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Final Report

Project Title:

The Role of Driver Rehabilitation in Extending the Driving Lifetimes and Enhancing the Mobility of Older Adults

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Project Description

This study explored the role and impact of driver rehabilitation for older adults on extending driving lifetimes and enhancing mobility. Specifically, the focus was on the effects of driver rehabilitation on older adults' abilities to continue driving safely, their attitudes toward driving, and their overall satisfaction with their mobility. Thanks to improvements in public health, medicine, education and technology, people are living, and driving, longer than ever before. Not only are the projected numbers of older drivers on the rise, so too are the numbers of miles driven by older drivers in an average year (Foley et al. 2002; Yang and Jargowsky 2006). While older driver education offerings promote efforts to keep older adults driving safely, they do not provide remedy for individual physical or medical issues that may present challenges for safe continued driving. In spite of the possibilities that driver rehabilitation offers to older drivers, relatively few take advantage of the driver assessments and rehabilitation available. For many older drivers, the possibility of a driving assessment may be equated with driving cessation; thus, they may be reluctant to initiate such a process if they believe they will automatically lose their licenses. Thus, the current use of driving evaluation resources and driver rehabilitation services is smaller than the overall demand, especially with the growing older population, would suggest. This qualitative project focused on older drivers' experiences with driving rehabilitation – what they thought it would be, what it was, how it affected their driving skills and habits, and whether they feel it enhanced their mobility.

Methodology

There were two stages of data collection for this project. The first was two focus groups with occupational therapists (OTs) who held specialty certifications around driving, either the Specialty Certification of Driving and Community Mobility through American Occupational Therapy Association (AOTA) or a Certified Driver Rehabilitation Specialty certification through Association for Driver Rehabilitation Specialists (ADED). These practitioners of driving evaluations were recruited to take part in a focus group to discuss their perspectives on comprehensive driving evaluations for older adults. Two focus groups with a total of 15 OTs took place in Houston, Texas, in April 2009. Concurrently, we sought OT referrals to patients ages 50 and older who had received a comprehensive driving evaluation. Twenty-five adults ages 50 and older were recruited to take part in interviews about their experiences with a driving evaluation. Interviews were conducted by telephone by one or more of the researchers involved directly in the study, and in all but one case were audio-recorded and transcribed. Interviews took place between February and April 2009. Researchers independently reviewed the transcripts of the interviews and the focus groups to identify and establish key themes that emerged in the conversations. The MIT institutional review board approved the study.

Findings

Among OTs, several different themes emerged. First, there was no single model for how OTs conducted comprehensive driving evaluations; the comprehensive driving evaluations that OTs described used different tests and sometimes even different equipment, such as on-road vehicles or simulators. In spite of these differences, there was universal agreement about a preference for having a physician provide a referral for their services; some OTs would not conduct an evaluation without a referral. The referral was not related to medical costs; very few clients had any medical coverage that would cover all of the costs of a driving evaluation. Rather, the referral was in some cases a policy of the parent institution and in other cases a means to ensure communication between the OT and the doctor about the driving evaluation. The evaluations also shared in common that they tended to be extensive, lasting several hours, and typically included a clinical evaluation, some kind of driving assessment if appropriate, and feedback to the patient and family members as appropriate. The second theme from OTs was that evaluation outcomes tended to be more complex than a simple pass or fail, even if the

ultimate goal was to transition the patient from driver to passenger. In some cases, drivers may have passed the evaluation with requirements of or recommendations for driving restrictions and/or additional training with an OT or driving instructor. OTs stressed that they did not see their job as taking away drivers' licenses; instead, their job was to file a report with the DMV or report back to the doctor based on the results of the evaluation. OT reporting requirements of the results of a comprehensive evaluation varied by state. Finally, OTs were in agreement about the importance of family involvement to the success of a comprehensive driving evaluation, and as part of a process of transitioning a driver to passenger, if appropriate. Family may have also benefitted from the driving evaluation; with an independent third party in the driving decision, family members could remove themselves from rendering the decision and could protect their role and relationship with a loved one.

Among older adults, three key themes were identified. First was a common one among many drivers, that of the significance of driving for feelings of independence and autonomy. Their concerns about the impact of the driving evaluation on whether they could continue to drive were paramount. Second, in this convenience sample, all of the interview participants had a medical reason that had prompted their evaluation, and in most cases they had an evaluation because their doctor told them they needed one if they wanted to drive. Because of the nature of the medical conditions, including multiple sclerosis, stroke, and hip fracture, many of the older adults in the sample also had a course of driver rehabilitation, retraining, or training on specialized equipment to modify their vehicle following their evaluation. Finally, for many older drivers the connections between some of the clinical testing they did as part of a comprehensive driving evaluation and how those tests constituted an assessment of their driving behaviors were not always apparent to them. They were not always aware in advance about the nature of the testing they would be asked to do or what the evaluation itself would be like. As one commented, "All I thought was that it was just going to be an evaluation. But it turned out to be much more in-depth.... I thought they were just going to rubber stamp me, and say, you know, 'You can drive.'"

Conclusions

The research pointed out the need for additional work on the links between different clinical tests and driving behavior. OTs used a variety of different tests when they conducted the clinical portion of an evaluation, sometimes tailoring the tests to specific issues that a patient had, but there was no consensus on which tests were essential and which comprised a complete assessment of driving abilities. If comprehensive driving evaluations are to become a valid and reliable means to assess safe driving performance, then professional consensus and empirical data are needed. Finally, the older adults who took part in the interviews were a volunteer sample, most of whom had particular medical issues or events that had prompted a driving evaluation. They were all still driving; as a result, interview participants were likely more positive about their experiences than the general population of older drivers who receive evaluations.

Outputs

The results of this research were presented in poster format at two conferences: the 2011 Transportation Research Board meeting in Washington, D.C., "The role of driving evaluations In older drivers' driving decisions," and at the 2011 Gerontological Society of America conference in Boston, MA, "Comprehensive driving evaluations: A resource in older drivers' driving decisions." The results were also used as the basis for public education materials about comprehensive driving evaluations for older adults and families. These materials, titled *Your Road Ahead: A Guide to Comprehensive Driving Evaluations*, are produced by The Hartford and are available free to the public via mail or download (<http://www.thehartford.com/mature-market-excellence/publications-on-aging>).