot)?

Switch to the other eye and repeat.

Report any irregularities to your eye doctor immediately: mark areas of the chart you're not seeing properly with your pen and bring it with you when your older adults visit their doctor.

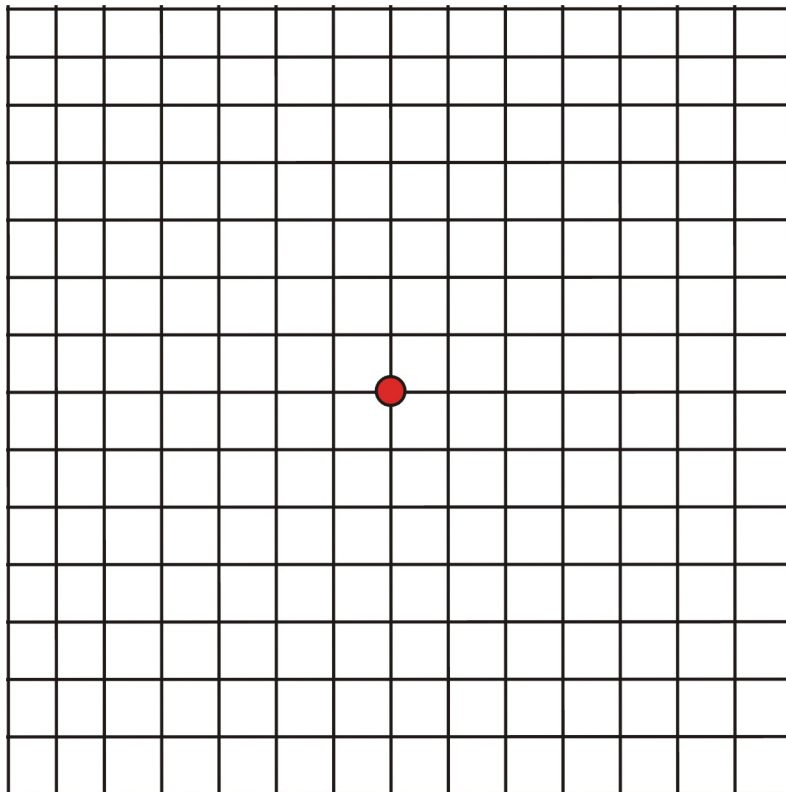
Session 1 - Vision



# Test 1

## How To Test Your Eyes With This Amsler Grid

Hold this page at arm's length and cup one eye.



Session 1 - Vision



## Test 2

### Ishihara Color Vision Test

**Materials:** none

#### Instructions

A color blind test is a device your eye doctor uses to determine if you have a color vision deficiency, commonly known as color blindness. If you think your older adult might be color blind, have the doctor check at their next eye exam.

Give the next page to your older adult.

Tell them to look at the image with both eyes open, while wearing their prescription glasses.

Ask them to read all the numbers they can see. If they can't see the numbers in the circles, they may be colorblind.

Correct answers:

Left to Right (top row) 42, 29, 57

Left to Right (middle row) 5, 2, 7

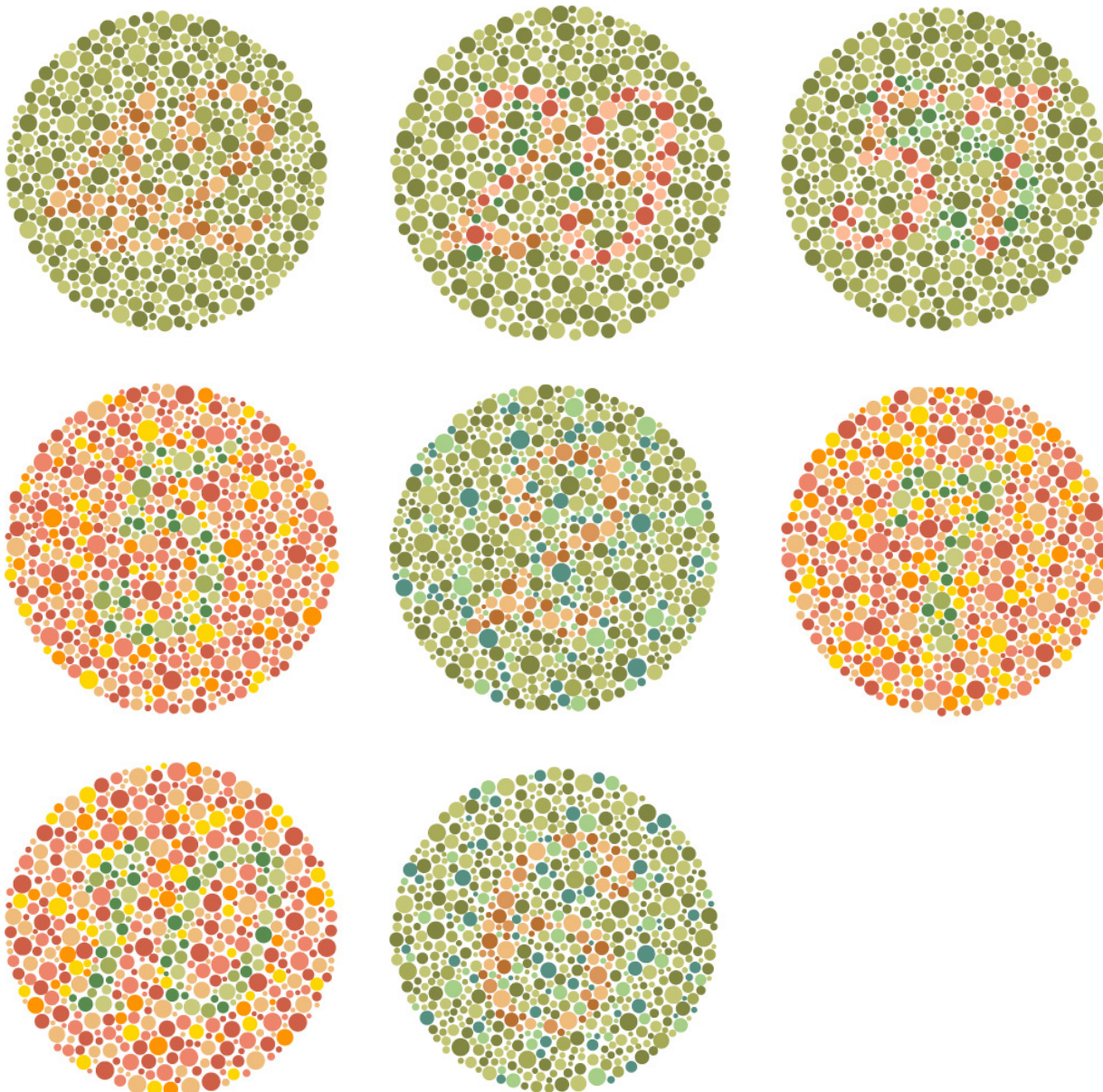
Left to Right (bottom row) 10, 6

Session 1 - Vision



# Test 2

## Ishihara Color Vision Test



## Session 1 - Vision



### Test 3

#### Peripheral Vision

**Equipment:** Two chairs

#### Instructions

This is a simple and preliminary test.

Place two chairs so you are facing your older adult.

Cover your left eye and ask your older adult to cover their right eye. Stare at each other's nose. Raise your left hand to be directly between your eyes. Slowly extend it as far away from your body, keeping it the same distance between the two of you. Continue to stare forward. Ask your older adult to state when they can or cannot see the hand as it moves (use a ruler or similar object if you are unable to extend your hand beyond their field of view). Compare their responses to your peripheral vision.

Repeat the exam with the other eye.

Session 1 - Vision



## Test 4

### Driving Test

**Equipment:** Car, extra pair of non-prescription glasses, Vaseline

### Instructions

Have **your older adult drive you** around the block or for about 5 minutes.

While you're seated in the passenger's side, put on a pair of glasses smeared with Vaseline. The cloudy glasses simulate some of the age related conditions listed in the education section of this session.

Look at the road, the rear view mirror and the side mirrors through the glasses.

Switch roles and repeat the test.

Would you feel comfortable driving, being driven or having a loved one drive with any of the conditions the glasses simulate?

## Session 1 - Vision



# Reflection

### Take a few minutes to reflect:

Based on the information and exercises you just completed, ask your older adult:

How does the results on the scorecard make you feel?  
Please discuss.

Do you feel confident that you can drive responsibly?

Would you like time to look into how you can improve your ability and take the same tests next month?

### Do they suffer from any of these conditions?

If so, here's what you should do:

Do not let them panic, this does not mean they cannot drive.  
It may be treatable.

Schedule to see a doctor, get a proper diagnosis, and learn about their options to manage the problem.

If the doctor gives them a diagnosis, ask the physician how it will affect their driving, and what steps they can take to regain/maintain their current ability.

Remember, both you and your partner value their independence.  
We value your safety equally and want them to be responsible.



Session 1 - Vision



## Reflection for you, the caregiver

### Take a few minutes to reflect:

Do you think your partner may have some of these conditions?

If so, think about how can you help?

Compare timetables. If reduced driving time is required, which are the days and times you can drive and help out?

Is there another mode of transportation in your city or area?

Research online to find out about public transport facilities or look at our resource booklet for transportation alternatives in your area.

Often, people do not like asking for help. Offer specific help with shopping trips, doctor's appointments, etc.

Remember, that safety is important and although your partner may be resistant at first, it is important for them to realize that driving under these conditions can be very dangerous to them and to the people around them.

**This is not the time to have them make a significant decision on their driving—that will occur during the Summary Sessions. This is a time for you to be proactive and start looking for ways you can be apart of a future solution.**

## **Did you know**

Approximately one in three people in the United States between the ages of 65 and 74 has hearing loss, and nearly half of those older than 75 have difficulty hearing.



Session 2  
**Hearing**

## Session 2 - Hearing



# General hearing information

Age-related hearing loss (presbycusis) is the loss of hearing that gradually occurs in most of us as we grow older. It is one of the most common conditions affecting older and elderly adults.

Having trouble hearing can make it hard to understand and follow a doctor's advice, respond to warnings, and hear phones, doorbells, and smoke alarms. Hearing loss can also make it hard to enjoy talking with family and friends, leading to feelings of isolation.

It can also make it difficult to hear other cars, emergency vehicles, horns or sirens, or children playing nearby.

Age-related hearing loss most often occurs in both ears, affecting them equally. Because the loss is gradual, if you have age-related hearing loss you may not realize that you've lost some of your ability to hear.

There are many causes of age-related hearing loss. Most commonly it arises from changes in the inner ear as we age, but it can also result from changes in the middle ear or from complex changes along the nerve pathways from the ear to the brain. Certain medical conditions and medications may also play a role.

### ORIGINAL CONTENT SOURCE

<https://www.nidcd.nih.gov/health/age-related-hearing-loss>

## Session 2 - Hearing



# Why do we lose our hearing?

Many factors can contribute to hearing loss as you get older. It can be difficult to distinguish age-related hearing loss from hearing loss that can occur for other reasons, such as long-term exposure to noise.

Noise-induced hearing loss is caused by long-term exposure to sounds that are either too loud or last too long. This kind of noise exposure can damage the sensory hair cells in your ear that allow you to hear. Once these hair cells are damaged, they do not grow back and your ability to hear is diminished.

Conditions that are more common in older people, such as high blood pressure or diabetes, can contribute to hearing loss. Medications that are toxic to the sensory cells in your ears (for example, some chemotherapy drugs) can also cause hearing loss.

Rarely, age-related hearing loss can be caused by abnormalities of the outer ear or middle ear. Such abnormalities may include reduced function of the tympanic membrane (the eardrum) or reduced function of the three tiny bones in the middle ear that carry sound waves from the tympanic membrane to the inner ear.

Most older people who experience hearing loss have a combination of both age-related hearing loss and noise-induced hearing loss.

**ORIGINAL CONTENT SOURCE**

<https://www.nidcd.nih.gov/health/age-related-hearing-loss>

## Session 2 - Hearing



### Is it preventable?

At this time, scientists don't know how to prevent age-related hearing loss. However, you can protect yourself from noise-induced hearing loss by protecting your ears from sounds that are too loud and last too long. It's important to be aware of potential sources of damaging noises, such as loud music, firearms, snowmobiles, lawn mowers, and leaf blowers. Avoiding loud noises, reducing the amount of time you're exposed to loud noise, and protecting your ears with ear plugs or ear muffs are easy things you can do to protect your hearing and limit the amount of hearing you might lose as you get older.

**ORIGINAL CONTENT SOURCE**

<https://www.nidcd.nih.gov/health/age-related-hearing-loss>

### Activity

Hearing tests are difficult to conduct, because of the environmental controls needed; however, ask the following questions to your older adult as a general assessment of their hearing ability.

### Test 1

If you older adult answers "yes" to three or more of these questions, they could have a hearing problem and may need to have their hearing checked.

**ORIGINAL CONTENT SOURCE**

<https://www.nidcd.nih.gov/health/age-related-hearing-loss>

Session 2 - Hearing



## Scorecard

Use this page to both ask questions and record responses.

- YES    NO   Do you sometimes feel embarrassed when you meet new people because you struggle to hear?
- YES    NO   Do you feel frustrated when talking to members of your family because you have difficulty hearing them?
- YES    NO   Do you have difficulty hearing or understanding co-workers, clients, or customers?
- YES    NO   Do you feel restricted or limited by a hearing problem?
- YES    NO   Do you have difficulty hearing when visiting friends, relatives, or neighbors?
- YES    NO   Do you have trouble hearing in the movies or in the theater?
- YES    NO   Does a hearing problem cause you to argue with family members?
- YES    NO   Do you have trouble hearing the TV or radio at levels that are loud enough for others?
- YES    NO   Do you feel that any difficulty with your hearing limits your personal or social life?
- YES    NO   Do you have trouble hearing family or friends when you are together in a restaurant?

**Save this scorecard for the Summary Session**

## Session 2 - Hearing



# Reflection

### Take a few minutes to reflect:

Based on the information and exercises you just completed, ask your older adult:

How does the results on the scorecard make you feel?  
Please discuss.

Do you feel confident that you can drive responsibly?

Would you like time to look into how you can improve your ability and take the same tests next month?

### Do they suffer from any of these conditions?

If so, here's what you should do:

Do not let them panic, this does not mean they cannot drive.  
It may be treatable.

Schedule to see a doctor, get a proper diagnosis, and learn about their options to manage the problem.

If the doctor gives them a diagnosis, ask the physician how it will affect their driving, and what steps they can take to regain/maintain their current ability.

Remember, both you and your partner value their independence. We value your safety equally and want them to be responsible.



Session 2 - Hearing



## Reflection for you, the caregiver

### Take a few minutes to reflect:

Do you think your partner may have some of these conditions?

If so, think about how can you help?

Compare timetables. If reduced driving time is required, which are the days and times you can drive and help out?

Is there another mode of transportation in your city or area?

Research online to find out about public transport facilities or look at our resource booklet for transportation alternatives in your area.

Often, people do not like asking for help. Offer specific help with shopping trips, doctor's appointments, etc.

Remember, that safety is important and although your partner may be resistant at first, it is important for them to realize that driving under these conditions can be very dangerous to them and to the people around them.

**This is not the time to have them make a significant decision on their driving—that will occur during the Summary Sessions. This is a time for you to be proactive and start looking for ways you can be apart of a future solution.**

## **Did you know**

Older adults have twice as many disabilities and four times as many physical limitations as people less than 60 years of age.

Older adults should do at least 150 minutes of moderate-intensity aerobic physical activity per week or do at least 75 minutes of vigorous-intensity aerobic physical activity per week.

More than 75 percent of drivers age 65 or older report using one or more medications, but less than one-third acknowledged awareness of the potential impact of the medications on driving performance.

Session 3

**Physical  
mobility**

### Session 3 - Physical mobility



## General mobility information

Overall, strong evidence demonstrates that compared to less active men and women, older adults who are physically active:

Have lower rates of coronary heart disease, high blood pressure, stroke, type 2 diabetes, colon cancer, breast cancer, a higher level of cardiorespiratory and muscular fitness, healthier body mass and composition.

Exhibit higher levels of functional health, a lower risk of falling, and better cognitive function; have reduced risk of moderate and severe functional limitations and role limitations.

## Session 3 - Physical mobility



# Effects of aging

Bones tend to become less dense.

The amount of muscle tissue (muscle mass) and muscle strength tend to decrease beginning around age 30 and continue throughout life.

The cartilage that lines the joints tends to thin, partly because of the wear and tear of years of movement.

Ligaments, which bind joints together, and tendons, which bind muscle to bone, tend to become less elastic, making joints feel tight or stiff.

Changes in vertebrae at the top of the spine cause the head to tip forward, compressing the throat.

**Quick Reflection: In the last month, has there been a time where you have noticed any of these symptoms?**

Please note: While there are several physical ailments that occur as you age, here is a list of physical ailments that can impact your driving of which you should be aware. These ailments develop gradually over time so you may not be aware of them.



## Session 3 - Physical mobility

# Common physical problems

### Angina

By definition, angina is a fairly common type of chest pain that results from less than adequate blood supply to the heart muscles. For the most part, coronary artery diseases cause angina. Some coronary artery diseases include aortic stenosis, hypertension, and hypertrophic cardiomyopathy. However, people with normal arteries can sometimes suffer with angina.

#### ORIGINAL CONTENT SOURCE

[http://www.heart.org/HEARTORG/Conditions/HeartAttack/Diagnosinga-HeartAttack/Angina-Chest-Pain\\_UCM\\_450308\\_Article.jsp](http://www.heart.org/HEARTORG/Conditions/HeartAttack/Diagnosinga-HeartAttack/Angina-Chest-Pain_UCM_450308_Article.jsp)

### Arthritis

Having arthritis can make your joints swollen and stiff, which can limit how far you can bend or move your shoulders, hands, head and neck. This can make it harder to grasp or turn the steering wheel, apply the brake and gas pedals, put on your safety belt or look over your shoulder to check your blind spot. As a result, arthritis can make it harder for you to drive safely. If arthritis affects your hips, knees, ankles or feet, you also may have difficulty getting in and out of your car.

#### ORIGINAL CONTENT SOURCE

<http://www.arthritis.org/about-arthritis/understanding-arthritis/what-is-arthritis.php>

### Dehydration

Dehydration occurs when a person does not have the necessary fluid content in their body to perform normal and crucial bodily functions. Most body systems and organs are drastically affected by water deprivation and people of all ages can be affected.



### Session 3 - Physical mobility

Dehydration can be especially harmful for the elderly during driving as it causes dizziness and disorientation. Dehydration is especially common among elderly that suffer from incontinence, as they tend to avoid drinking water especially for long car journeys.

**ORIGINAL CONTENT SOURCE**

<https://www.nia.nih.gov/health/publication/older-drivers>

### **Osteoporosis**

Osteoporosis is a bone disease that occurs when the body loses too much bone, makes too little bone, or both.

Although bone breakage is a common concern, Dowagers Hump or curvature on upper back can place an older person at a high risk to fall, as their center of gravity has changed due to their head being forward. This can reduce head and neck mobility which is crucial to driving. The reduction in driver's height also impacts vision while driving.

**ORIGINAL CONTENT SOURCE**

<https://www.nof.org/patients/what-is-osteoporosis/>

### **Vertigo**

Vertigo is chronic dizziness or a spinning sensation that older adults suffer from as their inner ears deteriorate.

Most patients with dizziness do not have to stop driving as they will still be able to maintain control of the car. If, however, you feel that the frequency or severity of your attacks of dizziness is impairing your driving ability, then you should not drive.



## Session 3 - Physical mobility

# Common physical problems

### Hypertension

Approximately 800,000 people have a stroke each year. Strokes occur due to problems with the blood supply to the brain. A stroke is a medical emergency, and treatment must be sought as quickly as possible.

Recognizing the early symptoms can save a driver's life and those around them. Driving can be very challenging after a stroke as well, as you tend lose mobility and sensation in your legs.

**ORIGINAL CONTENT SOURCE**

<https://www.cdc.gov/stroke/>

### Immobility and Inactivity

The elderly, whether bedridden or not, risk serious complications due to long periods of inactivity. If you do not use the physical abilities that keep them mobile, you will lose much of your mobility.

When you gradually lose strength in your arms and legs, immobility can impact a driver from making quick and necessary movements, such as maneuvering sharp turns or coming to unexpected stops.

### Drug Reactions & Side Effects

Eight out of ten senior drivers age 65 and older take medications on a regular basis. And despite high prescription and over-the-counter medication use, almost half of senior drivers using medications have never talked with their healthcare providers about how the drugs might affect their safe driving abilities.

**ORIGINAL CONTENT SOURCE**

<http://seniordriving.aaa.com/understanding-mind-body-changes/medical-conditions-medications/roadwise-rx/>



## Session 3 - Physical mobility



# Activities

Now that you learned some new information, let's take some time to assess your older adult's abilities:

### **Test 1**

Check Roadwise Rx for Drug Reactions

### **Test 2**

Head/Neck & Upper Torso Rotation

### **Test 3**

Alternating Foot-Tap Test

### **Test 4**

Arm Reach

Session 3 - Physical mobility



## Scorecard

List any known physical issues here:

---

---

List any physical mobility concerns here:

---

---

### Result of Test 1

Check Roadwise Rx for Drug Reactions

- No concern    Some concern    Moderate concern    High concern

### Result of Test 2

Head/Neck & Upper Torso Rotation

- No concern    Some concern    Moderate concern    High concern

### Result of Test 3

Alternating Foot-Tap Test

- No concern    Some concern    Moderate concern    High concern

### Result of Test 4

Arm Reach

- No concern    Some concern    Moderate concern    High concern

**Save this scorecard for the Summary Session**

## Session 3 - Physical mobility



# Test 1

## Check Roadwise Rx for Drug Reactions

**Equipment:** Computer, printer, list of medications

Roadwise Rx is a free, confidential tool developed by the AAA Foundation for Traffic Safety that adults can use to explore how medications may affect safe driving.

### How it works?

Roadwise Rx offers an anonymous way for you to record all of your medications in one central location. It also provides customized feedback on how your prescription and over-the-counter drugs, herbal supplements and foods, as well as their interactions with each other, can affect safe driving.

### Instructions

- 1) Go to: <http://www.roadwiserx.com/>
- 2) Enter your older adult's medications
- 3) Learn how the medications they take affect their driving, and discuss with them.
- 4) Print their confidential results and take them to their physician



## Session 3 - Physical mobility

### Test 2

#### Head/Neck & Upper Torso Rotation

**Equipment:** Chair, Belt, Clock

The older adult does this test while seated in the chair. It is a measure of the ability of a driver to turn and look over their shoulder to see the sides and rear of the vehicle when changing lanes or merging.

#### Instructions

Ask your older adult to buckle a belt around their waist and around the back of the chair (to simulate a seat belt). This part of the procedure is to ensure that the ‘driver’ remains positioned in the chair, with their lower back pressed against the seat back, in the same posture that they would assume when sitting in the driver’s seat of a car.

Position yourself about 10 feet behind the them at a pre-marked location, and sets the clock hands to either 3:00 or 9:00 (without them see the clock).

Give the instruction, “Just as you would turn your head and upper body to look behind you to back your car or change lanes, please turn and read the time on the clock face that I am holding behind you.”

Record whether the driver can read the requested information. If they cannot turn far enough in one direction to read the clock, ask them to try turning the other way. The test is scored is of ‘high concern’ if they do not have enough flexibility/mobility to perform this motion.



## Session 3 - Physical mobility

### Test 3

#### Alternating Foot-Tap Test

**Equipment:** Chair, binder (or large book)

This is a measure of lower limb mobility as required of a driver to move their right foot from the gas pedal to the brake pedal.

#### Instructions

Have your older adult sit in a chair for this test.

Open the 3-ring binder and place it on the floor with the 3 rings oriented crosswise in front of the participant, and about 16 to 24 inches from the front edge of the chair.

Have the 'driver' touch their right foot to the floor 5 times alternately on each side of the opened binder, moving from one side to the other on every tap. The total number of taps will be 10. Make sure they lift their foot sufficiently high to clear the rings of the binder.

Give the instruction, "Please place your right foot on the floor, next to the right side of this binder. Now move your left foot back out of the way, and move your right foot back and forth over the binder rings, alternately tapping each side of the floor next to the binder. Move your foot back and forth across the binder rings for a total of 10 taps, beginning when I tell you. Ready? Go."

Score based on how well you think they would do if they needed to stop suddenly in traffic.

## Session 3 - Physical mobility



### Test 4

#### Arm Reach

**Equipment:** Chair

#### Instructions

This is a test of upper limb mobility. Your older adult does this test while sitting in the chair.

Give the instruction, “Please raise your right arm as high as you can over your head. You may put your arm down. Now please raise your left arm as high as you can over your head.”

The examiner records whether or not driver could lift each arm above shoulder height. Drivers who can not reach above the height of their shoulders will qualify as “of high concern” for this test.

## Session 3 - Physical mobility



# Reflection

### Take a few minutes to reflect:

Based on the information and exercises you just completed, ask your older adult:

How does the results on the scorecard make you feel?  
Please discuss.

Do you feel confident that you can drive responsibly?

Would you like time to look into how you can improve your ability and take the same tests next month?

### Do they suffer from any of these conditions?

If so, here's what you should do:

Do not let them panic, this does not mean they cannot drive.  
It may be treatable.

Schedule to see a doctor, get a proper diagnosis, and learn about their options to manage the problem.

If the doctor gives them a diagnosis, ask the physician how it will affect their driving, and what steps they can take to regain/maintain their current ability.

Remember, both you and your partner value their independence. We value your safety equally and want them to be responsible.

## Session 3 - Physical mobility



# Reflection for you, the caregiver

### Take a few minutes to reflect:

Do you think your partner may have some of these conditions?

If so, think about how can you help?

Compare timetables. If reduced driving time is required, which are the days and times you can drive and help out?

Is there another mode of transportation in your city or area?

Research online to find out about public transport facilities or look at our resource booklet for transportation alternatives in your area.

Often, people do not like asking for help. Offer specific help with shopping trips, doctor's appointments, etc.

Remember, that safety is important and although your partner may be resistant at first, it is important for them to realize that driving under these conditions can be very dangerous to them and to the people around them.

**This is not the time to have them make a significant decision on their driving—that will occur during the Summary Sessions. This is a time for you to be proactive and start looking for ways you can be apart of a future solution.**



## **Did you know**

Like other organs, the human brain changes with age in both its physical structures and its ability to carry out various functions.

The brain is responsible for “cognition,” a term that includes memory, decision making, processing speed, wisdom, and learning.

Session 4

**Cognitive  
function**



## Session 4 - Cognitive function

# General cognition information

A commonly held misconception is that aging results in an inevitable loss of all cognitive abilities and that nothing can be done to halt this decline. Research, however, does not support these claims. While certain areas of thinking do show a normal decline as we age, others remain stable. Moreover, interventions may actually slow some of the changes that do occur.

### ORIGINAL CONTENT SOURCE

[http://alzheimers.emory.edu/healthy\\_aging/cognitive-skills-normal-aging.html](http://alzheimers.emory.edu/healthy_aging/cognitive-skills-normal-aging.html)

# Common areas of decline

## Intelligence

“Crystallized” intelligence, i.e., knowledge or experience accumulated over time, actually remains stable with age. On the other hand, “fluid” intelligence or abilities not based on experience or education tend to decline.

## Memory

Remote memory or recall of past events that have been stored over many years remains relatively preserved in old age. Recent memory or the formation of new memories, however, is more vulnerable to aging.

## Session 4 - Cognitive function



# Common areas of decline, cont.

## **Attention**

Simple or focused attention such as the ability to have attention to a television program tends to be preserved in older age. Difficulties may be encountered, however, when divided attention is required such as trying to pay attention to the television and simultaneously talk on the telephone.

## **Language**

Verbal abilities including vocabulary are preserved as we age. Common changes have to do with word retrieval or the process of getting words out. It takes longer and is more difficult to find the words one wants when engaged in conversation or trying to recall names of people and objects. The information is not lost but it is more difficult to retrieve.

## **Reasoning and Problem Solving**

Traditional ways of approaching solutions are maintained in older persons. Problems that have not been encountered during your life may take extra time to figure out.

## **Speed of Processing**

Aging does affect the speed with which cognitive and motor processes are performed. This does not mean that the activities cannot be performed, but rather that they take longer!

**Session 4 - Cognitive function**



## **Activity**

Now that you learned some new information, let's take some time to assess your older adult's ability:

**Test 1**

Clock-Drawing test

**Test 2**

Trail Making Test

**Test 3**

Recall Test

**Test 4**

Maze Test

**Session 4 - Cognitive function**



## Scorecard

List any known cognitive issues here:

---

---

List any cognitive concerns here:

---

---

### **Result of Test 1**

Clock-Drawing test

- No concern    Some concern    Moderate concern    High concern

### **Result of Test 2**

Trail Making Test

- No concern    Some concern    Moderate concern    High concern

### **Result of Test 3**

Recall Test

- No concern    Some concern    Moderate concern    High concern

### **Result of Test 4**

Maze Test

- No concern    Some concern    Moderate concern    High concern

**Save this scorecard for the Summary Session**

Session 4 - Cognitive function



# Test 1

## Clock-Drawing Test

**Materials:** pencil

A clock drawing test is recommended by medical and transportation authorities as a screening test for unsafe drivers. During this test, your older adult will be asked to draw the numbers in the circle to make it look like the face of an analog clock.

### Instructions

- 1) Have your older adult draw the numbers in the circle to make the circle look like the face of an analog clock.
- 2) After completing the first step, have them draw the hands of the clock to read “11:20”

A successful clock should look similar to this:

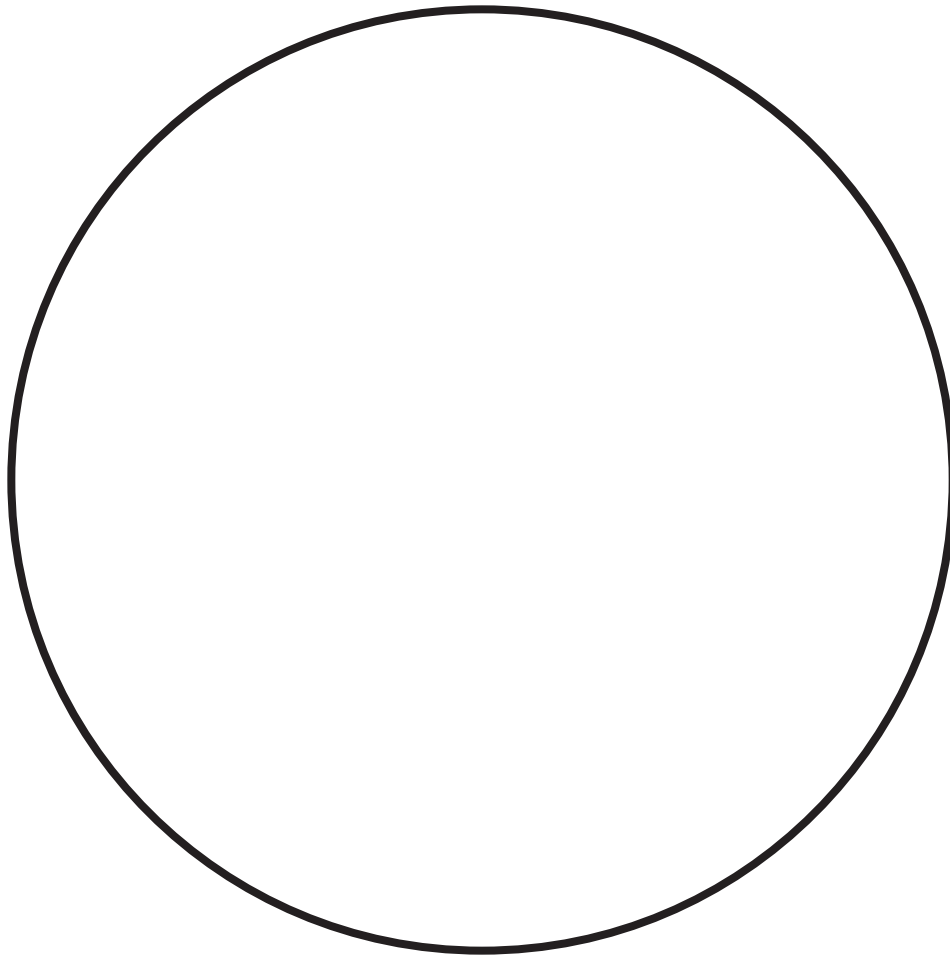


Session 4 - Cognitive function



# Test 1

## Clock-Drawing Test





Session 4 - Cognitive function



## Test 2

### Trail Making Test

**Equipment:** Stopwatch, pencil

The Trail Making Test is a neuropsychological test of visual attention and task switching. The test can provide information about visual search speed, scanning, speed of processing, mental flexibility, as well as executive functioning.

### Instructions

On the following page, there are 25 circles with a letter or a number inside the circle.

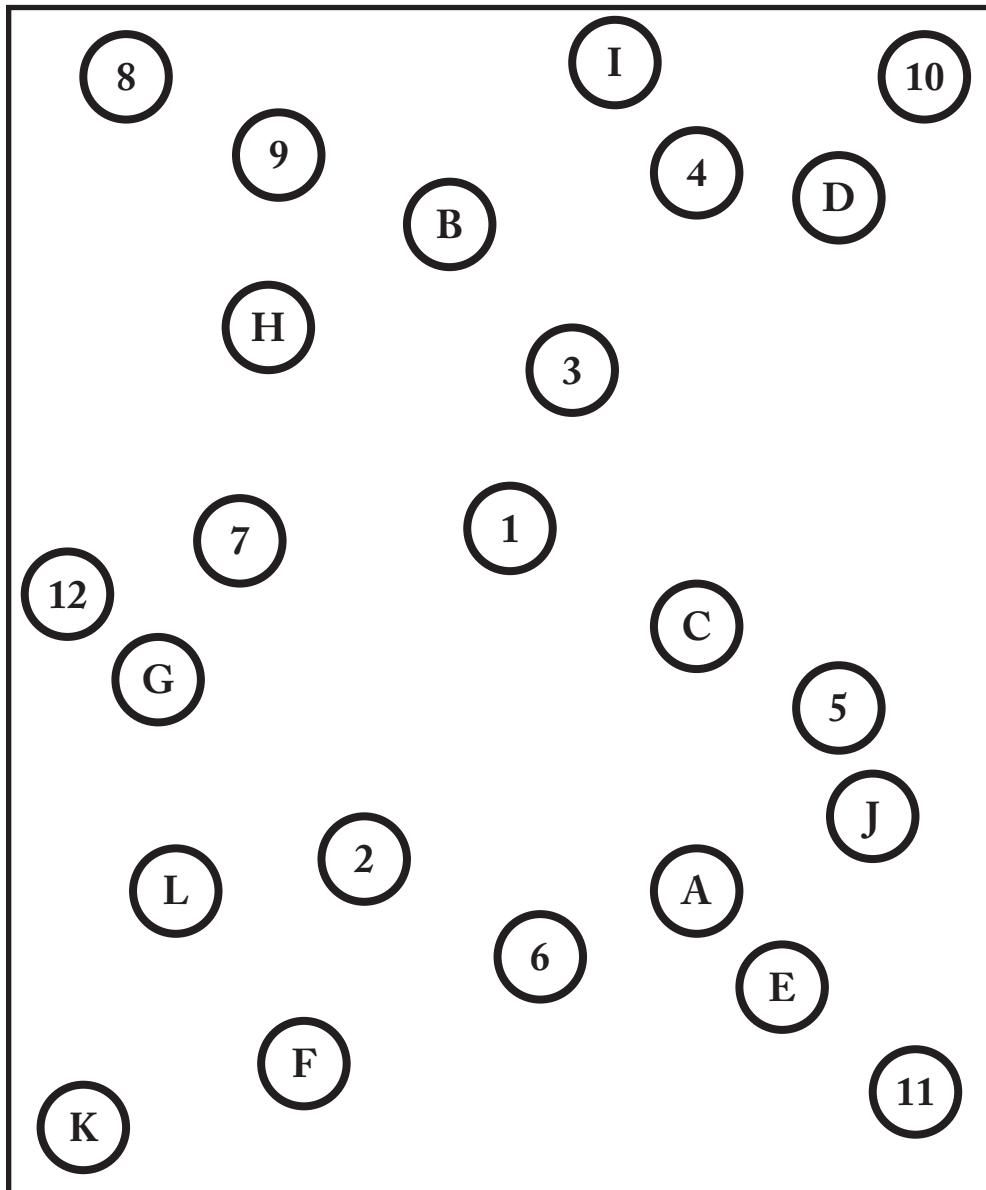
- 1) Instruct your older adult to connect the 25 circles in a sequence that alternates between numbers and letters (1, A, 2, B, etc.)
- 2) Use the stopwatch to time the test
- 3) If you see any mistakes, pause the stopwatch. Then, explain the error and ask them to make the correction.
- 4) When they continue the test again, continue the timing until they finish the test.
- 5) Mark 'of low concern' on the test if they spend less than 3 minutes to finish the test.

Session 4 - Cognitive function



# Test 2

## Trail Making Test



ORIGINAL CONTENT SOURCE

<https://thepracticalpsychosomaticist.com/2011/02/26/oral-version-of-the-trails-test-for-cognitive-impairment/>

## Session 4 - Cognitive function



### Test 3

#### Recall Test

**Equipment:** Stopwatch

A recall test is a test of memory of mind in which participants are presented with stimuli and then, after a delay, are asked to remember as many of the stimuli as possible.

#### Instructions

- 1) Choose one three-word set that will be said to your older adult. The list of the words is on the following page.
- 2) State the words and ask them to try and remember them. After you have given them time to memorize the words, talk to your older adult for 3-5 minutes (ask them about their day, their children, etc).
- 3) After time expires, ask them to repeat the three words.
- 4) Mark 'of low concern' if they can recall all three words

**Session 4 - Cognitive function**



## **Test 3**

### **Recall Test**

#### **Word list 1**

Banana, Sunrise, Chair

#### **Word list 2**

Leader, Season, Table

#### **Word list 3**

Village, Kitchen, Baby

#### **Word list 4**

River, Nation, Finger

#### **Word list 5**

Captain, Garden, Picture

#### **Word list 1**

Daughter, Heaven, Mountain

---

**Session 4 - Cognitive function**



## **Test 4**

### **Maze Test**

**Equipment:** Stopwatch, pencil

A maze test or Porteus maze test is a psychological test that is designed to measure psychological planning capacity and foresight.

### **Instructions**

Give your older adult a pencil and a print of the maze on the following page.

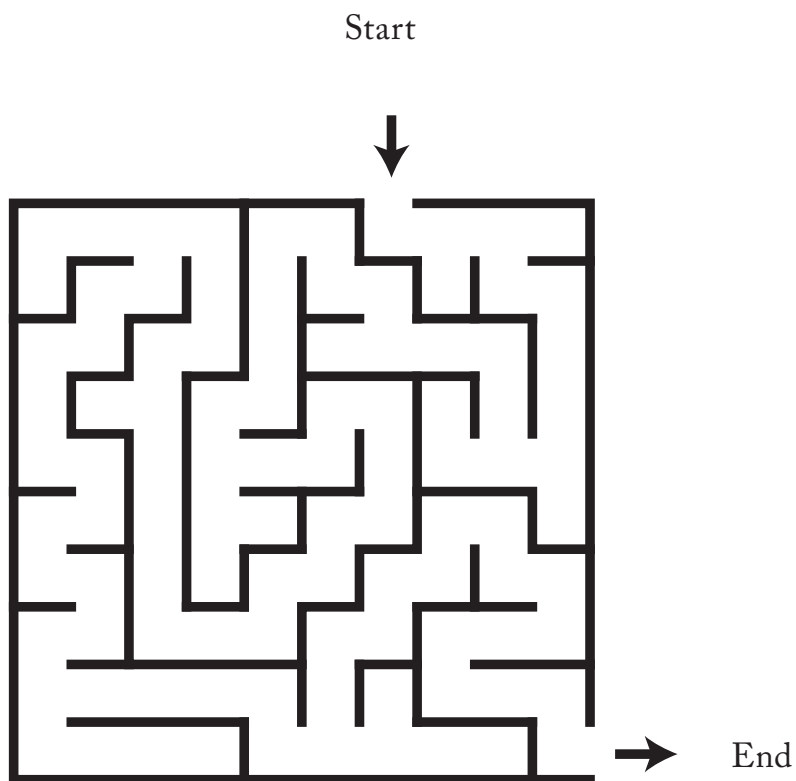
- 1) Instruct them to complete the maze. Start at the downward arrow, and then find a way to exit from the maze. The exit of the maze is indicated by the sideways arrow.
- 2) Use the stopwatch for timing.
- 3) Mark 'of low concern' on the test if they spend less than 60 seconds to complete the maze. Check to make sure they correctly solved the maze.

Session 4 - Cognitive function



# Test 4

## Maze Test



ORIGINAL CONTENT SOURCE

<http://www.news.com.au/national/the-amazing-test-for-older-drivers/news-story/c7cdf9a6d0592b3f633ff654f844008f>

**Session 4 - Cognitive function**



## Reflection

### Take a few minutes to reflect:

Based on the information and exercises you just completed, ask your older adult:

How does the results on the scorecard make you feel?

Please discuss.

Do you feel confident that you can drive responsibly?

Would you like time to look into how you can improve your ability and take the same tests next month?

### Do they suffer from any of these conditions?

If so, here's what you should do:

Do not let them panic, this does not mean they cannot drive.

It may be treatable.

Schedule to see a doctor, get a proper diagnosis, and learn about their options to manage the problem.

If the doctor gives them a diagnosis, ask the physician how it will affect their driving, and what steps they can take to regain/maintain their current ability.

Remember, both you and your partner value their independence.

We value your safety equally and want them to be responsible.

## Session 4 - Cognitive function



# Reflection for you, the caregiver

### Take a few minutes to reflect:

Do you think your partner may have some of these conditions?

If so, think about how can you help?

Compare timetables. If reduced driving time is required, which are the days and times you can drive and help out?

Is there another mode of transportation in your city or area?

Research online to find out about public transport facilities or look at our resource booklet for transportation alternatives in your area.

Often, people do not like asking for help. Offer specific help with shopping trips, doctor's appointments, etc.

Remember, that safety is important and although your partner may be resistant at first, it is important for them to realize that driving under these conditions can be very dangerous to them and to the people around them.

**This is not the time to have them make a significant decision on their driving—that will occur during the Summary Sessions. This is a time for you to be proactive and start looking for ways you can be apart of a future solution.**



## **Did you know**

There are 40.4 million unpaid caregivers of adults ages 65 and older in the United States. Of that group, nine-in-ten are providing care for an aging relative.



Session 5  
**Support**



## Session 5 - Support

# General support information

In addition to the four sessions (vision, hearing, physical mobility and cognition function) some considerations need to be made that fall outside of those topics. They all relate to the support around the older adult driver.

While these discussions are not ‘tests,’ as in the other sessions, they should be taken just as seriously. Each discussion has a worksheet. Take the time to discuss and earnestly fill out each.

Some discussions may require you to look-up or find information. Make sure you do so. Using accurate information is the best way to foster a real conversation. (For example, if your older adult brushes off having the phone number of two neighbors, they may, in actuality, not have the phone number for two neighbors.)

Additionally, as you facilitate these discussions expand the topic as it makes sense to do so. Incorporate the issues that mean the most to your older adult. For example, an older driver may feel the need to drive to a particular store out of loyalty, despite alternatives for walkable shopping. As the caregiver, it is your job to listen and understand the reasons for the drive, not just the act of driving.



## Session 5 - Support

# Why these 4 discussions?

We identified 4 types of support. Each type relates to driving in its own way, but together they will help inform you when decisions need to be made about your older adult in the Summary Section.

The four types of support are

### **Financial**

*What is the cost of ownership?*

### **Caregiver**

*Who can help?*

### **Location**

*What support is in your area?*

### **Social**

*How else can you meet your social needs?*

## Session 5 - Support



# Discussion 1

## Finance

Owning a car is expensive. Do they know how much it costs to own their car? Most of us are so accustomed to paying for it, we don't realize the total cost. Use this sheet to determine their annual cost.

### Related questions

What does owning a car mean to you?

How long have you been a driver?

Do you like to drive?

Do you generally drive alone or with others in your car?

Why do you go where you go?

Have you thought about the cost/worth of your car?

Session 5 - Support



# Discussion 1 Sheet

## Finance

Record the annual costs for their following car related expenses

Lease/payments \_\_\_\_\_ /month × 12 = \_\_\_\_\_ /year

Insurance \_\_\_\_\_ /month × 12 = \_\_\_\_\_ /year

Registration \_\_\_\_\_ /month × 12 = \_\_\_\_\_ /year

Gas \_\_\_\_\_ /week × 52 = \_\_\_\_\_ /year

Maintenance \_\_\_\_\_ /month × 12 = \_\_\_\_\_ /year

Parking \_\_\_\_\_ /month × 12 = \_\_\_\_\_ /year

Permit \_\_\_\_\_ /month × 12 = \_\_\_\_\_ /year

Car washing \_\_\_\_\_ /month × 12 = \_\_\_\_\_ /year

\_\_\_\_\_ /month × 12 = \_\_\_\_\_ /year

\_\_\_\_\_ /month × 12 = \_\_\_\_\_ /year

Cost \_\_\_\_\_ /year

Blue Book value \_\_\_\_\_

## Session 5 - Support



# Discussion 2

## Caregiver

Everyone needs help, or at least a plan for when they need help. It provides both security and safety. But, support can come in many different forms.

Take time to fill out all of these forms of help for your older adult. If they cannot completely fill out this form, research and find someone they can have ready to help, when needed.

Complete the sheet with your older adult

### Related questions

Do you feel that you have a good support network?

Who do you depend on most?

Who depends on you the most?

How many of these needs do you feel confident you have resolved?

Session 5 - Support



## Discussion 2 Sheet

### Caregiver

#### Personal needs

Emergency contact 1 \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact 2 \_\_\_\_\_ Phone: \_\_\_\_\_

Neighbor 1 \_\_\_\_\_ Phone: \_\_\_\_\_

Neighbor 2 \_\_\_\_\_ Phone: \_\_\_\_\_

#### Health needs

Primary physician \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist \_\_\_\_\_ Phone: \_\_\_\_\_

#### Home needs

Tax service \_\_\_\_\_ Phone: \_\_\_\_\_

Lawn care \_\_\_\_\_ Phone: \_\_\_\_\_

Snow removal \_\_\_\_\_ Phone: \_\_\_\_\_

Electrician \_\_\_\_\_ Phone: \_\_\_\_\_

Plumber \_\_\_\_\_ Phone: \_\_\_\_\_

Animal caregiver \_\_\_\_\_ Phone: \_\_\_\_\_



## Session 5 - Support



### Discussion 3

#### Location

Where you live is often a major consideration when you look at one's need to drive. But, as more services become available, you might be surprised at the options near you.

Do some research to see what alternatives are available for your older adult. Often local social workers have resources for transportation through grants or other funding which may be difficult to find online.

Also, price compare. For example, some limo services offer competitive rates, despite the assumption that they cost far more than a taxi. Meanwhile, they provide a more comfortable ride and extended hours.

#### Related questions

Do you feel that you have a good transit options?

Do any of the costs surprise you?

Would you feel comfortable using any of these other services? Why or why not?

Would you like someone to show you how to use any of these services or do a 'ridealong' with you?

Session 5 - Support



## Discussion 3 Sheet

### Location

Bus service

\_\_\_\_\_ Phone: \_\_\_\_\_

Cost: \_\_\_\_\_

Taxi services

\_\_\_\_\_ Phone: \_\_\_\_\_

Cost: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Cost: \_\_\_\_\_

Limo services

\_\_\_\_\_ Phone: \_\_\_\_\_

Cost: \_\_\_\_\_

Light rail, rapid transit services

\_\_\_\_\_ Phone: \_\_\_\_\_

Cost: \_\_\_\_\_

Uber or similar service

\_\_\_\_\_ Phone: \_\_\_\_\_

Cost: \_\_\_\_\_

**Session 5 - Support**



## **Discussion 4**

### **Social**

Lastly, discuss the needs of your older adult to socialize. One's social life absolutely should not be sacrificed because of lack of transportation.

Use the worksheet to document their weekly driving needs (only include trips where they are the driver.) Make a notation of planned versus unplanned trips.

Once this document is complete (in 7 days), review it together. Discuss the motivations or reasons for driving to those places. Again, at this point we are not making decisions, just documenting current needs.

### **Related questions**

Where you surprised how often/rarely you drive?

Where do you drive that you might be able to find alternate transportation? Why?

Where do you want to continue driving? Why?

Do you enjoy driving or the destination more?



Session 5 - Support



## Reflection

### Take a few minutes to reflect:

Based on the information and exercises you just completed, ask your older adult:

How does the results on the scorecard make you feel?

Please discuss.

Do you feel confident that you can drive responsibly?

Would you like time to look into how you can improve your ability and take the same tests next month?

### Do they suffer from any of these conditions?

If so, here's what you should do:

Do not let them panic, this does not mean they cannot drive.

It may be treatable.

Schedule to see a doctor, get a proper diagnosis, and learn about their options to manage the problem.

If the doctor gives them a diagnosis, ask the physician how it will affect their driving, and what steps they can take to regain/maintain their current ability.

Remember, both you and your partner value their independence.

We value your safety equally and want them to be responsible.

## Session 5 - Support



# Reflection for you, the caregiver

### Take a few minutes to reflect:

Do you think your partner may have some of these conditions?

If so, think about how can you help?

Compare timetables. If reduced driving time is required, which are the days and times you can drive and help out?

Is there another mode of transportation in your city or area?

Research online to find out about public transport facilities or look at our resource booklet for transportation alternatives in your area.

Often, people do not like asking for help. Offer specific help with shopping trips, doctor's appointments, etc.

Remember, that safety is important and although your partner may be resistant at first, it is important for them to realize that driving under these conditions can be very dangerous to them and to the people around them.

**This is not the time to have them make a significant decision on their driving—that will occur during the Summary Sessions. This is a time for you to be proactive and start looking for ways you can be apart of a future solution.**

## **Did you know**

Weaker muscles, reduced flexibility and limited range of motion restrict senior drivers' ability to grip and turn the steering wheel, press the accelerator or brake, or reach to open doors and windows.



Summary  
**Action**



## Summary - Action



## General action information

Once you and your older adult have completed all 5 sessions, it is time to make some decisions. This step, action, is where the two of you will decide upon your solution.

Before we can get to the solution, we need to describe our goal. There are two main paths:

- 1) To continue driving, as is
- 2) To reduce/eliminate your older adult's need to drive

Obviously, things change over time, but you will need to have a discussion about which of these two options they prefer.

Figure out the big goal, then the details will follow.

## Summary - Action



## Review

Before you get into the decision-making process, review page-by-page all of the scorecards and discussion sheets together. Try to look at the big picture of what all of these results are saying. It is also a good time to talk about driving, road hazards, and potential risks of continuing to drive.

This is not to scare your older adult into not driving, but to take a pragmatic evaluation of driving concern. But, the health and economic costs of a major accident at 75 is often very different from someone who is 35.

Work through each of the sheets slowly. Take your time and be thoughtful. Once you finish your review, ask your older adult what they think is best and give them time to explain.

If you agree with them, say so. Join them in their decision (particularly, when talking to other loved ones). You now know more about their driving ability than anyone else.

On the next page we would like your older adult to make two decisions: a 1 week decision and a 4 week decision. This time allows for everyone to come to terms with the final assessment.

Again, these sheets are about the solution, in the next section we will work through how this will happen.

Summary - Action



## Decision 1

Today's date: \_\_\_\_\_

One week from today: \_\_\_\_\_

At this point in the process, you may need to find out a bit more information about something before you make a bigger decision. Use this week to do that. Examples may include: scheduling a hearing test or getting a quote on the worth of the car.

Regarding my driving, in the next week I am going to

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*If you don't feel you need to make a Decision 1, that's okay. We are just providing additional resources so no one feels rushed in to making a decision before they are ready.*

- I want more time to decide
- I want to continue driving, as is
- I want to reduce/eliminate my need to drive

Summary - Action



## Decision 2

Today's date: \_\_\_\_\_

Four weeks from today: \_\_\_\_\_

Regarding my driving, in the four weeks I am going to

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*If you don't feel you need to make a Decision 2, that's okay. We are just providing additional resources so no one feels rushed in to making a decision before they are ready.*

- I want to continue driving, as is
  
- I want to reduce/eliminate my need to drive

## **Did you know**

Per mile traveled, fatal crash rates increase beginning at age 75 and rise sharply after age 80. This is mainly due to increased risk of injury and medical complications, rather than an increased tendency to get into crashes.

In 2014, nearly 5,709 senior drivers were killed and 221,000 were injured in traffic crashes.

Summary

**Next steps**

## Summary - Next Steps



## General next step information

Now we need to figure out how we can support our older adult in their decision.

Fill out the following two pages:

**Plan 1** is a maintenance plan, we want to maintain your current ability as long as possible. This sheet will help you set goals.

**Plan 2** is optional. Use this sheet if you are planning to reduce or eliminate your driving. Some additional resources are included for Columbus, Ohio to help in completing this form. Additional blank pages are for documenting additional resources for your area.

Summary - Next Steps



# Plan 1

## Maintenance

To maintain my vision, I will

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To maintain my hearing, I will

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To maintain my physical mobility, I will

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To maintain my cognitive function, I will

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To maintain my support, I will

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On this date \_\_\_\_\_ I will re-evaluate this plan.

On this date \_\_\_\_\_ I will go through this assessment process again.



Summary - Next Steps



## Plan 2

### Alternatives

My goal is to:

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I will no longer drive under these conditions:

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I will use my caregiver to help me:

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I need to do the following tasks to accomplish my goal:

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Summary - Next Steps



## Plan 2, continued

### Alternatives

1) To reduce or eliminate my need to drive to \_\_\_\_\_

I will now \_\_\_\_\_

2) To reduce or eliminate my need to drive to \_\_\_\_\_

I will now \_\_\_\_\_

3) To reduce or eliminate my need to drive to \_\_\_\_\_

I will now \_\_\_\_\_

4) To reduce or eliminate my need to drive to \_\_\_\_\_

I will now \_\_\_\_\_

5) To reduce or eliminate my need to drive to \_\_\_\_\_

I will now \_\_\_\_\_

6) To reduce or eliminate my need to drive to \_\_\_\_\_

I will now \_\_\_\_\_

On this date \_\_\_\_\_ I will re-evaluate this plan.

On this date \_\_\_\_\_ I will go through this assessment process again.

## Summary - Next Steps



# Columbus-available resources

## Resources for elderly transport in Columbus

**Public Transportation:** Seniors can ride the Central Ohio Transit Authority for half the price. Adults older than 65 should visit the COTA Pass Sales Office with a photo ID or Medicare Card to acquire their special ID and start saving. COTA buses feature wheelchair lifts, lower to the curb for easy boarding, and allow service animals. If seniors need help using public transportation, they may be paired with COTA Mentor who will teach them how to ride buses and trains safely and effectively.

**Paratransit:** Mainstream, COTA's paratransit service, is available for ADA eligible persons for the price of \$3.00 one-way. Mainstream services areas within  $\frac{3}{4}$  mile of the fixed-route bus line during the same hours of operation as the fixed-route service. Rides outside of this service area are considered non-ADA trips and cost \$3.50. Companions pay the regular fare, but Personal Care Attendants ride free. Rides must be scheduled at least a day in advance.

The Franklin County Office on Aging also offers transportation to medical facilities. The vehicle accommodates wheelchairs and a senior may have one escort.

For residents throughout the state of Ohio, the PASSPORT program provides non-medical transportation as one of its discounted services to help older Ohioans afford to stay at home. Eligible seniors may



## Summary - Next Steps

access this service at any Ohio Area Agency on Aging. Also, senior care facilities and senior centers often offer transportation services so be sure to investigate these options in your local area. For more information about transportation for seniors, visit the transportation section of the Ohio Department of Aging.

<http://aging.ohio.gov/information/transportation/>

## Columbus-available resources

### Food and grocery delivery

Amazon Prime Pantry is a service of Amazon.com available only to Amazon Prime members that packages everyday (non-bulk) non-perishable grocery store items into a single box for delivery for a flat fee.

[www.amazon.com](http://www.amazon.com)

Door Dash

[www.doordash.com/food-delivery/columbus-oh-restaurants/](http://www.doordash.com/food-delivery/columbus-oh-restaurants/)

SHIPT

[www.shipt.com/main/](http://www.shipt.com/main/)

UberEATS is an online meal ordering and delivery platform. It partners with restaurants in dozens of cities around the world. Ordering can be done on their website or with a smart phone/tablet application or website.

[www.ubereats.com/columbus/](http://www.ubereats.com/columbus/)

## Summary - Next Steps



## **Additional resources**

<http://www.aarp.org>

[http://www.aarp.org/home-garden/transportation/we\\_need\\_to\\_talk/?cmp=RDRCT-WNTT](http://www.aarp.org/home-garden/transportation/we_need_to_talk/?cmp=RDRCT-WNTT)

<https://www.nidcd.nih.gov/health/age-related-hearing-loss>

<https://nihseniorhealth.gov/olderdrivers/howagingaffectsdriving/01.html>

<http://www.publicsafety.ohio.gov/links/2015CrashFacts.pdf>

<http://seniordriving.aaa.com/resources-family-friends/conversations-about-driving/facts-research/>

<http://www.everydayhealth.com/senior-health/driving-safety.aspx>

<https://www.helpguide.org/articles/aging-well/age-and-driving-safety-tips.htm>

<http://www.webmd.com/healthy-aging/features/your-elderly-parents-should-they-still-be-driving#1>





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Was this book helpful?

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What information helped you the most?

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What was not helpful?

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**Continued...**

I would like this to be included in the next edition....

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Overall my experience with the book was...

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My final thoughts on the book are...

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If you would like to be apart of reviewing future editions, please provide your

Name: \_\_\_\_\_

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Cut out and mail this page to:

The Ohio State University, Department of Design  
Hayes Hall, c/o Liz Sanders  
108 North Oval Mall  
Columbus, Ohio 43210



## Summary - Next Steps



## Find us online

You can also access this book (and any updates) as a PDF online.

[design.osu.edu/6400drivingbook](https://design.osu.edu/6400drivingbook)



This tool was designed as part of a Department of Design course at The Ohio State University in the Spring of 2017. The project team was a blend of graduate students and residents at the Ohio Living Westminster-Thurber community in Columbus, Ohio.

It was designed to educate and inform loved ones on how to start the difficult conversation with older adults on driving and aging.



THE OHIO STATE UNIVERSITY



Ohio Living  
Westminster-Thurber