

Getting Around



ALTERNATIVES FOR SENIORS WHO NO LONGER DRIVE

Report on a community program to assist seniors with the transition from driving

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Summary

Mobility, or “getting around,” is vital to the health, independence, and well being of all Americans. As the Baby Boomer population ages, there will be an ever-growing number of individuals who are no longer willing or able to drive. In the best interests of their older populations, communities are seeking strategies to assist their aging residents to remain mobile as they transition from driving.

Following the 2003 Santa Monica tragedy, in which an elderly man crashed into a crowded farmers’ market, public attention focused on the relationship between driving and aging more than ever before.

This project, conducted by Center for Health Aging (CHA), is a pilot program designed to help older residents in eight sites in Southern California with the transition from driving. Titled, *Getting Around: Alternatives for seniors who no longer drive*, it consisted of a transportation support and information network and a public education campaign. Focusing on counseling and mobility planning, it was designed to address the needs of seniors who could no longer drive, rather than those who could still prolong their safe driving years.

The two primary goals were to:

- 1) Develop a transportation support and information network
 - Build community capacity through an Advisory Board
 - Involve relevant organizations to establish strong relationships
 - Train volunteers to counsel older drivers about transportation options
- 2) Launch a multi-media public education campaign
 - Develop a video for broadcast on public television
 - Design a project Web site

In order to provide a guide for others wishing to replicate this model in their communities, this report summarizes the activities and outcomes of the project.

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Introduction

Today's seniors are healthier and live much longer than previous generations. In 2004, the U.S. Census estimated that 35 million people were age 65 or older in the United States. With the aging of the Baby Boom Generation, that number is expected to more than double by the year 2025 to over 72 million. Remarkably, the 85 or older age group is now the fastest growing segment of Americans (U.S. Census 2005), thus raising the specter of a large increase in crashes involving older drivers.

Per capita, older drivers are involved in fewer crashes than younger drivers, but per mile traveled, their fatal crash rates begin to increase after age 75 (Janke 1991). The main factor in these elevated rates is not seniors' greater crash involvement with others, but rather, their physical fragility, which increases their own risk of death (Li et al. 2003). In addition, older drivers are over represented in crashes at intersections, while merging or overtaking, and in angle crashes (Mayhew et al. 2005). In addition to fragility, seniors begin to experience declines in their physical and cognitive abilities, which may affect their ability to drive safely. These declines vary widely among individuals and can occur quickly, so it is important for seniors and their families to make good decisions about their ability to drive safely, whether they should limit their driving to certain safe situations, or stop altogether.

A horrifying example of what can happen when drivers don't recognize their declining abilities occurred in July 2003. Ten people were killed and more than 50 injured, when an 86-year-old man lost control of his car and drove through a crowded farmers' market in Santa Monica, California. Police speculated that the elderly driver had unintentionally stepped on the accelerator rather than the brake.

The crash served as a wake-up call on the many issues associated with aging and mobility, reverberating through the media, and among senior service providers, caregiver groups, and transportation programs. The media, transportation and health professionals, families, and older drivers themselves discussed solutions, including whether there should be some form of age-based testing of drivers, how to help people recognize when they're no longer able to drive safely, how to facilitate transitioning to a time when driving is no longer possible, the need for transportation alternatives, and a host of related issues.

In an effort to prevent similar tragedies and to address what often amounts to a crisis when people give up the keys, the AAA Foundation for Traffic Safety funded Center for Healthy Aging (CHA) to test the feasibility of how a network of trained volunteers could counsel and assist older drivers who needed to stop driving. The CHA, a private, non-profit organization headquartered in Santa Monica, California, just a few blocks from the farmers' market, has served older adults and their families on the greater west side of Los Angeles since 1976. The CHA offers a variety of health, mental health, and support services focused on enhancing wellness and independence.

Kent Milton, Older Californian Traffic Safety Task Force and California Highway Patrol:

Center for Healthy Aging (CHA) is a committed member of the Older Californian Traffic Safety Task Force, which draws on the knowledge and resources of state and local government, the health care community, and many private sector organizations.

“Strong local groups aggressively dedicated to helping senior drivers deal with mobility and safety issues [are] important instruments in serving task force objectives. CHA has forged a constructive relationship with the California Department of Motor Vehicles from which have come CHA sensitivity training for DMV personnel and an expected process for helping seniors find transportation if they are stranded at DMV after losing their driver's license. CHA's administration of a fledgling senior transportation system based on the well-respected ITN model should produce an extremely useful aid for seniors needing rides. Such creative supplements to light rail, bus and paratransit perhaps represent the wave of the future.”

Although Southern California may epitomize the automobile culture, it's not alone in its reliance on motor vehicles. Alternative modes of transportation are limited to certain geographic areas, and many seniors find these alternatives to be inaccessible and lacking in user friendliness.

Because older people who stop driving generally outlive that decision by more than a decade (Foley et al. 2002), it will take coordinated national, state, and local efforts to adequately meet the mobility needs of the aging population. Although the program described in this report services senior drivers in Southern California, it can serve as a model for other communities across the nation.

Mobility alternatives are critical when people stop driving. These options should meet the five a's of senior-friendly transportation, as outlined by the Beverly Foundation: availability, accessibility, acceptability, affordability, and adaptability (The Beverly Foundation 2001).

This project, called *Getting Around: Alternatives for seniors who no longer drive*, involved a pilot program in eight Southern California sites, which aimed to help older residents make the transition from driving. The project involved building a transportation support and information network and developing a public education campaign, including a video for broadcast on PBS stations. The project focused on counseling and mobility planning aimed at addressing the needs of seniors who could no longer drive.

This report summarizes the activities and outcomes of the project, thus providing guidance for those wishing to replicate all or part of the *Getting Around* model in their communities.

Background

More than one in five Americans (21%) age 65 or older no longer drive. While some seniors continue to have active lives despite not driving, more than 50% of this population simply stay home because they don't have access (or believe they have no access) to other forms of transportation. Compared with older people who drive, older non-drivers make 15% fewer trips to the doctor, 59% fewer shopping and restaurant trips, and 65% fewer social, family, and religious trips (Bailey 2004). And those who do drive go fewer miles than their younger counterparts, limiting their driving at night, in poor weather, during rush hour (Ball et al. 1998). Although it is difficult to determine exactly how many older people voluntarily stop driving each year, studies have shown that women are more likely to give up driving voluntarily than men, and they do so at earlier ages when they are in better health (Hakamies-Blomqvist and Siren 2003).

Limiting driving is one thing, but stopping completely is altogether different. For many older adults, mobility, maintaining independent life styles, and making decisions about their daily routines are at the core of their quality of life. Most Americans take mobility for granted, but when ability to drive is jeopardized, people often realize that driving means more than transportation—it is a symbol of independence. If unprepared, older adults who stop driving, whether voluntarily or involuntarily, experience it as a dramatic psychological loss, most likely because of the dramatic reduction in contact with others (Findlay 2003).

Unfortunately, because it is a sensitive and frightening prospect, planning ahead for a time when one may no longer be able to drive is rare, and this needs to change. Because many seniors postpone thinking about “giving up the keys,” families often need to open a dialogue. To be effective, it is important that the dialogue is more than a single, isolated conversation, but rather an ongoing, supportive discussion about self-regulation, possible cessation, and mobility options, including the possible need to move where there are more options.

Related issues: Screening, assessment, training, and rehabilitation

Screening, assessment, training, and rehabilitation are essential elements in decisions about transitioning from driving. Being able to accurately screen and assess the ability to drive safely is critical for all involved—for older drivers and their families, community organizations, service providers, health professionals, law enforcement, and first responders. Similarly, accurate tools that predict whether training and rehabilitation are likely to be effective can help “gatekeepers” to make fair and constructive recommendations about whether seniors deemed unsafe should have their licenses revoked or whether they should be referred for training or rehabilitation. Both formal and informal screenings can provide feedback to the older driver about changes in functional capacity that could negatively affect driving. Results may also initiate discussions about future mobility planning.

Courses and tools

States and localities offer a variety of courses for older drivers. In addition, courses are offered by national organizations such as the AAA (Safe Driving for Mature Operators), AARP (Driver Safety Program), and the National Safety Council (Coaching the Mature Driver). In addition, other tools are available from a variety of sources.

A comprehensive list of screening tools, training programs, and other resources can be found in Appendix C.

“Safe Driving for Mature Operators Driving Improvement Programs” (AAA) is an eight-hour class for drivers 55 or older. In some jurisdictions, drivers who complete the class qualify for a discount on car insurance.

“Driver Safety Program” (AARP) is a refresher class for drivers who are age 50 or older. Peer instructors cover rules of the road, age-related changes, and how to monitor one’s own and others’ driving skills.

“CarFit” (created by the American Society on Aging in collaboration with AOTA, AARP, and AAA) is a program designed to give a quick but comprehensive check of how well an older driver “fits” into his or her vehicle. A trained professional completes a 12-point checklist that gives recommendations on car adjustments and adaptations and a list of local resources. Availability can be checked on the [ASA Web site](#) , through local [AAA clubs](#), or a local AARP chapter.

“AAA Roadwise Review” [®] ([AAA Exchange](#)) is an interactive CD-ROM video that can be used at home to screen for health and fitness issues that affect driving. It is intended for self-screening by older drivers, and the results of “Roadwise Review” can facilitate discussion about safe driving among seniors, their friends, and their families.

Health care specialists

Health care professionals, such as physicians and occupational therapists, can play an important role in assessing older drivers’ ability to drive safely and in assisting with transitions from driving. In 2003, the American Medical Association distributed the *Physicians’ guide to assessing and counseling older drivers* (AMA 2003), which provides guidance for physicians about how to communicate with older patients about driving. The physician’s role in older-driver safety involves public health, medical, and legal or ethical issues. Doctors can assess driving-related functional abilities including vision, cognition, and alertness and can advise the patient and/or family about limitations that affect safe driving. Many older adults feel more comfortable talking about driving cessation with their primary care physician or another health professional rather than with their family members. Unfortunately, a Canadian study of family physicians has found that many doctors are “reluctant regulators” and do not feel comfortable or prepared to initiate conversation with their older patients about driving, both because of lack of knowledge, especially regarding

follow-up, and because they're concerned about harming the doctor-patient relationship (Friedland et al. 2006). Mobility counseling programs, such as "*Getting Around*," can help older patients and their doctors with these issues.

The American Occupational Therapy Association provides training and continuing education to their practitioners who work with older drivers. Certified Driver Rehabilitation Specialists, many of whom are also occupational therapists, conduct clinical and on-the-road assessments and educate drivers on the use of adaptive devices, but there are relatively few people with this certification. A list of Driver Rehabilitation Specialists certified by ADED (The Association for Driver Rehabilitation Specialists) is available at <http://www.aded.net> and a list of occupational therapists who are certified Driver Rehabilitation Specialists is available at: www.eldersafety.org.

Medical Advisory Boards

Some states have Medical Advisory Boards (or similar bodies) that review cases and assist the DMV in making initial determinations about fitness to drive and referrals or license revocation. Medical Advisory Boards are generally comprised of physicians and other health care professionals, such as occupational therapists, nurses, gerontologists, and social workers. States vary on who is allowed to report potentially unsafe drivers to the Medical Advisory Board; in some states health care professionals, department of motor vehicle personnel, law enforcement, and family or friends can make referrals.

Laws associated with this process vary from jurisdiction to jurisdiction and can be found in the *Physicians' Guide*, as well as at individual state DMV Web sites. In addition, the American Association of Motor Vehicle Administrators (AAMVA) and the National Highway Traffic Safety Administration have published a comprehensive review of medical Advisory Board practices in every state.

Two examples of transportation programs for seniors

With the dramatic shift in the demographics in the United States and a lack of services in many communities, in recent years a multitude of programs have been developed to assist older drivers. To provide some comparison, two programs that share the key features of counseling and mobility management with the *Getting Around* program are described here.

"Getting into Gear," a project developed in 1998 in Florida by the Area Agency on Aging of Pasco-Pinellas County and the Tampa Bay Regional Planning Council. This project implemented an aging driver intervention program, funded through a 402 grant from the Department of Transportation. The program had four basic components:

- 1) Computer and road testing: assessment of driving abilities
- 2) Coaching the mature driver: a defensive driving course
- 3) Vision Aerobics: a computer game used to improve peripheral vision, depth perception, and eye-hand coordination.

- 4) Case management and social agency referrals: works with older adults who choose to reduce driving, stop driving at night, or give up driving completely. Case managers can help the elderly remain independent and preserve their quality of life by linking them to available social programs.

One of the most important administrative factors in the success of this program was the placement of "Getting in Gear" within the Department of Highway Safety and Motor Vehicles. The Division of Driver Licenses entered into a voluntary partnership with the Area Agency on Aging to work with this program. They referred drivers for independent assessment and/or linkage to social service. This helps to address the experience of losing one's driver's license suddenly or when transitioning voluntarily to driving cessation.

The linkage between the official Department of Highway Safety and Motor Vehicles office and the local Area Agency on Aging aimed to prevent people from "falling between the cracks." This was especially true for individuals who failed the driving exam and immediately surrendered their licenses. In the past, too often these individuals would leave the DMV office with no awareness of alternative transportation and social service options, and with no means to obtain the information. The "Getting in Gear" program model worked to reduce this confusion and to prevent depression.

The major difference between the "Getting in Gear" project and the *Getting Around* project is the primary focus: "Getting in Gear" was on helping seniors continue to drive safely for as long as possible, with a secondary focus on alternatives if safe driving was no longer possible. *Getting Around* is focused on people who have or soon will stop driving and on helping them transition to alternatives in the community. If someone who could benefit from skill development and training finds their way to *Getting Around*, they are referred to one of several available training programs in the community.

Central Plains Area Agency on Aging (CPAAA) in Wichita, Kansas, developed a model to improve senior transportation services in a tri-county area (Sedgwick, Butler, and Harvey Counties) populated by 80,000 seniors, one-third of whom are age 75 or older. In 1993, the Administration on Aging (AoA) awarded CPAAA a two-year demonstration grant to establish the program. A primary objective of the project was to "establish linkages between the Area Agency on Aging, local law enforcement, and the DMV offices. To connect the elderly who may be at risk of losing accessibility through their automobiles with information on alternative transportation resources." The approach was seen as a way to provide driver remediation when possible or promote voluntary driving cessation before loss of license due to DMV actions, traffic violations, or motor vehicle crashes. The project model had three main components:

- 1) Learning how to drive safely longer
- 2) Planning for retirement from driving
- 3) Counseling to help ease the transition

The CPAAA developed a partnership with "Helping Our Own People" program (HOOP), a volunteer peer-counseling program. They also developed *Older drivers in*

crisis: A handbook for peer counselors, as a supplement to the training required of volunteers in the HOOP program.

A brochure was developed for people who were still driving, entitled “Planning for the Day You Retire from Driving.” The brochure was distributed to local senior centers, social service agencies, DMV offices, rural law enforcement, AARP’s Safe Driving program, health care providers and other agencies. A second brochure, entitled “Helping You Drive Safely Longer,” was developed by CPAAA in conjunction with “Rehability,” a national rehabilitation corporation specializing in physical therapy. A 20-minute video with the same title was also produced; it highlights two seniors who took the driving assessment and underwent approximately six weeks of the exercises recommended by Rehability.

The project staff found that their message was best received when presented as a complete package; i.e., both the video and the brochure, along with an “official” speaker, such as a law enforcement officer. The presentation of the material on a continuum—from driving safely to not driving at all—enabled the seniors to more readily accept the information.

Due to lack of funding, the CPAAA project is no longer operational as piloted, but a rehabilitation department of a regional medical center continues to provide driving assessments at no cost to the consumer.

Again, some components of this project resemble *Getting Around*, starting with the concept of planning to retire from driving, which is very much at the heart of CHA’s project. And, although a broader topic, *Getting Around* also produced a video. One difference between the two programs is that *Getting Around* counselors are housed in several agencies throughout a large geographic area rather than in a central office as is the case with CPAAA. In addition, the counseling program has become part of on-going services within the agencies that participated in the pilot. (See <http://www.cpaaa.org/transportation.htm>.)

Getting Around: Program description

With funding provided by the AAA Foundation for Traffic Safety, CHA developed the program *Getting Around: Alternatives for seniors who no longer drive*. The project involved collaboration with the Area Agencies on Aging, police traffic safety departments in two cities, a city attorney’s office, a County Mental Health Department and Adult Protective Services, a local Department of Motor Vehicles, the Automobile Club of Southern California, and eight other senior services organizations.

The project had two primary goals:

- Develop a transportation support and information network
 - Build community capacity through an Advisory Board
 - Involve relevant organizations to establish strong relationships
 - Train volunteers to counsel older drivers about transportation options

- Launch a multi-media public education campaign
 - Develop a video for broadcast on public television
 - Design a project Web site

Ann Love, Senior Driver Advocate, Department of Motor Vehicles, Office of Driver Safety, El Segundo, CA

“I have been involved with the “Getting Around” program as a member of the Advisory Board in addition to being involved in the training for the Peer Counselors. The development of this program, the volunteer training for selected community based senior organizations and the material that has been developed, has really helped the DMV Office of Driver Safety program. When an older driver loses their license either by revocation or suspension...the staff has always felt so helpless when the person left the office. They thought, “what if it were my grandmother or mother...they couldn’t buy groceries, get to the doctor or purchase needed medication.” We aren’t in the social service business, so it is really important that we can link-up with professionals in the community to help those who lose their license...this is a real community partnership.”

Transportation support and information network

Key elements of the *Getting Around* transportation support and information network

1. Involving the community
2. Involving other service providers
3. Providing complementary materials and activities
4. Identifying host sites and host site responsibilities
5. Training volunteers on counseling and mobility planning
6. Marketing the program
7. Monitoring services and obtaining feedback/evaluation

The seven elements of the project listed above were essential in the development and implementation of the transportation support and information network component of the project. From involving the community and other service providers from the outset, to identifying host sites and training volunteers, to marketing and obtaining feedback, each element was important to the success of the network.

The focus of *Getting Around* was to provide counseling and mobility assistance to those who no longer drive, either by choice or due to license revocation. Driving cessation occurred for a variety of reasons, such as having a license unexpectedly revoked because they didn’t pass vision exams, involvement in motor vehicle crashes, or because they voluntarily gave up driving. Whether they had to suddenly

stop driving or had planned to do so, many of the seniors required assistance in identifying alternative transportation.

Many programs for older drivers focus on evaluation of driving abilities, remediation, or adaptation, all of which are important interventions to maintain safety for those who continue to drive. The *Getting Around* project targets older adults who have stopped or will stop driving. It recognizes that driving cessation is a great loss to most people and that it can adversely impact quality of life, psychological, and physical well being. Therefore, it is very important to provide emotional support while at the same time giving practical assistance on transportation alternatives.

Involving the community

Community involvement was integral to this project from its inception. A Project Steering Committee and a professional Advisory Panel were established to provide advice and muster resources for the project. The Steering Committee and Professional Advisory Panel had representatives from both public and private sector stakeholders, including the Los Angeles City and County Area Agencies on Aging, DMV Office of Driver Safety, law enforcement, the Los Angeles City Attorney's Office, Adult Protective Services, Automobile Club of Southern California, and other organizations that serve older adults. The advisors and stakeholders were high-level people who could make decisions on behalf of their organizations, resulting in productive, results-oriented meetings.

The development of a strong working relationship with the DMV was critical to the success of the project. Representatives from the DMV served on both the local Steering Committee and the Advisory Panel. DMV representatives participated in the volunteer training, piloted the project at one of their offices, and invited CHA staff to conduct aging sensitivity training for DMV staff throughout the state. DMV personnel also provided support in developing a brochure for seniors who lost licenses and acted as a distribution channel for the brochure.

Involving other service providers

The Los Angeles and County Area Agencies on Aging worked collaboratively to ensure "buy-in" from the eight sites in their catchment areas. They provided support and endorsements, which were crucial in attracting participants. Since the strategic planning process for the Los Angeles City and County Area Agencies on Aging included specific goals to address the needs of older drivers, this project was integral to their work.

In an effort to address real-life driving crisis situations, project staff chose to first test the feasibility and effectiveness of using a trained volunteer network to respond to older drivers who were at risk of losing their licenses or whose licenses had been revoked. The geographic area served by the El Segundo DMV Office of Driver Safety was chosen because it serves a large portion of the central and west side of Los Angeles County.

CHA and project staff developed training materials and worked with the Steering Committee to establish program procedures. CHA combined its volunteer identification and recruitment efforts with other senior services organizations in the area.

This included utilization of an existing statewide 800-number as the program's first line of response. Los Angeles City and County Area Agencies on Aging Information and Referral staff participated in the training program, as they would often be the initial point of contact.

The initial process was successfully piloted and continues to be used as follows: The 800 number connects callers to either the Los Angeles City or County Area Agency on Aging depending on their area code and phone number. They are then given the phone number of their local *Getting Around* site or, in some circumstances, directly transferred to that site. During regular business hours, trained volunteers provide support, counseling, and resource referrals either on the phone or in person. Callers can speak to the same counselor on multiple occasions depending on their needs. In addition to the 800-number, referrals can also come from community organizations, the DMV, law enforcement, and others familiar with the program.

The development of the Steering Committee was an important first step in laying the groundwork for this project. The core members came from a countywide Multi-Disciplinary Team for Elders-at-Risk group. This 30-member coalition included public and private mental health professionals, senior service organizations and law enforcement agencies that deal with complex cases. Many of the cases discussed at this larger group involved older drivers with dementia or other medical conditions that made them unsafe drivers.

Ten members of the larger Multi-Disciplinary Team for Elders-at-Risk group formed the *Getting Around* Local Steering Committee. They included representatives from:

- Department of Motor Vehicles Office of Driver Safety
- Los Angeles County Adult Protective Services
- Los Angeles City Attorney's Office
- Los Angeles City and County Area Agencies on Aging
- Santa Monica Police Department

The group provided oversight, technical assistance, resources, and publicity for the project and assisted in the key role of identifying agencies to participate in the volunteer training and to become official sites for *Getting Around*.

A Professional Advisory Panel was also developed and consisted of experts in the field of senior transportation, geriatric medicine, a Department of Motor Vehicles administrator, a captain from the traffic safety division of the Los Angeles Police Department, an executive from the Automobile Club of Southern California Public Affairs Office, a health care executive and several out-of-state researchers and experts in supplemental transportation issues. This group agreed to review materials, refer participants, and provide general guidance. They also helped to ensure continuing communication about the project as well as to explore new relationships to expand the project in the future.

Providing complementary materials and activities

With separate funding from the S. Mark Taper Foundation, CHA developed a curriculum for “Let’s Talk About Driving,” to complement the *Getting Around* project activities. This component consists of a series of classes designed for families, caregivers and friends who are worried about the safety of an aging driver, as well as interested older persons facing decisions about driving. It was tested in four venues. Together, these activities have had an impact on a statewide level to educate older adults and families about planning ahead for mobility and assisting those that no longer drive.

Identifying host sites and host site responsibilities

Steering Committee members made recommendations about which organizations had the capacity to identify volunteers and to provide a project staff liaison. Each of the selected organizations was contacted and agreed to join the *Getting Around* program. They agreed to identify and send at least two seasoned volunteers and one staff member (who would also act as liaison to the project) for training. They also agreed to produce a booklet of local transportation resources to be distributed to their communities.

Eight sites were selected including CHA. The sites covered a large geographic area including ethnically diverse populations.

Training volunteers on counseling and mobility planning

Host sites were required to provide an array of services to seniors in their communities and were required to:

- Identify a staff liaison to the project
- Identify a minimum of two seasoned volunteers to participate in the training, who would be the identified contacts for referrals
- Produce a “user friendly” transportation guide on local area resources
- Collect statistics on services, referrals, and outcomes
- Include *Getting Around* on their agency Web sites, and in all communications and outreach material, so they would “own” the program as an on-going, value-added service to their respective organizations
- Include the *Getting Around* program in agency satisfaction surveys
- Notify project staff at CHA if there was a change in staff, liaisons, or volunteers support (for re-training purposes)

CHA staff trained volunteer responders to first address the loss of independence by providing understanding and emotional support. Utilizing a database of transportation alternatives in the caller’s neighborhood they then assisted individual callers in planning how to get around.

The training consisted of a series of four 4-hour sessions held at Center for Healthy Aging office in Santa Monica. A training handbook was prepared for the sessions and volunteers were trained:

- How to show empathy and caring
- To be active listeners
- About the aging process
- About local transportation resources
- How to present possible solutions and develop an individualized transportation plan

The volunteer training materials consisted of a *Getting Around* Volunteer Training Manual and relevant articles and handbooks from Hartford Foundation and the AAA Foundation for Traffic Safety. At the end of each session, a training evaluation form was distributed. See Appendix B for survey questions and results. At the close of the fourth session, each volunteer and staff liaison received a Certificate of Completion and each agency received a framed certificate naming them as an official site of the *Getting Around* program. The training outline and materials are shown in Appendix C.

Trainers at the sessions included:

- A geriatrician who specializes in older driver issues
- A Traffic Safety Officer from the Santa Monica Police Department who was a first responder at the Farmer's Market crash. The police officer had also established a driving simulation program in Santa Monica to screen older drivers using various driving conditions in a controlled setting.
- A representative from the DMV Office of Driver Safety reviewed rules, regulations, reporting requirements and the revocation process.
- A representative from the Auto Club Southern California discussed the resources available to the community such as "Car Fit" and "Roadwise Review."

Extensive resource materials were given to each participant along with a roster of all attendees to encourage communication among the sites. A data collection system was developed to collect information on volume, types of calls, referral sources, interventions and disposition.

Each site was required to develop a "user friendly" transportation booklet to be utilized by the volunteers and in the community-at-large (see enclosed Transportation Booklet). Each site was given a plaque to hang in the reception area designating them as official *Getting Around* sites. The success of the project at each site was dependent upon their incorporating the program, specialized knowledge base and resources into all of the on-going programs and material disseminated at the site. The connections with law enforcement, the DMV office, primary care physicians, and branch offices of AAA were critical to the on-going success of the program at the local level.

Marketing the program

The on-going marketing of the program occurred through brochures placed at each site, production and dissemination of flyers, a “pocket card” for law enforcement to be used in the field, presentations at “roll call” for Traffic Officers, and training of the Information and Referral staff at the City and County of Los Angeles Area Agencies on Aging—the people who receive the initial phone calls. DMV Office of Driver Safety employees were taught about how and to whom referrals should be made.

Seniors and families learned about the project in different ways: through senior centers and other community agencies, law enforcement personnel, flyers at health fairs, Auto Club and DMV offices, case managers, transportation programs (e.g., “Seniors on the Move,” “CarFit,” “Drive Well”), Web sites, newspaper articles, public seminars, hospitals, and senior housing facilities.

Monitoring services and obtaining feedback/evaluation

Services Information. More than 500 individuals were served at the eight sites over the course of one year, ending in December 2005. Over half (n=273) requested information and approximately 32% (n=164) and 14% (n=73) required more in-depth consultations by telephone or in the office, respectively (see Table 1).

Table 1: Numbers of Individuals Served by Site and Type of Service: Dec 2004–Dec 2005

Site	Info only	Phone consult	In-office consult	Total
Beach Cities Health District	31	15	9	55
Center for Healthy Aging	40	20	10	70
Culver City Senior Center	32	10	8	50
Hollywood Multipurpose Center	30	35	5	70
Inglewood Senior Center	35	20	10	65
Jewish Family Service	30	20	10	60
Long Beach Senior Center	40	25	15	80
Wilmington Jaycees Foundation	35	19	6	60
Total	273	164	73	510

“Information Only” answered questions about how to report unsafe drivers, where to take driver refresher classes, where to go for a driving assessment, what local transportation resources were available, how to get the project transportation booklets, and where to find a physician who will perform a geriatric assessment. A common request was for help with how to get a repealed license reinstated.

Examples of consultations provided to seniors and families included support for seniors who recently had their license revoked, information on transportation options and resources, and review of transportation costs and planning how to pay them. Assistance was also given to caregivers on how to speak to a doctor about their

older relative, dealing with guilt over taking keys away or reporting a family member, and helping families deal with a family member who becomes depressed over the loss of a license.

Feedback and evaluation: Client survey

A satisfaction survey was mailed to every individual (older drivers and caregivers) served by the project from December 2005 through December 2006 (see for a copy of the questionnaire and responses). The primary purpose of the survey was to determine the effectiveness of the volunteer training as well as the satisfaction with the services provided from the perspective of the client. Of the 510 surveys mailed, 37% (n=187) were returned, an excellent response rate.

Respondents gave overwhelmingly positive reviews with nearly 96% (n=179) responding that “almost all” or “most” of their needs were met. Nearly 95% (n=177) were “very satisfied” or “quite satisfied” that the volunteer was able to understand their situation and provide support and information. Most encouragingly, 90% (n=168) replied that they received information that would allow them to access affordable transportation in their area. In addition, 80% (n=149) were “definitely” willing to seek help again or refer a friend with similar needs. Based on the responses received, the goal of the pilot—to assist older drivers transitioning to non-driving alternatives by providing counseling and information about options—appears to have been successfully met with this group of participants.

The majority of respondents (60% or n=112) called the 1-800 number as their first point of contact to seek assistance. The number connected the caller to the City/County of Los Angeles Information and Referral line. When requesting help with driving, the caller was referred to his/her closest site for counseling and information. Those who didn’t call the 800 number (40% or n=75) contacted the sites directly.

Two issues were identified in the course of the evaluation. The first related to the nature of utilizing volunteers for this type of project. Since volunteers were not present at agencies on a daily basis, they were not always available at the time of a call. Thus, when asked if calls were returned in a timely manner, more than half replied “no.” It sometimes took several days for a volunteer to return a call. However, once in touch, almost all respondents were “very satisfied” or “quite satisfied” that the volunteer understood the caller’s situation and provided the needed support and information. In fact, only 15% of respondents felt that they did not get all the information they needed. Another issue revealed in the survey was that callers thought that the volunteer could assist by advocating with the DMV to reinstate a revoked license. This underscored the need to clarify the scope of the services provided.

Multi-media public education campaign

An important component of this project is the multi-media public education effort to stimulate national dialogue and personal action on driving issues and the right to mobility. In partnership with [Wiland-Bell Productions](#), producers of such award-winning documentaries as the PBS national broadcast on caregiving, *And Thou*

Shalt Honor, the multi-media public education campaign consists of a 30-minute documentary.

The documentary

The *Getting Around* video is designed to engage the audience in the emotional depth of this issue. It opens with scenes of the 2003 Farmers' Market crash and it poses several questions: Could this have been prevented? Who is responsible? Can we stop it from happening again? The video uses this event to illustrate different stakeholder perspectives—those of the older drivers, their families and friends, physicians, licensing officials, and the public.

Older adults are shown attending driver safety classes, voluntarily changing driving habits, and self-regulation of their driving. The documentary also shows how difficult it can be for seniors to recognize the “red flags” of driving impairment in themselves—especially when dementia is involved. Brief clips from the comedy short, “Taking the Wheel,” starring the actor John Cleese (known for his role in Monty Python films) lightens the serious tone.

The video profiles four families that initiated early dialogue with their older family members about driving cessation. Interviews with older drivers, their spouses and adult children in Los Angeles, Pittsburgh, and Sheridan, Wyoming demonstrate how difficult it can be to talk about the issue. When these families tried to enlist the help of their physicians in the driving discussion, some encountered reluctance. Through interviews with physicians in a variety of practice settings, the documentary explores the reasons why physicians are reluctant and the kinds of tools and training they need to become proactive on this issue.

Family reluctance to confront the issue can lead to life-long regret, as exemplified by one Minnesota resident who felt he might have prevented his father's death had he spoken to him before the 86-year old missed a flashing barrier and drove into an oncoming train. Best practice models of healthcare providers and families working together to identify and assist at-risk older drivers are offered as a solution.

As baby boomers move into their later years, the task of monitoring the functional and cognitive abilities of older drivers could overwhelm state licensing agencies. Heads of various DMVs and state Medical Advisory Boards offer possible solutions to the challenge of identifying at-risk drivers while sparing those that are competent to drive. Maryland's system of functional capacity testing (FCT) is showcased as a best practice model.

In frustration, older adults speak of the fear of being housebound, isolated and depressed if they give up driving. The film highlights the search for long-term solutions that demonstrate how communities *can* take maximum advantage of the current transportation infrastructure, improve it, and develop alternatives.

Innovative ideas around the country are showcased:

- Portland, Maine: The Independent Transportation Network (ITN), with an information technology management system, uses both volunteer and paid drivers who provide around-the-clock transportation to seniors who are subsidized by local businesses and service-providers.

- Riverside County, California: Transportation Reimbursement and Information Project (TRIP) is a volunteer ride service targeting low-income seniors. TRIP complements other forms of public transportation by reimbursing volunteers to transport individuals where no transit service exists such as a rural area or when the individual is too frail or unable to use public transportation for other reasons. The passenger can recruit their own volunteer driver or ask for assistance from the TRIP program staff to identify a driver. A TRIP volunteer driver can receive a maximum of \$84.00 tax-free dollars per month in this program.
- Phoenix, Arizona: The Peer Transportation Counselor program assists seniors in becoming confident users of mass transit. This segment also features an 80-year-old public transportation activist who advocates for more senior-friendly bus stops, shelters and routes.
- Sheridan, Wyoming: The Sheridan Senior Center operates a busy van service in a rural area where no other public transportation exists.
- Phoenix, Arizona: The city's passage of a 1/2 percent sales tax funds public transportation improvements and expands access to van service.
- Santa Monica, California: CHA runs a model counseling and mobility-planning program developed for the *Getting Around* project.

Promotion

Wide dissemination (radio, TV, Web, e-letters, and newspapers) is planned, as well as contact with relevant aging, health, and transportation professional associations and other entities to inform them about access to project materials.

Numbers of video viewers and Web site hits will be tracked. In addition, AAA Clubs in specific markets have been contacted and may be conducting live events in coordination with the TV broadcast. These events may include a demonstration of the *AAA Roadwise Review: A tool to help seniors drive safely longer* (available online at the [AAA Exchange](#)), which is a computer-based self-screening tool for the functional abilities related to driving, or *CarFit*, a check-up-style event during which drivers learn how to adjust vehicles for proper fit with the help of trained personnel and an on-site occupational therapist. Some of the specific locales that may be targeted for dissemination are: Los Angeles, San Francisco, Seattle (or Denver), NYC, Boston, Florida (Tampa, Miami and/or Orlando), Philadelphia, Washington DC/Baltimore, Texas (Houston, San Antonio, Dallas, Austin), Atlanta, Phoenix, Detroit, and Pittsburgh.

Summary of project accomplishments

Many positive outcomes were achieved by the *Getting Around* project, including establishing relationships with important partners, creating training curriculum for volunteer counselors, and integrating the program into senior services organizations

already familiar to the community. The program described in this report continues to operate at eight senior service organizations in Los Angeles County:

- Hollywood Senior Multipurpose Center
- Culver City Senior Center
- Center for Healthy Aging
- Inglewood Senior Center
- Jewish Family Service of Los Angeles
- Beach Cities Health District (South Bay)
- Long Beach Senior Center
- Wilmington Jaycees Foundation (San Pedro area).

The Los Angeles City and County Area Agencies on Aging participated by providing their 800 numbers.

Elizabeth R. from the Hawthorne Senior Center:

I remember a caller who told me that it would be the “end of her life” because she couldn’t drive anymore. I listened very carefully to make sure that she wasn’t talking about suicide, but she wasn’t. She just felt that way because she didn’t know how she would get to the doctor, out shopping, etc. I spoke to her about the transportation provided through the Inglewood Senior Center which would help her get to the doctor, help her to go to the market and then she could purchase taxi vouchers through the Senior Center for other trips. She had never used any of these resources and was surprised to learn about them and how they can help her now.

The emotional support I offer to seniors is care, concern and active listening. I don’t judge their anger or upset but try to understand where they are coming from because it is a crisis in their life at that moment.

What began as a pilot has now become a part of a regular array of services offered to seniors at each site. *Getting Around* is highlighted in brochures, organizational fact sheets and on their Web sites. Costs related to the program are modest and have been absorbed by the sites. Training was provided to 16 volunteers, 8 site liaisons, and two information and referral staff members from the City and County Area Agencies on Aging. Over five hundred older adults were served through the project during the pilot project period. Client services fell into three categories: calls for information only, consultations by telephone only, and in-office consultations.

As the project became known in the area, staff members were asked to give presentations at various agencies, including: Adult Protective Services; Older Adult System of Care—Department of Mental Health; Felicia Mahood Multipurpose Senior

Center; Kaiser Permanente–Senior Care Services, West Los Angeles; Los Angeles City Attorney’s Office; Elders At Risk Task Force; Veteran’s Administration, Greater Los Angeles Health-Care System–West Los Angeles and Sepulveda, WISE Senior Services, Santa Monica Police Department, Los Angeles Police Department, Traffic Division, Culver City Police Department, and Older Californian Traffic Safety Task Force.

Dorothy G. from Jewish Family Service:

I remember a caller who told me that she wouldn’t be able to get her food or medication because she couldn’t drive anymore. She was crying and very upset because she was also someone with very little outside social supports. She really wanted someone to listen to her, and I did. Even though she was upset about losing her license she also confided in me that she didn’t feel as safe driving anymore.

During another conversation with her I was able to share many resources with her that are available through Jewish Family Service. She didn’t know about the taxi vouchers, the dial-a-ride program to get to the market and to her doctor. She also had never visited the senior center to find out about all the other resources available to her. I offered to help her with a transportation plan and to calculate the amount of money she would have available to pay for transportation since she won’t be using her money on car related expenses. She was so pleased to know about this.

I do see a full “life after driving” because I actually don’t like to drive these days. The traffic congestion “road rage” aren’t things I’ll miss when I’m not driving. with all the congestion and “road rage.” I will enjoy being a passenger and letting someone else do the driving.

System problems identified at the Advisory Committee level were taken to the Older Californian Traffic Safety Task Force for discussion. An example was that seniors were being stranded at DMV offices after their licenses were revoked. The Auto Club of Southern California and the California Tow Truck Drivers Association were contacted to discuss the possibility of providing towing service to those who were stranded at the DMV office. Both organizations requested more information about the magnitude of the problem before committing to providing these services. The Aging Services Workgroup of the OCTS sought the help of the DMV to ascertain the prevalence of this problem across the state. As a result, in February 2006, the DMV sent out a survey developed by the Workgroup to all DMV Field Offices and Offices of Driver Safety. A total of 58 offices responded to the survey with 129 reporting that the issue of seniors being stranded at the DMV office was likely less than once a week and possibly less than once a month. In response to the survey, 37% of the DMV Field Offices also indicated a desire to establish protocols with the aging network and a towing service to address the problem of stranded drivers. In addition,

Field Office Managers stated a need in the survey for sensitivity training for their examiners in communicating with older drivers. Though this training program was offered across the state, there is a need for more routine training at the Field Offices on a regular basis.

Additional projects being discussed and developed are in conjunction with the Older Californian Traffic Safety Task Force. As a result of *Getting Around*, it was discovered that when an older driver's license is revoked, the driver must relinquish the actual picture license. This is often a traumatic event for the senior because of a feeling of loss of independence and identity. The license is often the only form of a picture identification that these individuals have. Currently, the DMV suggests that the senior go to the Field Office to obtain a California ID card. Although there is no cost, this step requires another trip to a different office on another day to obtain the ID card. The only barrier to obtaining the ID card at the Office of Driver Safety is lack of a camera at that office. Planning is underway on the Task Force level to address this issue and resolve it by placing a camera at the Office of Driver Safety.

Because training DMV Examiners and other field staff is a high priority for the DMV, another proposal is being considered at the Task Force level. The Aging Services Workgroup has proposed that the DMV identify two employees per Field Office to be trained as "Senior Resource Specialists." These employees could be the "point people" when issues regarding information, assistance and referrals are needed.

Alice A. from Wilmington Senior Center:

My approach has been to listen very carefully at the first call. I want the person to know I am "there for them." I listen to them talk about their loss, the upset at losing their license and the anger they feel at the "DMV." It seems to help the callers most when I "try to put myself in their shoes."

I want them to know that I understand that this is a big change in their lives and that we can help them through it over time. I am able to help them with information about resources in our area such as taxi vouchers, local transit to go shopping and get to the Senior Center for lunch and activities.

I would tell family members to talk to their older relative about how they can and will help them, give them the support they need at this difficult time.

Project participants were very satisfied with the services provided (See Appendix B). Satisfaction surveys were mailed to everyone who requested services from all sites and 37% responded. The major complaint by callers was that they could not speak with a counselor immediately. Since volunteers are not at the sites full time, it often took several days for clients to get their calls returned. A second area of complaint

was that callers incorrectly thought that the counselors could help them repeal the DMV decision to revoke their licenses.

Additional positive outcomes and lessons learned

The *Getting Around: Alternatives for seniors who no longer drive* project was an opportunity for CHA to fill an immediate need in the community as well as create a model program that can be replicated throughout the nation. A wealth of resources was discovered and brought together to establish a viable and much needed program.

Through the participation on the Older Californian Traffic Safety Task Force (OCTS), we learned about the DMV's strong focus on improving customer service to older adults; hence, we were asked to participate in statewide training of DMV staff on aging sensitivity issues. The participants in these trainings expressed a desire to refer to community resources because of their frustration with effectively assisting seniors who have had their licenses revoked. DMV staff members did not feel adequately prepared to handle the issues brought up by seniors such as a fear of social isolation and not being able to shop or go to the doctor. DMV staff often feels guilty about the revocation decision. This statewide training resulted in a better understanding and use of aging resources in the community by the DMV staff and a greater number of referrals to the *Getting Around* sites in Los Angeles County.

Of great importance was the selection of senior service providers who had close ties to their local communities and were willing to incorporate the program into their existing array of services and materials. The program should be integrated with other services offered by a senior service provider and into regular training opportunities and community education events. The inclusion of the program at health fairs, on their Web sites and in their newsletters also strengthens the program on the local level. Through this project and participation on the Statewide Traffic Safety Task Force, CHA was able to address specific issues of concern to members of our Steering Committee and Advisory Board.

Confidentiality issues arose regarding the methods the DMV Office of Driver Safety used to make referrals to the program sites, either directly or through the 1-800 number. The State DMV was not allowed to make direct referrals because of "lack of understanding" of public resources for the aging population. A Memorandum of Understanding (MOU) should have been developed with the DMV to pilot the program out of one DMV Driver Safety Offices to enable them to make direct referrals immediately after each senior's license revocation. This agreement was implemented but only after the training had already been completed. This caused a delay in referrals to the program.

Conclusion

As people approach retirement, many look at their financial stability, review legal documents such as wills and trusts, and consider moving closer to children or to a

warmer climate or perhaps into a single level house or condo. Unfortunately, few think about the time when they may have to give up driving. Ensuring older Americans can remain mobile is an important concern for the nation and increasingly it is being seen as a priority for communities around the country. This project raised public awareness about aging and mobility issues, and provided a template for how to build networks that ensure continued mobility after driving is no longer feasible or desirable.

By providing counseling, support networks, and practical solutions to address the costs and effort associated with other forms of transportation, the project helped prepare older drivers for the transition from driving and helped create an environment where driving themselves was not necessary. As clearly demonstrated by the success of *Getting Around*, with leadership, collaboration of relevant organizations, and participation of trained volunteers, communities can develop systems to support seniors who no longer drive. Communities across the nation can save time and resources by replicating or adapting the model developed in *Getting Around*—implementing this local solution to help meet the transportation needs of seniors in their area who no longer drive.

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Appendices

Appendix A: Expansion of model and related programs

Appendix B: Client satisfaction survey results (12/04 through 12/05)

Appendix C: Training materials

Appendix A: Expansion of model and related programs

Getting Around has enabled CHA to draw upon the expertise developed in this area and to attract additional funding for this and other programs. PacifiCare contributed to offset some project expenses. Funds were also obtained from the S. Mark Taper Foundation to develop and offer a class entitled “Let’s Talk About Driving” directed towards adult children and caregivers but also appropriate for seniors. The class provides practical information and support to assist loved ones to begin the conversation about “retiring from driving” before a crisis occurs.

Funding from the Archstone Foundation was received to replicate the ITN (Independent Transportation Network) model developed in Portland, Maine, that provides sustainable transportation to seniors living in the CHA service area. This program utilizes volunteers and part-time paid drivers to provide on-demand 24-hour transportation using an information technology system to coordinate the rides, volunteers, and users. The community supports the program through merchants, physicians, and other service providers in addition to joining and volunteering to drive for the program.

Another impact of this program has been the development of a survey by the Aging Services Workgroup of the Task Force and approved by the DMV. It will be completed by the DMV Offices of Driver Safety to determine the number of seniors who are stranded each month when they lose their licenses. This issue was discussed at Steering Committee meetings, but the actual prevalence of these incidents is not known by the DMV. The issue of seniors stranded at the DMV after losing their licenses on the spot was also discussed at the Statewide Task Force.

The issue of an older person losing their license and relinquishing the actual document raised a concern about proof of identification. A California Identification Card can be issued by the DMV, but the senior must return to the office to obtain it. The system has not been user friendly to seniors. This topic is currently under discussion at the Statewide Task Force to enable DMV Offices to issue California ID Cards at the time of revocation of the driver’s license.

Appendix B: Client satisfaction survey results (12/04 through 12/05)

Surveys mailed = 510; Surveys returned = 187 (37%)

1) How did you find out about the program?

- a) I called the 800 number = 112 (60%)
 - b) I called the site directly = 75 (40%)
- 5) Did the volunteer return your call in a timely manner?
- a) Yes = 85 (45%)
 - b) No = 102 (55%) *
- * Those who answered "No" stated that they were not able to speak to a counselor immediately, a function of utilizing volunteers who could not be present at all times.
- 6) Do you feel that the volunteer was able to understand your situation and provide you with the support and information you needed?
- a) Very satisfied = 130 (70%)
 - b) Quite satisfied = 47 (25%)
 - c) Mostly satisfied = 10 (5%)
 - d) Indifferent/mildly dissatisfied = none
- 7) Did you receive information that will allow you to access transportation in your area that you can afford?
- a) Yes = 168 (90%)
 - b) No = 19 (10%)
- 8) Was there any information that you needed that wasn't provided?
- a) Yes = 28 (15%) *
 - b) No = 159 (85%)
- * Those who answered "Yes" requested that the volunteer help them appeal the DMV decision to revoke their licenses, which was not the purpose of the project.
- 9) To what extent has this program met your needs?
- a) Almost all of my needs have been met = 127 (68%)
 - b) Most of my needs have been met = 52 (28%)
 - c) Only a few of my needs have been met = 8 (4%)
 - d) None of my needs have been met = none
- 10) How many phone and/or in-person consultations did you have with the volunteer?
- a) One time = 47 (25%)
 - b) Two or three times = 93 (50%)
 - c) Four or more times = 47 (25%)

11) If a friend were in need of similar help, would you recommend this program to him or her?

- a) Yes, definitely = 149 (80%)
- b) Yes, I think so = 33 (18%)
- c) No, I don't think so = 5 (2%)
- d) No, definitely not = none

12) If you were to seek help again, would you come back to this program?

- a) Yes, definitely = 149 (80%)
- b) Yes, I think so = 33 (18%)
- c) No, I don't think so = 5 (2%)
- d) No, definitely not = none

Appendix C: Training materials

Senior Transportation Options Template developed in partnership by the Beverly Foundation and Easter Seals provides a “user friendly transportation booklet” that can be easily downloaded and customized for community use. The material is available at: www.beverlyfoundation.org or www.easterseals.com.

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