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# Final Report

# Health Care Providers and Older Adult Service Organizations to Assist in the Prevention and Early Recognition of Florida's At-Risk Drivers

# BDY17 (RFP-DOT-13/14-9032-RC)

![FDOT logo]

# June 2015

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| As a next step in the Florida Department of Transportation (FDOT) plan to reduce the number of traffic injury and fatality crashes among Florida's older adult population, SRA Research Group (SRA) conducted a health care needs assessment to support the efforts of the Safe Mobility for Life Coalition (SMFLC). This effort is designed to support the comprehensive statewide Aging Road User Strategic Safety Plan, designed to reduce crashes by improving the safety, access, and mobility of Florida's aging road users.<br><br>SRA surveyed older adult service providers and health care professionals who interact with aging road users and at-risk drivers age 50 and over. The goals of the research were to understand the awareness, knowledge,  and information needs of professionals to address issues regarding aging road users and at-risk drivers in Florida.<br><br>The survey found a majority of professionals have conversations with older adults about driving, and a majority felt physicians, vision specialists, and family members should be the ones having these conversations.  One barrier to discussing driving is a lack of resources to assess drivers, and most feel a simple screening test would be of value to them.  In addition, few have the information and tools they need to educate on driver safety and mobility.  The study demonstrated the need to develop and/or disseminate the right outreach and resource materials that can help service providers, older adults, and health care professionals address the issue of aging road users in their own community. |

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# EXECUTIVE SUMMARY

This executive summary is intended to provide a very brief, high level overview of some of the findings from the research conducted by SRA Research Group on behalf of FDOT and the Safe Mobility for Life Coalition.  This is not intended to represent the key findings or to convey the entire story uncovered in this research.  It is recommended that the report be read in detail to have a full understanding of the results and their implications for use by the Coalition.

**A majority of both medical professionals (85%) and social service providers (87%) said they discuss driving with adults age 50 and over.**

Among medical professionals, physicians (92%) were more likely to report having conversations with adults age 50 and over about driving, compared to nurses (81%) or other types of medical professionals (81%).  Further, all ophthalmologists, geriatricians, and neurologists surveyed (100%) indicated they discuss driving with older adults.  On the social service side, social workers and social service professionals, along with government and law enforcement personnel, were all similar in terms of discussing driving with older adults (89% for each).

**In fact, most respondents agreed physicians (76%) and the driver's family (74%) should have the responsibility for discussing driving with older adults.**

Despite physicians and families being selected most often to have conversations about driving, a majority of respondents also indicated vision specialists (66%), social service professionals (57%), driver's license offices (56%), other health care professionals (54%), and law enforcement personnel (51%) should also be responsible for engaging with older adults about driving.  This suggests that a majority of respondents felt it's everyone's responsibility to ensure at-risk drivers are educated about the risks of driving.

**Though these professionals were willing to have discussions with older adults about driving, information collected in the qualitative research suggests several issues which may impact these discussions.**

Respondents in the qualitative research, completed in preparation for these surveys, suggested that baby boomers are less likely to be influenced by physicians and that many older adults tend to deny they are having issues with driving.  Further, respondents in the qualitative research indicated that few older adults are planning for a time when they can no longer drive and that older adults need more information about the effects of aging on driving ability and the alternatives available to driving.

**Further, a number of barriers to discussing driving with older adults or their families were identified among the professionals in these surveys.**

Specifically, the top barriers to discussing driving with older adults or their families included a lack of resources to assess driving ability (55%), not having transportation options to offer older drivers (50%), and a fear that they may negatively impact the older adult's life (49%).  Several other barriers were also mentioned, including a lack of resources to educate older adults and their families on driving (41%), and quite a few respondents also suggested they had no time to assess driving abilities of patient or clients (40%).  This was discussed in the qualitative research report where it was pointed out that physicians have limited time with patients and are not compensated for evaluating the ability of older adults to drive.

**This survey also showed few professionals discussed with older adults the topic of a driving evaluation.**

Only about one-third of medical professionals (35%) and social service providers (34%) frequently or sometimes discussed having older adults take a driving evaluation with their client and only about half frequently or sometimes discussed with their client planning for when the older adult can no longer drive (57% and 56%, respectively) or ways to stay safe behind the wheel (53% and 51%, respectively).

**And, most agreed a simple tool to identify and predict at-risk drivers is needed.**

A vast majority of medical professionals (88%) and social service providers (87%) agreed there is a need for a simple screening tool to identify and better predict at-risk drivers.  In addition, few agreed they have the right tools to assess driver fitness (34% for medical professionals and 21% for social service providers).

Also, only a few medical professionals and social service providers agreed they have the tools and information needed to educate on driver safety and mobility (34% for each).  Further, many were not aware of or used solutions and tools which are available to medical professionals and social service providers, even though many would like them available, including Florida's Guide for Aging Drivers (72%), the FDOT Safe and Mobile Senior website (www.FLsams.org) (61%), local transportation options (60%), and contact information for local aging service providers (57%).

**Finally, the survey showed that the barriers outweigh the benefits in reporting at-risk drivers based on the relatively low percentages of medical professionals and social service providers who reported.**

Overall, only about one-third of medical professionals (34%) and social service providers (32%) indicated they have reported an at-risk older driver to the appropriate organization, with another small group (15% medical professionals and 14% social service providers) referring at-risk drivers to someone else who handles the reporting.

In conclusion, the information gathered from this needs assessment will be used by the Safe Mobility for Life Coalition to develop and/or disseminate safety and mobility resources to health care providers and aging service providers throughout the state. The discussion and conclusions which appear later in this report are also important in understanding how the Coalition may incorporate these findings into their work moving forward.

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# CHAPTER 1:  Introduction

With an aging population, it is predicted more than one-quarter of Florida residents will be age 65 and over by 2030, which will make it the state with the largest number of adults in this age group.  Further, Florida will have a significant number of residents age 75 and over, for whom there is a statistical increase in the number of crashes, fatalities, and serious injuries.

It has been well documented by many organizations that the risk of crashes, injury, or death among older drivers is a concern which must be addressed.  For instance, the Insurance Institute for Highway Safety (IIHS) suggests that although not as high as for the youngest drivers, property damage liability claims and collision claims per insured vehicle start increasing after age 65, meaning that these older adults are involved in crashes more often. Further, several other IIHS studies have shown that higher levels of physical, cognitive, or visual impairment among older drivers are associated with increased risk of crash involvement and that many older drivers also take medication, which can impair driving ability at any age, but can be especially impairing for an older person (IIHS, 2015).

In addition, the Centers for Disease Control and Prevention data suggest motor vehicle crash deaths per mile traveled, among both men and women, begin to increase markedly after age 75. Also, age-related declines in vision and cognitive functioning (ability to reason and remember), as well as physical changes (such as arthritis or reduced strength), may have a negative impact on some older adults' driving abilities (CDC, 2011).

In an effort to increase the safety for the aging population and other road users, while maintaining their access and mobility, in 2004, the Florida Department of Transportation (FDOT) State Traffic Engineering and Operations Office established the Safe Mobility for Life Program. In 2009, FDOT partnered with the Pepper Institute on Aging and Public Policy (FSU) to form a statewide and comprehensive coalition. The Safe Mobility for Life Coalition (SMFLC) developed and issued Florida's Aging Road User Strategic Safety Plan (ARUSSP), which has been included in Florida's Strategic Highway Safety Plan.  The ARUSSP contains ten emphasis areas, including Prevention and Early Recognition. The Prevention and Early Recognition team has established objectives and strategies all designed to help achieve their goal to *"promote value and prevention strategies and early recognition of at-risk drivers to aging road users and stakeholders."* Through the implementation of strategies to prevent aging drivers from becoming part of the negative statistics is the development of ways to recognize issues earlier and to develop resources to address these issues.

As part of these ongoing efforts, FDOT commissioned SRA Research Group to conduct an "Assessment of Health Care Providers and Other Adult Service Organizations to Assist in the Prevention and Early Recognition of Florida's At-Risk Drivers."

There were several hypotheses tested by this research, foremost among them that there are barriers to discussing and convincing older adults who are at-risk that it may be time to become non-drivers.  In addition, it was believed that the efficacy of existing tests may contribute to a lack of identifying at-risk older drivers. Also, that some medical professionals and those who provide services to older adults may not have the knowledge and support materials needed to engage older adults in conversations about no longer driving and other transportation options which exist for them.

Given these hypothesis, the overall goals of this research were to establish a benchmark assessment of the levels of knowledge and current practices of medical professionals and workers at organizations which provide services to aging populations with regard to how they assess aging drivers and how and when they intervene.

The specific objectives were to develop a baseline among targeted professionals including, but not limited to, medical clinicians/technicians, aging service providers, and Safe Mobility for Life Coalition members in terms of:

- Knowledge of issues with aging and at-risk drivers
- Who initiates and how discussions of aging driver issues begin
- Evaluation tools used to identify risk levels with aging drivers
- Current practices when dealing with aging and at-risk drivers
- Information sources used regarding issues with aging and at-risk drivers
- Types of support needed to address aging drivers who are at-risk
- Types of support materials that would be useful to assist aging drivers
- Best ways to communicate with target professionals regarding issues related to aging and at-risk drivers

Note that for purposes of this research, the Safe Mobility for Life Coalition defines aging road users as "someone who is a driver, passenger, pedestrian, bicyclist, transit rider, motorcyclist, or operator of a non-motorized vehicle who is 50 years of age or older, with special emphasis on the 65 years or older group."

# CHAPTER 2:  Literature Review

## *Background and Objectives*

This literature review consists of a scan of existing research undertaken by different entities with similar goals and objectives as the FDOT project.  This review is intended to support this research objective by compiling information on what others across the U.S. and around the world are doing in terms of gathering information from the health care community and senior service provider organizations on older adults to address the efforts to evaluate aging and at-risk drivers.

The review is based on current professional literature and research which SRA has synthesized in this document. These examples will inform the FDOT and Safe Mobility for Life Coalition members when implementing strategies to help promote the value of prevention strategies to aging drivers and for the early recognition of at-risk drivers by stakeholders, such as medical professionals and social service agencies serving those age 50 and over.  The literature review is also designed to be a guide in the process of developing the assessment tool by identifying both successes and pitfalls of other studies, as well as their methodologies, in order to incorporate insights from other work into our efforts.

The search looked for studies among medical professionals and providers of services to older adults.  The goal of this effort was to uncover research among these two key target audiences in terms of attitudes and perceptions regarding older adults' fitness to drive.  While several examples of research among medical professionals were uncovered and reported, no instances were found of research on attitudes and perceptions among providers of services to older drivers. This effort did identify a project from the National Center for Senior Transportation which surveyed 367 Area Agencies on Aging in 2010 throughout the U.S.  However, that research focused only on transportation options for older adults.  As such, no cases are reported in this review of surveys among service providers on attitudes and perceptions of older adults' fitness to drive.

It is important to note that much of the research uncovered on this subject is relatively dated. This review attempted to focus on the most recent studies with similar audiences, goals, and objectives.

This document summarizes the background, objectives, methodology, and key findings from examples of the efforts which were the result of various studies uncovered in this review. The research project examples included in this review are from efforts in specific states, as well as those from other countries and include the following:

National Studies

- Michigan survey among vision care medical professionals
- Maryland focus groups among physicians
- Ohio survey among physician assistants
- Colorado in-depth interviews among medical professionals

International Studies

- Canada survey among family physicians
- New Zealand survey among general practitioners
- Switzerland survey among physicians
- Australia in-depth interviews among family physicians

## *Studies Identified in Literature*

The following section provides an abstract of the research discovered in Michigan, Maryland, Ohio, and Colorado among a variety of types of medical professionals employing various methodologies.

### **Michigan**

*Background:*  Michigan experiences issues with declining abilities for aging drivers, as are reported in other areas of the country.  According to the study authors in Michigan, a substantial amount of research exists describing the relationship between specific visual disorders and their influence on driving.  Despite the importance of vision in driver safety, the authors state little is known about the perspectives of vision care providers (OD optometrists and MD ophthalmologists) on inquiring about driving among their older adult patients (Leinberger et al., 2013).

*Objectives:*  Since vision care providers are critical members of the health care team when it comes to helping older adults transition from driver to non-driver status, it was determined that a better understanding of these professional's unique perspectives with regard to evaluating visual function in relation to safe driving was needed.  The goal of this research was to investigate the perspectives of vision care providers on inquiring about driving among their older adult patients (Leinberger et al., 2013).

*Methodology:*  From a random sample of 500 potential respondents, 404 vision care providers were surveyed using membership lists from the Michigan Optometric Association and the Michigan Society of Eye Physicians and Surgeons.  The initial surveys were sent by regular mail and included a $20 incentive and a postage-paid reply envelope.  The incentive appears to have been sent to all respondents prior to completion of the survey.  Non-responders were mailed a second survey package.  If they did not respond after the second mailing, those with email addresses were sent reminders electronically along with a link to a Web survey, while those without emails were contacted by phone and offered the Web survey option (Leinberger et al., 2013). The overall areas of questioning in this survey included:

- Attitudes toward inquiring about driving
- Situations prompting providers to ask about a patient's driving
- Information considered when determining if a patient's vision is adequate for safe driving
- Barriers that hinder providers from asking about or reporting a patient's driving
- Current approaches and actions
- Helpful driving assessment resources
- Driver's license requirements for Michigan
- Personal and practice characteristics

***Key Findings:***  Most (80%) vision care providers are confident in their ability to determine whether their patients' vision is adequate for safe driving. In fact, almost two-thirds report routinely inquiring about their older patients' driving, and a vast majority (86%) consider that counseling patients about driving is their responsibility. However, these vision care providers mentioned the risk of potential liability as a reason for not reporting unsafe drivers (44%), which included having legal action from drivers they report as unfit and legal actions from others, such as crash victims, if they fail to identify and report an unfit driver.  Further, a majority of respondents (57%) worry that reporting patients negatively influences the physician-patient relationship or that reporting is a breach of physician-patient confidentiality (43%).  As a result, the study found that further attention should be given to addressing barriers, providing resources, and devising communication strategies for vision care providers to use with older drivers and other health care professionals (Leinberger et al., 2013).

## **Maryland**

***Background:*** The evaluation of the older driver was considered a difficult task among primary care physicians, according to this study's authors in Maryland.  For older adults, giving up driving is giving up independence, according to this research. The study also indicated that the regulations regarding driving vary from state to state.  However, the authors suggested there are few guidelines for the decision to evaluate older drivers in the medical office and guidelines are not always clear cut when it comes to declaring someone unfit to drive (Bogner et al., 2004).

***Objectives:***  This study was designed to identify the barriers for primary care physicians when assessing older drivers so a test battery may be developed which can predict unsafe driving behavior and be viable for use in a primary care setting (Bogner et al., 2004).

***Methodology:***  To further understand this issue, twenty family physicians from two primary care practices in Maryland, whose patients had completed a clinical questionnaire and neuropsychological tests, participated in one of two focus groups. Physicians were asked about barriers to assessing older drivers in primary care and the usefulness of neuropsychological tests for assessing driving ability (Bogner et al., 2004).  While the discussion outline guide for these focus groups was not found in this effort, it appears that it included some of the following topic areas:

- Barriers to assessing older drivers in a primary care setting
- Importance of driving assessment in the context of an office visit
- Deficiencies of the standard physical exam in detecting at-risk drivers
- Recommendations for office based assessment tools
- Concerns about the predictability of office based tests on driving fitness
- Awareness of reporting requirements
- Value of recommended procedures or guidelines to assess patients driving fitness in the office

***Key Findings:*** Physicians in this study perceived several barriers to assessing older drivers, but recognize the importance of driving within the context of a "geriatric functional assessment." One of the themes discussed by the physicians included concerns about being liable for the results of driving related screening, either from legal actions of the unfit driver or potential liability if they fail to report a patient as unfit to drive.  Further, the physicians in the study expressed concerns about patients having an unfavorable reaction to the idea of a driving assessment, particularly if it included cognitive tests.  While they realize driving assessments are important, the physicians in the study suggested there were deficiencies in the standard office exam when it comes to driving evaluations and felt the existing tools for driver assessment may not be predictive of driving capabilities.  Additionally, physicians in the research agreed that a protocol to guide driving assessments would be useful. The researchers also concluded that future studies are needed to develop a clinically valid and practically feasible driving assessment tool (Bogner et al., 2004).

## Ohio

***Background:***   The author of this research indicated that Ohio law requires a driver to renew a license every four years with a vision exam, but has no specific regulations for those over the age of 65 years. The study further indicated that lawmakers in Ohio considered regulations based on age discriminatory at the time of this study and suggested the lack of regulation for older drivers increased the need for health care workers to monitor their patients' driving capabilities more closely since the Ohio Bureau of Motor Vehicles had no set standards in terms of testing older drivers.  At the time of this research, studies had shown that many physicians felt they needed more information and training on assessing older patients' driving capabilities.  However, the author of this research indicated that no studies had been completed among physician assistants (PAs) who may be as likely as physicians to have a role in assessing the fitness of their older patients to drive (Oswald, 2008).

***Objective:***  The goal of this research was to assess current Ohio physician assistants' knowledge and attitudes towards evaluating fitness to drive of older patients in order to establish a protocol and education for physician assistants concerning the older patient driving assessment (Oswald, 2008).

***Methodology:***  A survey was sent to a sample of 231 PAs who had an active email address listed with the Ohio division of the AAPA.  A total of 32 responses were received from PAs who see patients who are 65 and over. The scope of this project included only the physician assistants in Ohio who encounter older patients on a regular basis. The older population as defined in this study included men and women over the age of 65.  It is not known if any incentive was offered to complete the survey (Oswald, 2008).  The survey instrument for this research was a modified version of the survey printed in the Journal of General Internal Medicine in 2007 entitled "Family physicians' attitudes and practices regarding assessments of medical fitness to drive in older persons" (Jang et al., 2007).

The general sections of the questionnaire included:

- Attitudes toward driving assessments and reporting unfit drivers
- Frequency of practices or activities pertaining to driving assessments and reporting potentially unfit drivers
- Previous assessments of older patients' fitness to drive
- Knowledge of driving policies and programs for the State of Ohio
- Demographic information

***Key Findings:***  According to this study, PAs spent less than one minute performing a driving fitness assessment and most (57%) have not performed an assessment in the past year.  Further, most (84%) had not reported any patients to the Bureau of Motor Vehicles in the past year. While most (71%) of the PAs in this study agreed they should assess older drivers abilities, only 25% were confident in their capabilities to evaluate patient fitness to drive.  Most PAs (78%) also agreed that a clinical screening instrument to assess driver fitness would be useful in their practice.  This research concluded that PAs do not know about the tools which exist to evaluate older drivers, including the "Physicians Guide to Assessing and Counseling Older Drivers."  The study suggested more education is needed for PAs in order to better equip them to identify and discuss this issue with patients (Oswald, 2008).

## Colorado

***Background:***  The study indicated that other research suggested occupational therapists, especially those with Certified Driving Rehabilitation Specialist (CDRS) credentials, were recognized as ideal providers to assess older adult driving abilities and that driving evaluations should include a behind-the-wheel (BTW) component and are considered the most accurate assessment of driving ability.  However, a premise of this study was that primary care physicians are usually the medical professionals who need to assess and discuss driving issues with older adults.  Further, for many older adults, driving is seen as equating to independence and must be weighed against the considerations of safety and mobility issues faced as people age.  The authors indicated that conversations about becoming a non-driver were seen as difficult for medical professionals, family members, and the older driver.  The idea of "Advance Driving Directives" was suggested by the authors of this study as a possible way to facilitate driving discussions between medical professionals, families, and older drivers to identify barriers and to explore mobility planning when driving is no longer an option for older drivers (Betz et al., 2013).

***Objective:***  The overall objective of this project was to examine clinician and older driver perspectives on advanced driving directives, in particular, and on driving discussions in general. The key question for this study was to determine how to balance older adult mobility and safety since it is believed that most adults outlive their driving ability by 6 to 10 years, while a lack of affordable, acceptable transportation options may convince many older drivers to continue driving beyond a time when driving cessation is warranted (Betz et al., 2013).

***Method:***  One clinician focus group (five participants) and three clinician interviews were completed with qualified medical professionals.  The interviews and the focus group lasted approximately 60 minutes.  Eligible medical professionals were English-speaking practicing physicians, physician assistants, or nurse practitioners at three university-affiliated outpatient clinics (one geriatric and two general internal medicine) in Colorado. Medical professionals were recruited via flyers in the clinics and using emails from clinic directors.  Medical professionals received lunch and a $5 gift card for participation.  It is not clear if the three physicians who participated in the interviews were given an incentive.  Note that the research also included two driver focus groups of 16 and 14 participants each and three in-depth interviews among generally healthy, independent, and mobile older adults.  According to the authors, the survey was developed by a team of experts after review of the existing literature and consideration of important issues relevant to this subject (Betz et al., 2013). Questions covered the following primary areas:

- Physician characteristics
- Who begins conversations about driving
- How open are older drivers to these conversations
- Family influences on driving conversations
- Factors is the clinical setting influencing driving conversations
- Perceptions of Advance Driving Directive discussions

***Key Findings:***  There were several key themes highlighted by the research including that clinicians usually initiate conversations, but typically not until there are "red flags" such as a crash.  Further, the research suggested that older drivers are open to conversations about driving when they are focused on prevention rather than intervention.  The research also identified that the length of appointments with medical professionals may limit the opportunity for driving conversations, particularly since other priorities may require the physician's attention.  However, the study also found that both medical professionals and patients agreed that questions about driving should be a part of routine medical care. Both groups indicated the need for a better process by which physicians can discuss driving with patients earlier in order to facilitate planning for the future (Betz et al., 2013).

The following section provides an abstract of the information found in research from Canada, New Zealand, Switzerland, and Australia by medical professionals employing a variety of different methodologies.

## Canada

***Background:***  According to these authors (Jang et al., 2007), primary care in Canada is generally performed by family physicians.  The study reported that, as in some U.S. states, physicians in many Canadian provinces are required by law to report unsafe drivers.  The study indicated that statistics for Canadian drivers mirror those seen in the U.S. where there are higher rates of crashes and fatalities per mile driven for older drivers.  The authors also indicated that no prior studies have looked at the attitudes and practices of Canadian family physicians in terms of how they evaluate and report unsafe drivers.

*Objective:* The goal of the research by Jang et al. (2007) was to examine the attitudes and perceptions of family physicians in Canada regarding older adult's fitness to drive. This specifically included understanding whether practices reported patients who are medically unfit to drive, physician awareness of provincial policies regarding reporting, and components of the assessment used by physicians to determine fitness to drive.

*Methodology:* A survey was sent via postal mail to a random sample of 1,000 English-speaking family practice physicians across Canada selected from the Canadian Medical Directory. A total of 460 completed questionnaires were returned by physicians in active practices which included patients age 65 and over with practice types listed as "family medicine" or "physician/general practice." The mail-out included a personalized cover letter with ink signatures, self-addressed stamped envelopes using first-class stamps, and a $2 Canadian bill (which is no longer in circulation). Each potential respondent was sent a pre-notice letter, the initial survey mailing, a reminder post card, and up to two additional survey mailings (Jang et al., 2007). The survey contained questions on the following general areas:

- Attitudes and practices towards driving assessments and the reporting of patients considered medically unfit to drive
- Components of the assessment of older patients fitness to drive
- Awareness of provincial reporting requirement for unfit drivers
- Demographics

*Key findings:* The Canadian Medical Association publishes a handbook titled *Determining Medical Fitness to Drive – A Guide for Physicians.* Despite this document being readily available, many physicians (45%) lack confidence in their ability to assess the driving fitness of patients, and most (88%) indicated that further education would be helpful for them. Another issue is the concern among most physicians (75%) that reporting an unsafe driver will negatively impact their relationship with the patient, despite the fact that most (72%) agree they should be responsible for reporting unsafe drivers (Jang et al., 2007).

The study concluded, among other things, that physicians see many negative consequences to reporting unsafe drivers, such as undermining the person's sense of independence and diminishing their quality of life. Further, it suggests that the physicians' lack of confidence in their ability to perform a driving fitness assessment means that more education is needed for physicians, as well as approaches to protect the physician relationship with patients when it is necessary to report unsafe drivers (Jang et al., 2007).

### New Zealand

*Background:* For this study completed in New Zealand, the authors indicated the on-road driving assessments which had been required for drivers aged 80 and over ceased in December 2006 and general practice physicians were now responsible for making decisions regarding driving safety for their older patients, including those with cognitive impairments. The study background also pointed out that as the population of New Zealand ages, a higher proportion of drivers will be 65 years or older and a higher proportion will likely suffer from diseases of old age (Hogarth, 2013).

*Objective:*    The goal of this study was to assess how general practice physicians in New Zealand evaluate the driving capabilities of their older patients.  In addition, this research was designed to identify areas where physicians perceive the need for additional guidance from the New Zealand Transport Agency (NZTA) in determining fitness for older drivers (Hogarth, 2013).

*Methodology:*    A questionnaire was sent to 514 general practice physicians (GPs) via the internal mail systems of three primary health organizations and responses were anonymously returned by mail or fax from 185 GPs.  The GPs were sent a questionnaire in an envelope along with a one-page cover letter introducing the survey.  The GPs were asked to return the completed questionnaire in the included envelop or via fax.  It is not indicated if an incentive was offered to participating physicians (Hogarth, 2013).  This short, 10-question survey used a series of structured questions which covered the following topics:

- Knowledge of driving risks for older adults
- Satisfaction with the information provided by NZTA in determining driving safety
- Frequency of using a Cognitive Impairment Pathways portal test to evaluate patients
- Confidence in decisions about driver fitness
- Frequency of referring drivers for medical driving assessments
- Frequency of referring drivers for on-road testing
- Frequency of discussing concerns with older drivers or their family members
- Importance of receiving detailed information on a patient in an incident report from NZTA
- Frequency of conducting any cognitive screening tests with older adults
- Types of cognitive tests used

*Key Findings:*    According to the researchers, the New Zealand Transport Agency (NZTA) provides a guide for medical practitioners for assessing driving safety with patients having a number of medical conditions.  However, the study determined that the task of making decisions about driving takes longer than a standard GP appointment allows.  Further, the standard appointment does not include talking to a reliable person, such as an adult child or caregiver, about noticed changes in cognition and behavior, as well as driver skills and issues.

The study found that all but three GPs used a cognitive screening test and most talked to their patients about the need to plan for driving cessation. However, GPs did not frequently refer patients to on-road driving assessments and many commented they would appreciate a more structured guideline with specific recommendations in this area.  The study suggests there is room for improvement in the amount of information provided to GPs about how to best assess older patients with cognitive impairment for fitness to drive. Further, it indicated recommendations of specific cognitive screening techniques in a flowchart format would be a valuable tool for physicians to use in evaluating older drivers (Hogarth, 2013).

## Switzerland

***Background:***  According to this study, the number of older drivers in Switzerland is projected to increase dramatically in the next few decades. The literature cited in the research also indicates that the crash risk for older drivers increases with age per kilometers driven.  Currently, there are about 350,000 people aged 70 years or older in Switzerland who have a valid driver's license. According to this research in Switzerland, the knowledge level for physicians concerning requirements to evaluate and report unfit drivers, which is known as "traffic medicine," was unclear at the time of this study.  As such, this research was undertaken by the Department of Traffic Sciences, Institute of Forensic Medicine, University of Bern (Pfäffli et al., 2011).

***Objectives:***  The purpose of this research was to gain more information about how physicians evaluate driving capabilities, what physicians know about unfit drivers, and what should be done if physicians encounter a patient who should no longer be allowed to drive (Pfäffli et al., 2011).

***Methodology:***  Surveys were sent via postal mail to 635 resident physicians who have their own practice in Southeast Switzerland and were returned by mail from 330 respondents.  There is no indication in the abstract for this study on how physicians were selected, if an incentive was included, or how completed questionnaires were returned to the study authors (Pfäffli et al., 2011).  Topics covered in this survey appear to include the following general areas:

- Knowledge of medical requirements for older patients to safely drive
- Knowledge of other traffic medicine issues
- Agreement that periodic driving examination are important for patients
- Agreement that traffic medicine education should be expanded
- Attitudes towards a new national standardized form for reporting unfit drivers
- Demographics

***Key Findings:***  Most (79%) physicians surveyed claimed to know the minimal medical requirements for drivers which are important in their specialty. In addition, roughly half (52%) of the physicians favored an expansion of continuing education in traffic medicine. A majority of the physicians agreed that periodic driving examinations among patients are a good method to identify unfit drivers.  The study also suggested that the development of a national standardized form for reporting potentially unfit drivers to the licensing authorities was supported by 68% of the responding physicians. Since Switzerland requires health professionals to inform the driving authorities about medical concerns associated with driving, the research recommended the development of a standardized form to simplify reports to the licensing authorities (Pfäffli et al., 2011).

## Australia

***Background:***  According to this study, some research suggests that older drivers may self-monitor their driving abilities, while others fail to plan for when they may no longer be fit and allowed to drive.  Further, the study suggests there is research which indicates age, not impairment, may be key to driving abilities.  Whether driving can be accurately assessed in the physician's office is up for debate, according to the study.  However, that does not change that mandatory assessment programs for older drivers exist in most of Australia.  Further, the study suggested that it had been noted among faculty members at Monash University in Melbourne that general practitioners in Australia expressed concern about their ability to assess patients driving fitness (Jones et al., 2012).

***Objective:***  The goal of this study was to explore general practice physicians' perspectives regarding how to assess the fitness of older drivers and how to determine if they are functionally impaired and should have driving privileges revoked. Further, the study looked at identifying barriers and limitations of assessing patients, issues faced when reporting patients, and the additional educational needs regarding general practitioners assessment of driving competence in older patients (Jones et al., 2012).

***Method:***  To gain a better understanding of these issues, researchers conducted in-person, in-depth interviews with seven general practice physicians (GPs) located in urban areas, and a focus group consisting of nine GPs who work in rural areas.  The interviews lasted 30 to 45 minutes and the focus group lasted approximately 90 minutes.  A qualitative analysis of the interviews and group were completed.  Participants were recruited through advertisements in the newsletter/fax from two Victorian divisions of general practice.  One division is from urban areas with a membership of 550 general practice physicians, while the other had a rural membership of 105 general practice physicians.  There is no indication in the study if an incentive was offered to the participants (Jones et al., 2012).  The specific questions in this research included:

- Thinking about driving in the elderly, specifically, what are some of the dilemmas you face between caring for a patient and reducing risk to the community?
- How do you recognize elderly patients fitness to drive and do you think you miss causes of suboptimal competence to drive?
- Would you routinely raise the topic with elderly patients (how proactive are you in screening for driving competence)?
- How do you broach the subject with an elderly person? What if you think they are of doubtful competence – what would you do then?
- What other community resources would help you in assessing elderly patients who might be problem drivers? What is your experience with occupational therapist assessments?
- What difficulties emerge when family members contact you to assist in getting the patient to give up their license voluntarily?
- Do you think that GPs should be the assessors of their own patients given a possible conflict of loyalty? How comfortable are you with this role?
- Do you have any problems with the forms or with the assessment itself?

- Which patients are more difficult to advise? For example, what do you do with early or mild dementia patients who might be of borderline competence to drive?
- How do you assist elderly patients who have had their license revoked?
- If you advise patients to give up driving, do they generally follow your advice, and on the occasions that they do not, how do you handle this?

***Key Findings:***  While qualitative in nature, the study suggested that some portion of the GPs found it difficult and challenging to assess the fitness of their patients to drive.  GPs indicated their concern with the impact on the patient-doctor relationship, particularly as a consequence of the physician being the person who makes the final decision about whether a patient is fit to drive or not.  The physicians believed that it was probably their responsibility to undertake driving fitness assessments of their patients, particularly on health grounds. However, it was evident that these physicians felt they may not be able to accurately determine patients' fitness to drive, particularly in terms of on-road skills.

The research suggested that GPs want more education on how to assess fitness to drive, particularly for the 'grey' areas, such as early cognitive decline.  It further concluded that education, supported by resources such as alerts within medical software, a computer-based template, and materials for patients and their families could assist physicians to increase their confidence and competence in assessing a patient's fitness to drive (Jones et al., 2012).

## *Conclusions*

Based on this review, the literature indicates a number of suggestions which can improve the ability of medical professionals to evaluate and communicate with patients regarding their ability to continue driving.  These include, but by no means are limited to, addressing the barriers faced by medical professionals such as:

- Providing more and better resources for accurately evaluating a patient's ability to drive
- Simplifying and standardizing reporting requirements for informing appropriate state departments about unfit drivers
- Drafting consistent legislation to protect medical professionals from legal action for identifying or failing to identify someone who should no longer be driving
- Developing better communication strategies along with appropriate advice and guidance for talking to patients about their driving abilities

It is presently unclear, given the dearth of research among providers of services to seniors, what is needed to aid this group in evaluating, communicating with, and reporting older drivers who should no longer be on-the-road.

# CHAPTER 3:  Methodology

## *Overview*

The Florida Department of Transportation, in partnership with the Safe Mobility for Life Coalition, commissioned SRA Research Group (SRA) to conduct research pertaining to "Health Care Providers and Older Adult Service Organizations to Assist in the Prevention and Early Recognition of Florida At-Risk Drivers" (BDY17 RFP-DOT-13/14-9032-RC).

As stated in the request for proposal for this research, Florida leads the nation, with over 18% of its population being 65 years and older, which is projected by the year 2030 to be over 27% (U.S. Census Bureau). To help improve the safety, access, and mobility of this aging population, the Florida Department of Transportation established the Safe Mobility for Life Coalition. In 2011, the Coalition developed and released a comprehensive Aging Road User Strategic Safety Plan (ARUSSP), which is incorporated into Florida's Strategic Highway Safety Plan.

The Coalition defines an aging road user to be "someone who is a driver, passenger, pedestrian, bicyclist, transit-rider, motorcyclist, or operator of non-motorized vehicles who is 50 years of age or older, with a special emphasis on the 65 years or older age group."

Prevention and Early Recognition is one of ten emphasis areas identified in the ARUSSP, whose objectives and strategies are designed to help achieve the goal to "promote the value of prevention strategies and early recognition of at-risk drivers to aging road users and stakeholders."

## *Objective*

To effectively meet the goal of the Prevention and Early Recognition Emphasis Area, the Safe Mobility for Life Coalition needed to establish a baseline and assess the current situation and level of knowledge among the health care community and other adult service organizations.

The objective of this research is to assess Florida's health care community and older adult service organizations in order to determine their baseline levels of community practice, knowledge, interest, and resource needs regarding at-risk aging drivers. The assessment results will be used by the Safe Mobility for Life Coalition to guide the development of educational and outreach materials which support the recognition and reporting of aging at-risk drivers.

In order to meet this objective, SRA established the following steps and processes:

1. Kickoff meeting
2. Communications plan
3. Literature review
4. Technical resource group
5. Individual depth interviews
6. Development and testing of the assessment tool
7. Sampling plan

8. Conduct the assessment
9. Data collection and analysis
10. Develop recommendations for outreach and education
11. Closeout teleconference

Each prior section listed is discussed in detail in the following.

### 1. Kickoff Meeting

A project kickoff meeting was held June 24, 2014 (within 30 days of the contract being signed).  The intent of the kickoff meeting was to ensure that SRA understood the goals and expectations that were to be achieved.

Both project managers and the FDOT  Research Center were included in the kickoff meeting.  The kickoff meeting required two hours and was facilitated by SRA.  The purpose of the meeting was to:

- Establish an environment that enhanced good communication throughout the project
- Guarantee that all pertinent needs and objectives were clearly understood
- Provide a forum to ask any questions desired
- Ensure that everyone was totally comfortable with the research process
    - Provide an opportunity to meet the project team and understand the roles each team member will be playing
- Review/discuss:
    - Project objectives
    - Project process/review of each step
    - How each step will be accomplished
    - Discussion of who should participate in the assessment
    - Conceptual questions/topics for individual depth interviews and assessment
    - Timing
    - Analysis and reporting
    - Strategies, content, and recommendations
    - Presentations

Additional communication was scheduled throughout the project to review the process.

### 2. Communications Plan

After the kickoff meeting, SRA developed and delivered a communications plan on June 30, 2014.  This outlined the process and steps which comprised the communications strategy for the project.

SRA engaged in an overall communications strategy that provided feedback opportunities between SRA and the FDOT team.  This communications plan included bi-monthly status calls with the project managers to discuss project progress and ensure acceptance of deliverables, as well as materials, communications, presentations, or information to support FDOT staff reporting requirements.

SRA also provided quarterly status reports to the FDOT Project Manager in a mutually agreed upon format.

SRA was responsible for the following tasks related to the communications plan:

- Write the communications plan with the schedule by date for all key project meetings and deliverables.
- Deliver an electronic copy to the FDOT Project Manager.

## 3. Conduct a Literature Review

The literature review on what other states and countries are doing related to gathering information from the health care community on aging at-risk drivers consisted of a scan at the national and international level on best practice programs and partnerships to support this research objective.

The literature review summarized the background, objectives, methodology, and key findings from examples of the efforts which were the result of various studies uncovered in the review. The research project examples included in the literature review submitted by SRA were from efforts in specific states, as well as those from other countries and included the following:

National Studies
- Michigan survey among vision care medical professionals
- Maryland focus groups among physicians
- Ohio survey among physician assistants
- Colorado in-depth interviews among medical professionals

International Studies
- Canada survey among family physicians
- New Zealand survey among general practitioners
- Switzerland survey among physicians
- Australia in-depth interviews among family physicians

SRA synthesized the literature review and highlighted examples for communication to the technical resource groups (discussed in the next section). These program and partnership examples assisted FDOT and the Safe Mobility for Life Coalition members in designing and implementing strategies to help promote the value of prevention strategies to aging road users and for the early recognition of at-risk drivers by stakeholders, such as medical professionals and social service agencies serving those age 50 and over.

The literature review was used as a guide in the process of developing the assessment tool by identifying pitfalls of other methodologies and incorporating good ideas from other work into our efforts.

SRA was responsible for the following tasks associated with developing the literature review:

- Conduct the necessary research using documented current sources available online and from other sources such as material provided by Safe Mobility for Life Coalition members.
- Prepare a written narrative which identified eight best practices for the assessment of aging and at-risk drivers.
- Deliver an electronic copy of the literature review to the FDOT Project Manager on August 11, 2014.

## 4. Establish a Technical Resource Group (TRG)

SRA established a group of a variety of advisors who were well versed in health care, aging, and transportation issues as they relate to seniors, mobility, and at-risk driving.  The TRG consisted of 14 members who were approved by the FDOT Project Manager and Technical Task Team for inclusion in the TRG. Several TRG members are also Safe Mobility for Life Coalition members.

The TRG met two times (in September 2014 and January 2015) via Web-assisted conference calls.  The first TRG meeting was held after the literature review.  During this first meeting, TRG members discussed in detail the issues facing aging and at-risk drivers, as well as the efforts they are currently familiar with to evaluate aging driver's abilities and mitigate the issues they may face.

An interim contact via email with the TRG members occurred after the individual depth interviews were completed (which is discussed in the following section) and the assessment tool was designed. TRG members were asked to review the assessment tool and provide individual feedback.  SRA incorporated this feedback into the final assessment questionnaire prior to conducting the assessment.

The second and final meeting with the TRG was held after the completion of a preliminary draft analysis and presentation prior to submission to the project managers. SRA shared the results with the TRG and held a discussion to gather input regarding the recommendations for outreach and education which could be developed to support the needs of the various target audiences.  The comments and suggestions from the TRG were incorporated into the draft analysis and presentation.

Note that TRG members were not monetarily compensated for their time and participation.  However, the FDOT Project Manager sent a note to members after their work was completed thanking them for their contribution.

SRA was responsible for the following tasks related to the establishment of a technical resource group:

- Identify potential TRG members for approval
- Invite approved members to participate
- Provide appropriate materials to TRG members prior to meetings
- Schedule the meetings and arrange for a conference call line for all participants
- Convene meetings via conference call and Web-assisted technology
- Write summaries of each meeting for distribution to TRG members and FDOT Project Manager

**5. Conduct Individual Depth Interviews (IDIs)**

SRA conducted a series of 10 individual depth interviews via phone lasting 45 minutes each with medical professionals and representatives from organizations who serve the older adult community. The goal of these interviews was to further guide creation of the assessment tool and to understand respondent's level of knowledge about issues they are facing and evaluations of aging and at-risk drivers.

The interviews included representation from all seven FDOT districts from the following organizations:

- AAA Auto Club South
- AARP Florida
- Adaptive Mobility Services
- Department of Elder Affairs
- Health First Aging Services
- James A. Haley Veterans Hospital
- Lee County Sheriff's Office
- Senior Citizens Council of Madison County, Inc.
- Suwannee Valley Transit Authority
- Walton Okaloosa Council on Aging

In order to qualify for the interviews, respondents had to be regularly engaged with adults age 50 and over and must have had experience counseling aging and at-risk drivers or had experience with elder transportation issues.  FDOT was identified as the sponsor of the research in order to increase respondent cooperation.

Each in-depth interview was audio recorded to allow for a reflective analysis of the discussions and the ability to produce a transcript.  SRA designed a discussion guide outline which was used to moderate the conversation with respondents. The discussion guide was reviewed and approved by the project managers prior to use.

The discussion guide appears in the Appendix of this report.

The output from these individual depth interviews was put into an executive summary report which included key findings and recommendations for the types of questions needed in the assessment tool.

SRA was responsible for the following tasks related to the individual depth interviews:

- Design a questionnaire for use when inviting respondents to participate
- Design an outline of questions to be used for the interviews
- Moderate the interviews
- Audio record the interviews
- Prepare a moderator transcript of the interviews
- Write an analytical executive summary report of the results of the interview

6. **Develop the Assessment Tool**

SRA used the input gathered from the literature review, the TRG members, and the individual depth interviews to design the assessment tool.  Ultimately, the goal was to design an assessment tool which was useful in understanding what is needed to help medical professionals identify aging and at-risk drivers and to aid in development of recommendations for this audience in terms of educational and evaluative materials.  Further, it was designed to help social service agency workers and others who interact with aging road users to have the tools and knowledge to identify if intervention is necessary to ensure driver safety.

The survey was designed as two separate tools disseminated to two groups – medical professionals and social service providers. The surveys were the same with the exception of question three.

Question 3 on the medical professional survey:  What types of tests are used in your office to assess the driving ability of older adults?

Question 3 on the social service provider survey: Please indicate what means of transportation older adults use to get to your organization/facility.

Once designed, SRA pre-tested the assessment tools with technical resource group members. After this testing, the tools were delivered to the FDOT Technical Task Team on September 19 for review. Once the final assessment tools were approved, SRA began data collection and analysis.

Each survey took ten minutes to complete. These surveys were approved by the FDOT team and both surveys appear in the Appendix of this report.

SRA was responsible for the following tasks related to designing the assessment tools:

- Design the assessment tool
- Pre-test the assessment tool
- Revise and re-test the assessment tool as necessary
- Submit and receive final approval on the assessment tool

### 7. Deliver a Sampling Plan

To ensure that the FDOT Project Manager, the Technical Task Team, and Safe Mobility for Life Coalition members were in agreement with the methodology to be used for the project, SRA developed a sampling plan for review prior to beginning data collection.

This document, delivered on October 8, 2014, outlined the sampling plan and other aspects of the project prior to data collection.  It was designed to provide a detailed review of how SRA intends to proceed in terms of who will be interviewed, where respondents will be located, how the interviews will be conducted (web, phone, fax), and how these data will be tabulated and analyzed.

One of the goals of the sampling plan was to include responses from all 67 Florida counties and from the following audiences:

- Physicians (General Practice, Family Practice, Internal Medicine, Geriatricians, Neurologists, Ophthalmologists)
- Other medical professionals (Nurses, Chiropractors, Optometrists, Others TBD)
- Health Department Administrators or other Health Department personnel as appropriate
- Area Agency on Aging directors
- Community Care Lead Agencies
- Florida Council on Aging Trustees, Committee Members, corporate sponsors, associated organizations leaders, organizational member leaders
- Senior Center Directors
- Florida Association of Senior Centers leadership team
- Department of Motor Vehicle county offices personnel as appropriate
- Association of Driver Rehab Specialists in Florida
- Professional Geriatric Care Managers
- Safe Mobility for Life Coalition members

Also, respondents had to regularly engage with people age 50 and over and must have had experience counseling aging and at-risk drivers or elder transportation issues, including veterans. Further, they had to work and live in Florida.

The sampling plan also indicated recommended sample sizes for each of these groups.  An attempt was made to contact at least one service provider organization or medical professional in each of the 67 counties, which was achieved.

Based on an initial investigation of the universe for each of the groups mentioned on the previous page and our initial survey questions, it was anticipated the proposed number of assessments would be between 500 and 600, split as shown in Table 3-1:

**Table 3-1:  Proposed Number of Interviews**

| | Number of Interviews |
|---|---|
| Medical Professionals | 150 |
| Senior Service Providers | 350 |
| Safe Mobility for Life Coalition Members | 23 |
| Total | 523 |

SRA exceeded these goals, as explained in the following section (conduct the assessment in all 67 counties), and obtained 1,154 total completions.

SRA was responsible for the following tasks in developing the sampling plan:

- Design a sampling plan indicating all target populations to be surveyed
- Determine the sample size for each target population
- Prepare the assessment tool in the appropriate formats for data collection using multi-modal methodologies (i.e., phone, web, fax)
- Test all survey programming
- Check test data for accuracy/consistency

## 8.  Conduct the Assessment in all 67 Counties

SRA conducted a multi-modal survey utilizing telephone, Web-based surveys, and fax surveys in order to complete interviews with qualified respondents.  SRA offered multiple options to complete the surveys in order to make it as convenient as possible for respondents to participate and increase the response rate.  SRA completed interviews with each of the target audiences outlined in the sampling plan and made multiple attempts to reach prospective respondents.

For the telephone interviews, SRA utilized CATI (Computer Aided Telephone Interviewing) and interviewers documented the results of all calls attempted.  All phone interviewing was conducted Monday through Friday during business hours of 9:00am to 5:00pm local time.

For the Web-based survey, each assessment tool (one for medical professionals and one for social service providers) was programmed after the assessment tools were approved.  The project managers and SRA tested the Web-based assessment tool prior to launching it.  This pre-test determined if programming was working properly.

Following the pre-test of the Web version of the assessment tool, SRA and the project managers sent email invitations to targeted audiences. The email identified FDOT as the sponsor, introduced the topic of the research, explained the importance of their opinions and participation, explained that completing the assessment tool required no more than 10 minutes of their time, and that there is no right or wrong answer to questions since we are simply interested in obtaining their opinions.

Individuals were also informed that their opinions will be held in confidence, none of their responses will be associated directly with their name, and research results will only be presented in aggregate.

Within the email, there was a link to each assessment tool.  Individuals were instructed to simply click on the link to be directed to a secure server to complete the survey.

The assessment tools were available via Web from October 10 to November 24, 2014 to allow sufficient time for all individuals to access and complete it.

Paper copies of the assessment tools were used for fax surveys as necessary.  SRA manually entered answers from returned assessment tools into the data set when these non-electronic surveys were received.

The following number of email invitations were sent by SRA for participation in the Web-based survey as shown in Table 3-2. These email addresses were obtained from the licensing data available on the Florida Department of Health website and general Internet searches.

**Table 3-2:  Number of Invitations Sent by Audience**

| Audience | Number of invitations sent |
|---|---|
| Physicians via WebMD panel members | 2,481 |
| Occupational therapists | 2,000 |
| Social workers | 5,479 |
| Area agencies on aging | 49 |
| Senior centers | 163 |
| Driver's license offices | 140 |
| Nurses | 1,500 |
| Optometrists | 1,000 |
| Driver rehabilitation specialists | 17 |
| Pharmacists | 3,765 |
| Law enforcement | 350 |
| EMTs | 3,000 |
| Total | 19,944 |

The project managers sent email invitations asking individuals to take the survey and forward the Web-based survey link to others they felt appropriate to participate in this research. This included, at minimum, all individuals who have registered on the Safe Mobility for Life Coalition ListServ and an announcement on the Florida Nurse Practitioner Network website. Therefore, it is difficult to determine an exact response rate for this project. In addition, the survey was started 557 times and was not completed. It is not clear how many individual respondents this represents. SRA went to great lengths to make sure duplicate responses were removed since lists could not be cleaned relative to one another.

Overall, the number of completed surveys by their title/category (Table 3-3), FDOT district (Figure 3-1), and county (Table 3-4) are shown on the following pages.

**Table 3-3:  Title/Category of Respondent**

|  | Percent | Number of Surveys Completed |
|---|---|---|
| **General practitioner** | 1% | 16 |
| **Family practice** | 5% | 56 |
| **Internal medicine** | 4% | 48 |
| **Emergency department physician** | 3% | 32 |
| **Ophthalmologist** | 2% | 23 |
| **Geriatrician** | 1% | 6 |
| **Neurologist** | 1% | 13 |
| **Physician's assistant** | 3% | 39 |
| **Nurse** | 7% | 86 |
| **Nurse practitioner** | 6% | 65 |
| **Occupational/physical therapist** | 7% | 78 |
| **Optometrist** | 5% | 53 |
| **Pharmacist** | 6% | 68 |
| **Social worker** | 16% | 188 |
| **Educator** | 5% | 60 |
| **State government staff** | 3% | 38 |
| **Local government staff** | 10% | 116 |
| **Elected official** | 1% | 14 |
| **Social services professional/service provider to older adults** | 11% | 125 |
| **Health department staff** | 2% | 21 |
| **Law enforcement member** | 6% | 73 |
| **EMT** | 2% | 23 |
| **Driving instructor** | 1% | 10 |
| **Geriatric care** | 1% | 11 |
| **Medical assistant** | 2% | 20 |
| **Urgent care** | 0% | 4 |
| **Mental health/therapy** | 2% | 19 |
| **Physician** | 0% | 4 |
| **Transportation** | 1% | 14 |

WebMD panel members were paid $25 cash to complete the survey. Other medical professionals who completed the survey via phone were sent a $25 Amazon gift card.

Note that if this survey is to be repeated in the future, the following should be taken into consideration:

- Remove the word "ever" from question 1 – Since the word "ever" was included in the question wording, the percentage of respondents who indicated they have had a conversation about driving with older adults was considered high by technical resource group members and did not address the frequency of their conversations.

- Separate occupational therapists and physical therapists into distinct categories – Since these two occupations were combined in the code list, SRA cannot determine individually how many occupational therapists and how many physical therapists completed the survey.

**Figure 3-1:  Response Rate by FDOT District**
**Percent (number of respondents)**



**Map key:**
District 1 – Southwest Florida
District 2 – Northeast Florida
District 3 – Northwest Florida
District 4 – Southwest Florida
District 5 – Central Florida
District 6 – South Florida
District 7 – West Central Florida
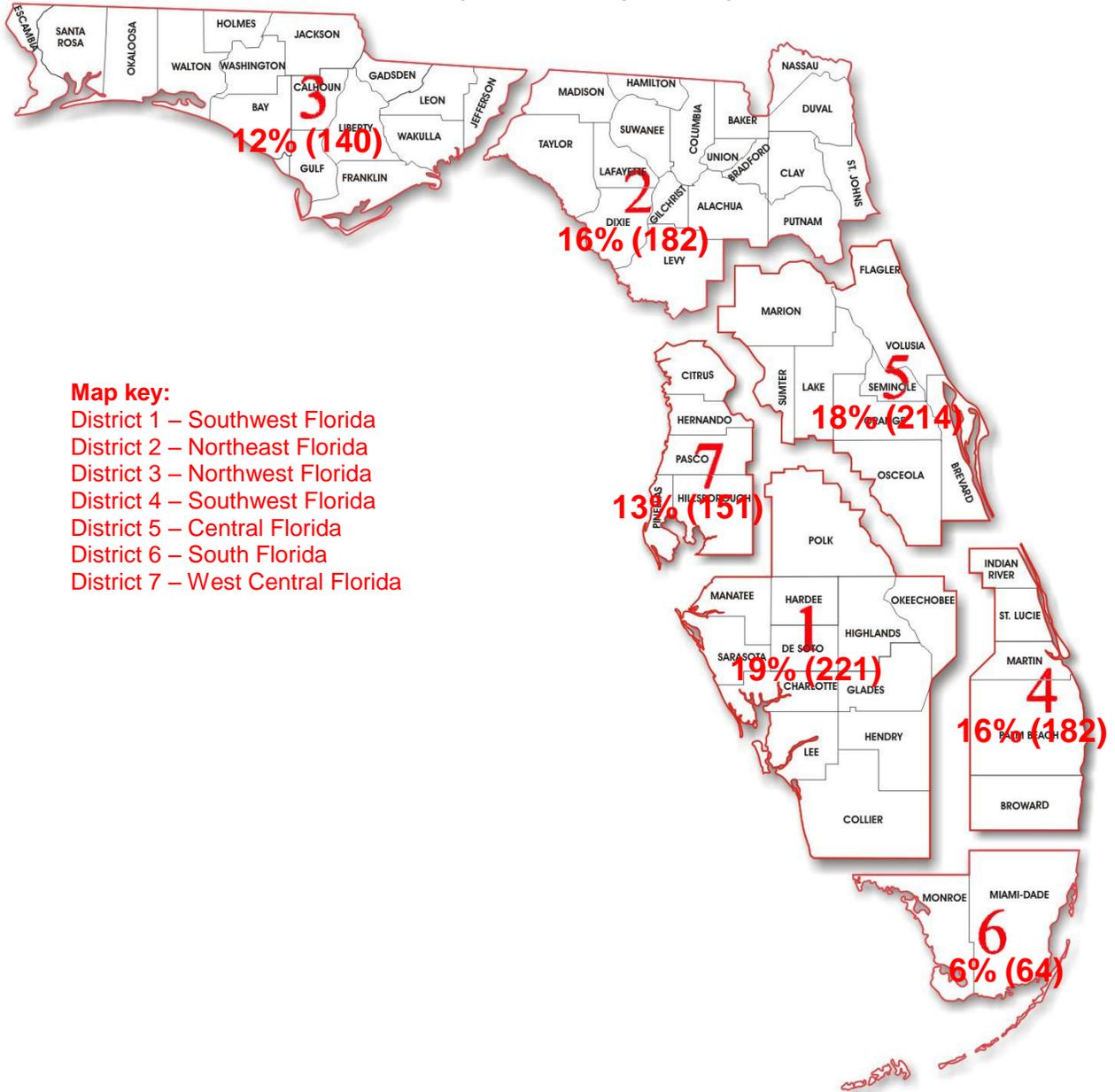
Map prepared by:
FDOT Surveying & Mapping Office

**Table 3-4: Number of Surveys Completed by County**

| County | Number of Surveys Completed | County | Number of Surveys Completed |
|---|---|---|---|
| Alachua [1] | 35 | Lafayette | 4 |
| Baker [2] | 4 | Lake | 18 |
| Bay [1] | 20 | Lee | 61 |
| Bradford [2] | 4 | Leon [1] | 36 |
| Brevard | 28 | Levy [2] | 5 |
| Broward [1] | 96 | Liberty | 2 |
| Calhoun | 1 | Madison [2] | 2 |
| Charlotte | 26 | Manatee | 22 |
| Citrus | 13 | Marion | 27 |
| Clay | 14 | Martin | 19 |
| Collier | 22 | Monroe [1] | 7 |
| Columbia [2] | 10 | Nassau | 4 |
| Dade [1] | 57 | Okaloosa | 12 |
| De Soto | 2 | Okeechobee [2] | 6 |
| Dixie | 3 | Orange | 61 |
| Duval [1] | 59 | Osceola | 11 |
| Escambia [1] | 28 | Palm Beach | 40 |
| Flagler | 8 | Pasco | 18 |
| Franklin | 1 | Pinellas [1] | 48 |
| Gadsden | 5 | Polk | 29 |
| Gilchrist | 2 | Putnam [2] | 6 |
| Glades | 2 | St. Johns | 18 |
| Gulf | 2 | St. Lucie | 12 |
| Hamilton | 3 | Santa Rosa | 12 |
| Hardee [2] | 2 | Sarasota | 35 |
| Hendry | 4 | Seminole | 30 |
| Hernando | 16 | Sumter | 7 |
| Highlands | 10 | Suwannee | 5 |
| Hillsborough [1] | 56 | Taylor [2] | 2 |
| Holmes | 1 | Union | 2 |
| Indian River | 15 | Volusia | 24 |
| Jackson | 6 | Wakulla | 6 |
| Jefferson | 2 | Walton [2] | 2 |
| | | Washington | 4 |

[1] Safe Mobility for Life Coalition 2014 urban priority county
[2] Safe Mobility for Life Coalition 2014 rural priority county

SRA was responsible for the following tasks related to conducting the assessment:

- Program and prepare the assessment tool in the appropriate forms for data collection
- Conduct the phone interviews among the appropriate respondents
- Send the links to the Web version of the assessment tool to the appropriate potential respondents
- Host the Web version
- Send and receive fax versions of the assessment tool when requested by respondents
- Enter the responses from the fax assessment tool into the electronic data set

## 9. Collect and Analyze the Data

SRA tabulated the results of the assessment tools and aggregate results from the multiple methodologies in total and for each sample subgroup.  We also tabulated the results by the seven FDOT districts in Florida, respondent title/category, urban and rural areas of the state, urban and rural priority counties, age, and gender.

As assessment tools were completed, SRA coded the open-ended questions and tabulated the answers to all questions.

Once these data was tabulated, SRA prepared this draft final report along with a PowerPoint presentation.

The final report includes the following chapters/sections:

- Executive summary
- Introduction
- Literature review
- Findings
- Discussion
- Conclusions

Throughout this report, all differences discussed between sample groups are statistically significant to plus or minus 5% at the 95% level of confidence.  Differences which are noteworthy, but do not reach this level of confidence threshold, are indicated by either one or two asterisks (* or **).  The footnote on each page with an asterisk indicates the level of statistical difference in the form of a "P" value.  For example, if the footnote says p = .10, this means the difference between two percentages is statistically significant at the 90% level of confidence.

Note for the reader:  In the tables and figures shown in Chapter 4, respondents were categorized as follows based on their title for analysis purposes as shown in Table 3-5:

**Table 3-5:  Respondent Categories for Analysis Purposes**

| | Percent | Number of Surveys Completed |
|---|---|---|
| **Physician** | | |
| General practitioner | 1% | 16 |
| Family practice | 5% | 56 |
| Internal medicine | 4% | 48 |
| Physician | 0% | 4 |
| Emergency department physician | 3% | 32 |
| Neurologist | 1% | 13 |
| Ophthalmologist | 2% | 23 |
| Geriatrician | 1% | 6 |
| **Nurses** | | |
| Physician's assistant | 3% | 39 |
| Nurse | 7% | 86 |
| Nurse practitioner | 6% | 65 |
| **Other medical professionals** | | |
| Occupational/physical therapist | 7% | 78 |
| Optometrist | 5% | 53 |
| Pharmacist | 6% | 68 |
| EMT | 2% | 23 |
| Medical assistant | 2% | 20 |
| **Social worker** | | |
| Social worker | 16% | 188 |
| **Social service professionals** | | |
| Social services professional/service provider to older adults | 11% | 125 |
| **Government staff/official** | | |
| State government staff | 3% | 38 |
| Local government staff | 10% | 116 |
| Elected official | 1% | 14 |
| **Law enforcement** | | |
| Law enforcement member | 6% | 73 |
| **Other social service** | | |
| Health department staff | 2% | 21 |
| Geriatric care | 1% | 11 |
| Urgent care | 0% | 4 |
| Mental health/therapy | 2% | 19 |
| Transportation | 1% | 14 |
| Driving instructor | 1% | 10 |
| Educator | 5% | 60 |

## 10. Develop Recommendations for Outreach and Education

SRA developed recommendations for outreach and education that the coalition can develop to support the needs of various target audiences.  Based on this research, SRA has refined the strategy for outreach to the target audiences including physicians and organizations which serve aging adults 50+.  SRA has outlined a strategy for each target audience and has suggested how content will need to vary by audience.  This will provide the basis for FDOT and the Safe Mobility for Life Coalition to develop support materials for each of the target audiences.  The final report includes the strategy and content recommendations, the actual raw data without respondent identifying data, and a non-technical PowerPoint presentation outlining the results of the research, as well as the strategies and content recommended for each audience.

SRA presented the findings and recommendations to the Safe Mobility for Life Coalition in person on February 25, 2015 in Tallahassee.

## 11. Closeout Teleconference

During the final 30 days of the contract, SRA will schedule a project assessment conference call to review the project performance and the deployment plan. The call will include the appropriate SRA staff members, the project manager, and the research performance coordinator.  This call will allow us to identify what worked well and where improvements may be appropriate on future projects.

SRA will:

- Arrange a time and call in for the closeout teleconference
- Participate in the call
- Submit notes of the call for participant reference

This research project began in June 2014 and concluded in June 2015.

# CHAPTER 4:  Findings

## *Age of Patients and Clients Served*

Respondents were asked to indicate if they interact with adults in several age groups.

**A majority of respondents interact with adults of all ages.**

Overall, as shown in Table 4-1, most medical professionals (82%) and social service providers (75%) said that they work with adults of all ages.  However, medical professionals were more likely than social service providers to say they served all age spectrums and were also more likely to serve respondents under the age of 50 or over the age of 85.

**Table 4-1:  Age of Person In Which Respondent Interacts by Type of Respondent**

|  | TOTAL | Medical professionals | Social service providers |
|---|---|---|---|
| **All age groups** | 79% | 82% | 75% |
| **Under 50** | 83% | 86% | 80% |
| **50 to 64** | 92% | 93% | 91% |
| **65 to 69** | 92% | 92% | 92% |
| **70 to 74** | 92% | 93% | 92% |
| **75 to 79** | 91% | 92% | 90% |
| **80 to 84** | 90% | 92% | 89% |
| **85 and over** | 90% | 92% | 88% |

Question 1:  Do you interact with adults who are age: Multiple responses allowed.

As shown in Table 4-2, among the medical professionals, physicians were far more likely than nurses to say they served all age groups (90% versus 74%).  This is likely the result of the sample since physicians were selected from specific types of practices (see methodology in Chapter 3), while nurses were chosen from lists of licensed nurses on the Florida Department of Health website which included nurses working in a variety of settings, including skilled nursing and home health. As a result, nurses were less likely to work with respondents under 50, as well as those over 80 years of age.

**Table 4-2:  Age of Person In Which Medical Professional Interacts**

|  | Medical Professionals | | | |
|---|---|---|---|---|
|  | Total | Physician | Nurse | Other |
| **All age groups** | 82% | 90% | 74% | 84% |
| **Under 50** | 86% | 93% | 80% | 85% |
| **50 to 64** | 93% | 95% | 93% | 92% |
| **65 to 69** | 92% | 95% | 92% | 92% |
| **70 to 74** | 93% | 94% | 90% | 95% |
| **75 to 79** | 92% | 95% | 90% | 94% |
| **80 to 84** | 92% | 94% | 87% | 95% |
| **85 and over** | 92% | 94% | 86% | 95% |

Question 1:  Do you interact with adults who are age: Multiple responses allowed.

**Law enforcement and government workers were more likely to interact with all age groups.**

A majority of government (86%) and law enforcement personnel (89%) indicated they work with people of all ages.  At the same time, fewer social service professionals (58%) work with all ages (Table 4-3).  Government and law enforcement were also more likely to work with adults under 50, with social service professionals (64%) less likely to work with this age group.

**Table 4-3:  Age of Person In Which Social Service Provider Interacts**

| | Social Service Providers | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| | Total | Social worker | Service professional | Government | Law enforcement | Other |
| **All age groups** | 75% | 77% | 58% | 86% | 89% | 66% |
| **Under 50** | 80% | 82% | 64% | 89% | 92% | 75% |
| **50 to 64** | 91% | 90% | 87% | 96% | 93% | 88% |
| **65 to 69** | 92% | 91% | 89% | 95% | 94% | 86% |
| **70 to 74** | 92% | 89% | 90% | 95% | 92% | 86% |
| **75 to 79** | 90% | 89% | 87% | 94% | 94% | 84% |
| **80 to 84** | 89% | 89% | 83% | 94% | 90% | 84% |
| **85 and over** | 88% | 89% | 83% | 91% | 90% | 82% |

Question 1:  Do you interact with adults who are age: Multiple responses allowed.

**Respondents in urban counties were more likely to serve those age 50 and under*.**

Overall, as shown in Table 4-4, respondents of all types in urban counties were more likely to interact with adults under age 50* (84% to 77%), while respondents in rural counties were more likely to work with adults in the 50 to 64 age group (96% versus 92%). There is little difference between rural and urban respondents in terms of working with adults age 65 and over.

**Table 4-4:  Age of Person in Which Respondent Interacts by Urban versus Rural Counties**

| | TOTAL | All Counties | | Priority Counties ^ | |
| --- | --- | --- | --- | --- | --- |
| | | Urban | Rural | Urban | Rural |
| **All age groups** | 79% | 80% | 75% | 78% | 72% |
| **Under 50** | 83% | 84% | 77% | 84% | 74% |
| **50 to 64** | 92% | 92% | 96% | 92% | 95% |
| **65 to 69** | 92% | 92% | 93% | 93% | 93% |
| **70 to 74** | 92% | 92% | 91% | 92% | 93% |
| **75 to 79** | 91% | 92% | 89% | 92% | 88% |
| **80 to 84** | 90% | 91% | 89% | 90% | 88% |
| **85 and over** | 90% | 90% | 89% | 89% | 91% |

Question 1:  Do you interact with adults who are age: Multiple responses allowed.
* p = 0.08
^ Safe Mobility for Life Coalition's 2014 Priority Counties

**There were few differences in interaction by FDOT district.**

Due to smaller base sizes among the seven FDOT districts, the slightly higher likelihood that respondents say they interact with all age groups in the Southwest Florida (82%), Central Florida (81%), and West Central Florida (81%) districts, were not statistically significant (Table 4-5).  In fact, the only significant difference was the higher likelihood that respondents in the Southeast Florida district interacted with adults 85 and over (93%). Note that FDOT district 8 represents the Florida Turnpike and was not included as a geographical area in the analysis.

**Table 4-5:  Age of Person in Which Respondent Interacts by FDOT District**

| | | FDOT District | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | TOTAL | SW Florida (1) | NE Florida (2) | NW Florida (3) | SE Florida (4) | Central Florida (5) | South Florida (6) | West Central Florida (7) |
| All age groups | 79% | 82% | 76% | 74% | 78% | 81% | 78% | 81% |
| Under 50 | 83% | 84% | 82% | 80% | 81% | 84% | 86% | 86% |
| 50 to 64 | 92% | 93% | 94% | 91% | 89% | 92% | 92% | 93% |
| 65 to 69 | 92% | 91% | 92% | 91% | 93% | 93% | 94% | 93% |
| 70 to 74 | 92% | 91% | 90% | 89% | 93% | 94% | 92% | 93% |
| 75 to 79 | 91% | 91% | 89% | 89% | 93% | 93% | 89% | 95% |
| 80 to 84 | 90% | 90% | 88% | 89% | 93% | 92% | 88% | 91% |
| 85 and over | 90% | 90% | 88% | 87% | 93% | 90% | 86% | 91% |

Question 1:  Do you interact with adults who are age: Multiple responses allowed.

**Respondents over age 65 were less likely to say they interact with adults of all ages.**

Overall, as shown in Table 4-6, male respondents were more likely than female respondents to say they interact with adults of all ages (86% versus 75%).  In addition, respondents age 65 and over (71%) were less likely to work with respondents of all ages.  Women (79%) and respondents age 65 and over (73%) were also less likely to interact with adults under age 50.

**Table 4-6:  Age of Person in Which Respondent Interact by Gender and Age of Respondent**

| | | Gender | | Age of Respondent | | |
| --- | --- | --- | --- | --- | --- | --- |
| | TOTAL | Male | Female | Under 50 | 50 to 64 | 65+ |
| All age groups | 79% | 86% | 75% | 81% | 80% | 71% |
| Under 50 | 83% | 90% | 79% | 88% | 82% | 73% |
| 50 to 64 | 92% | 92% | 92% | 92% | 94% | 87% |
| 65 to 69 | 92% | 92% | 92% | 93% | 92% | 91% |
| 70 to 74 | 92% | 93% | 92% | 94% | 91% | 89% |
| 75 to 79 | 91% | 91% | 92% | 92% | 91% | 89% |
| 80 to 84 | 90% | 90% | 90% | 92% | 90% | 87% |
| 85 and over | 90% | 91% | 89% | 91% | 90% | 85% |

Question 1:  Do you interact with adults who are age: Multiple responses allowed.

## *Likelihood of Having Conversations about Driving*

Respondents were asked if they have conversations with adults age 50 and over about driving.

**A majority of respondents have conversations with adults age 50 and over about driving.**

Medical professionals (85%) and social service providers (87%) were similar in terms of their likelihood to discuss driving with adults age 50 and over (Figure 4-1).

Several technical resource group members felt the 86% was a high percentage. They said it could be due to use of the word "ever" in the question which could mean they only had one conversation in the course of their professional experience. Further, respondents could have answered yes to this question out of guilt or they could be embarrassed to say they didn't have conversations about driving.
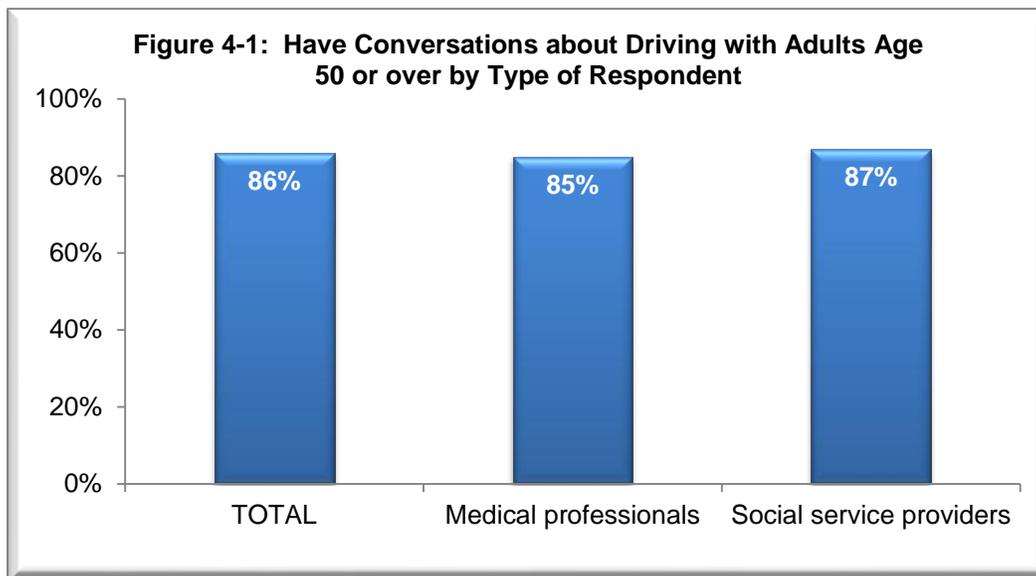


**Figure 4-1: Have Conversations about Driving with Adults Age 50 or over by Type of Respondent**

Question 2:  Do you EVER have conversations about driving with adults age 50 or over?  Percent "yes" shown.

**Ophthalmologists, geriatricians, and neurologists are more likely to discuss driving with older adults.**

Among the medical professionals, as shown in Figure 4-2, physicians (92%) are more likely to have conversations about driving than nurses (81%) or other medical professionals* (81%). All ophthalmologists, geriatricians and neurologists (100% for each) indicated they discuss driving with patients age 50 and over. (Note: Percentages by respondent title/category can be found in the cross-tabulations which have been submitted under separate cover). Further, virtually all physical and occupational therapists (99%) have a conversation with patients about driving, while all (100%) optometrists have driving conversations with adults age 50 and over.

For social service professionals, there is little difference by category, with just under nine in ten indicating they have conversations about driving with adults age 50 and over.
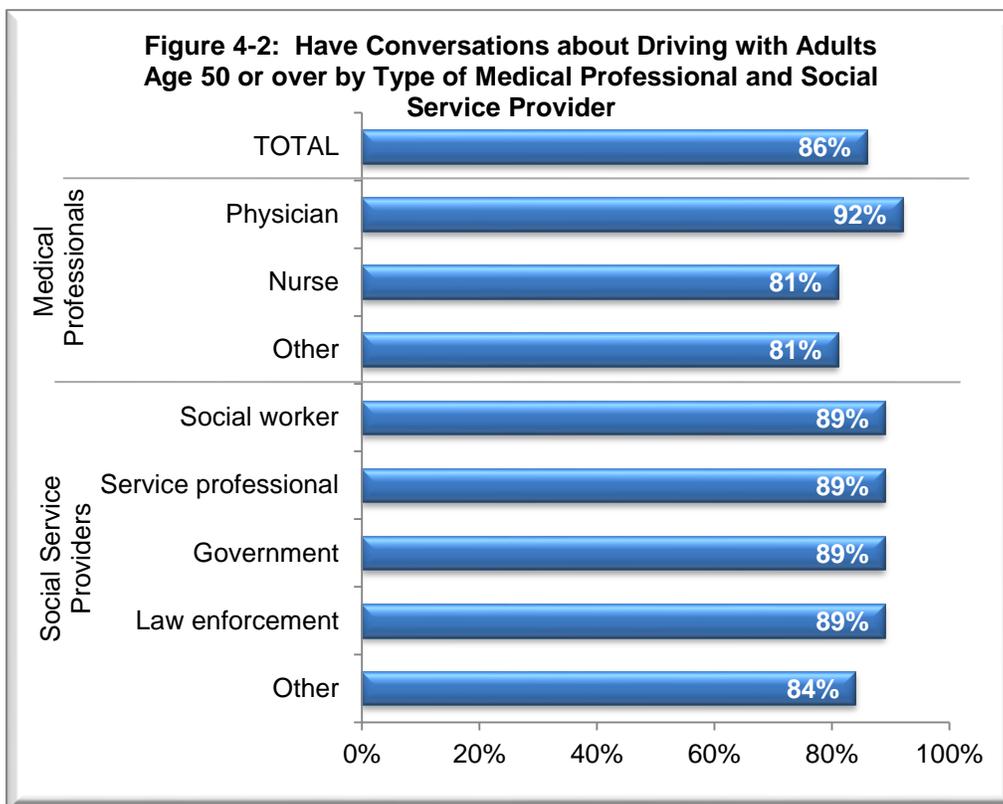


Figure 4-2: Have Conversations about Driving with Adults Age 50 or over by Type of Medical Professional and Social Service Provider

Question 2:  Do you EVER have conversations about driving with adults age 50 or over?  Percent "yes" shown.
* p = 0.06

**There were differences in the frequency of discussing driving with older adults by geography.**

Respondents in urban counties were more likely to have discussions about driving with older adults than those in rural counties* (87% versus 80%) which may be a matter of fewer resources in these rural areas.  However, the proportion of respondents who discuss driving with older adults was similar in the urban and rural priority counties (88% versus 86%).  These data also suggested that the rural priority counties were doing a good job of having a conversation about driving with older adults compared to all rural counties (Figure 4-3).
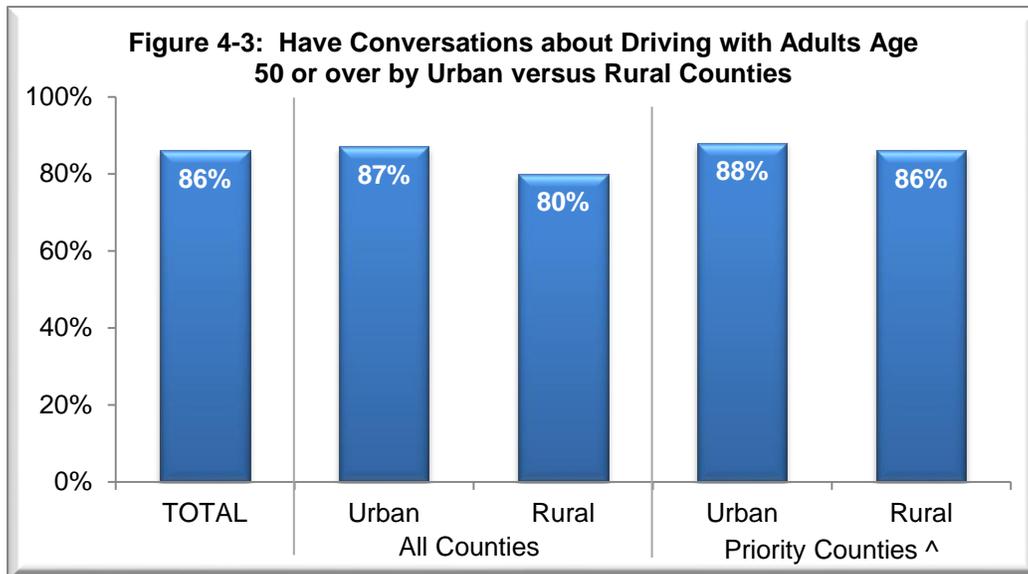


**Figure 4-3:  Have Conversations about Driving with Adults Age 50 or over by Urban versus Rural Counties**

Question 2:  Do you EVER have conversations about driving with adults age 50 or over?  Percent "yes" shown.
* p = 0.08
^ Safe Mobility for Life Coalition's 2014 Priority Counties

**Two FDOT districts were more likely to have conversations with older adults about driving.**

Respondents in Southwest Florida (91%) and Southeast Florida (91%) were more likely to have conversations about driving with older adults (Figure 4-4).  It was not clear why some regions have higher or lower levels of discussion with older adults about driving.  Perhaps it was the result of Safe Mobility for Life Coalition members in these areas.
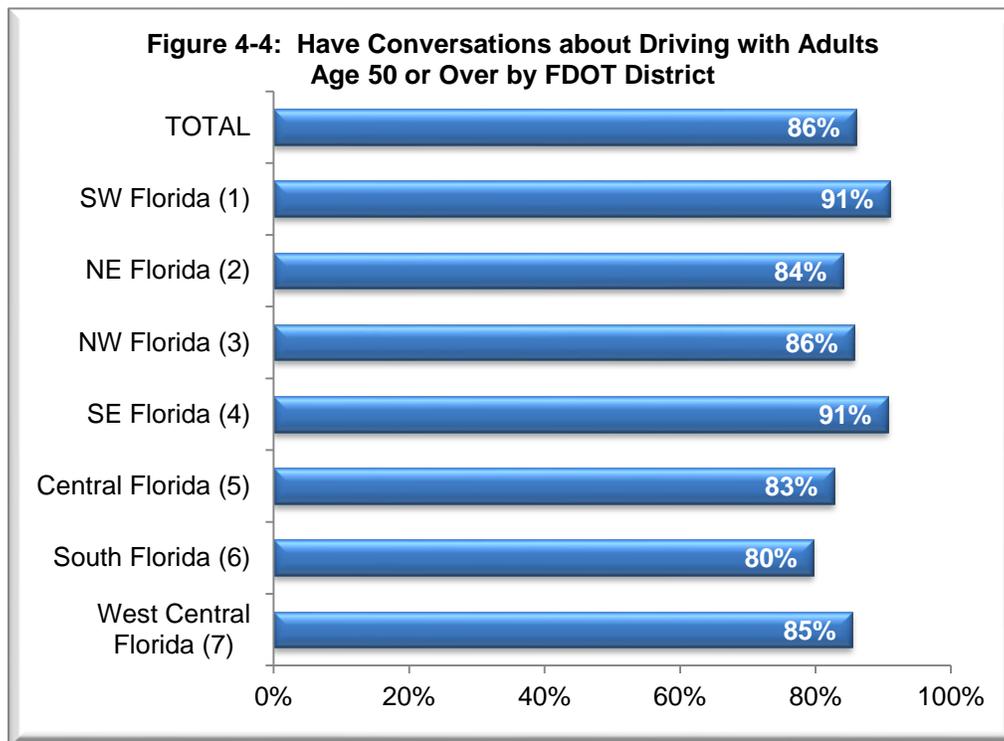
**Figure 4-4:  Have Conversations about Driving with Adults Age 50 or Over by FDOT District**

| District | Percent |
|---|---|
| TOTAL | 86% |
| SW Florida (1) | 91% |
| NE Florida (2) | 84% |
| NW Florida (3) | 86% |
| SE Florida (4) | 91% |
| Central Florida (5) | 83% |
| South Florida (6) | 80% |
| West Central Florida (7) | 85% |

Question 2:  Do you EVER have conversations about driving with adults age 50 or over?  Percent "yes" shown.

**Younger respondents were less likely to have conversations about driving with older adults.**

As shown in Figure 4-5, while male and female respondents were similar (85% versus 87%), respondents under age 50 were much less likely to have conversations with adults age 50 and over about driving than those age 50 to 64 and 65 or over (82% versus 90% and 88%).  This may suggest that younger respondents were less comfortable, may lack education on the subject, or may not feel there is a need to discuss driving.
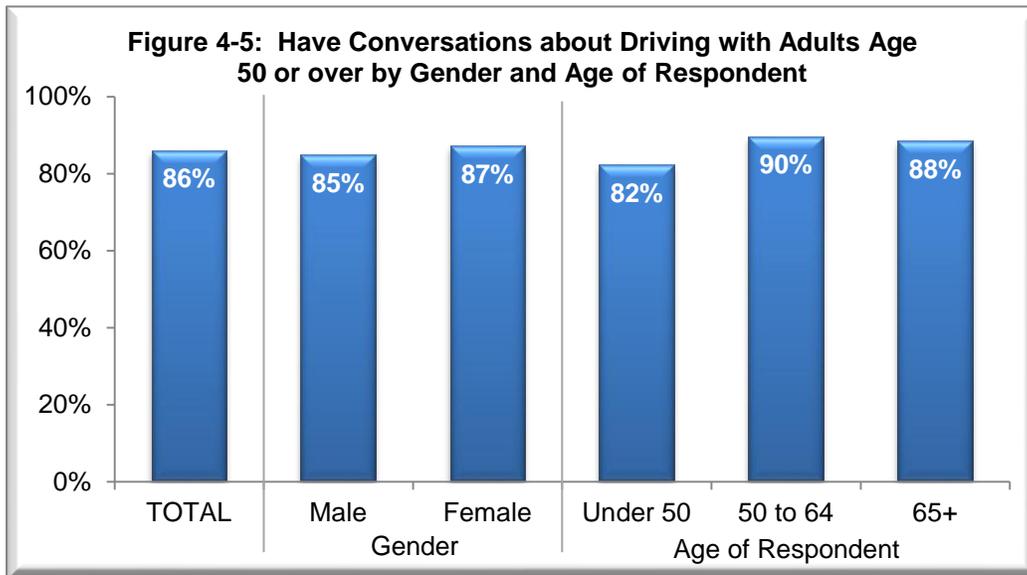


Question 2:  Do you EVER have conversations about driving with adults age 50 or over?  Percent "yes" shown.

## *Tests Used to Evaluate Driving Abilities of Older Adults*

**Most medical professionals use multiple methods to evaluate older adults driving abilities.**

Medical professionals were asked what types of tests they use to evaluate the driving abilities of older adults.

Overall, medical professionals were most likely to use vision testing (59%), cognitive testing (56%), and gait and balance checks (51%) to help evaluate the driving abilities of older adults. In addition, some use clock test (24%) and to a lesser degree trail making tests (7%), both of which rely on the patient drawing as a cognitive screening instrument (Table 4-7).

Technical resource group members also mentioned that most medical professionals were not familiar with trail making tests since it's more involved and that the clock test was becoming more the norm. Driving rehabilitation specialists were more familiar with trail making tests.

In the in-depth interviews, respondents mentioned the mini mental status exam as an example of cognitive testing which was used to assess older adults.

It should be noted that few medical professionals used on-the-road testing (4%) or computer driving assessments (3%) to test abilities of older adult drivers (Table 4-7).

**Table 4-7:  Types of Tests Used to Assess Driving Ability of Aging Drivers**

| | Medical Professionals |
|---|---|
| Vision testing | 59% |
| Cognitive testing | 56% |
| Gait and balance checks | 51% |
| Clock tests | 24% |
| None of these | 17% |
| Trail making tests | 7% |
| On-the-road testing | 4% |
| Don't know | 4% |
| Computer driving assessment testing | 3% |

Question 3:  What types of tests are used in your office to assess the driving ability of older adults?   Multiple responses allowed. Question asked among medical professionals only.

**Physicians use vision testing more often than nurses or other medical professionals to evaluate driving abilities of older adults.**

Perhaps because physicians were more likely to see driving assessment as their responsibility (discussed further on in this report), they were more likely to employ testing or evaluations to assess driving abilities for older adults than other medical professionals (Table 4-8), with fewer physicians saying they do not use any of these tests (7%) as compared to nurses (16%) and other medical professionals (27%). Nurses employed the other commonly used evaluations and tests with about the same frequency as doctors, while other medical professionals were less likely to employ evaluations and tests such as cognitive testing (38%), gait and balance tests (32%), and clock tests (15%).

Given their responsibilities, it came as no surprise that ophthalmologists (100%) and optometrists (100%) were more likely to use vision testing as their evaluation tool of choice. While results for other specialties were not statistically significant due to smaller base sizes, neurologists (85%), general practitioners (85%), family practice (86%), internal medicine (81%), and geriatricians (80%) tended to use cognitive tests most frequently.

While occupational and physical therapists were the most likely to use on-the-road testing (9%) and computer simulated driving assessments (6%), use of these methods to evaluate driver ability was relatively low, even among professionals often tasked with helping people with their ability to drive.

**Table 4-8: Types of Tests Used to Assess Driving Ability of Aging Drivers by Type of Medical Professional**

| | Medical Professionals | | | |
|---|---|---|---|---|
| | Total | Physician | Nurse | Other |
| Vision testing | 59% | 73% | 49% | 55% |
| Cognitive testing | 56% | 69% | 66% | 38% |
| Gait and balance checks | 51% | 63% | 62% | 32% |
| Clock tests | 24% | 31% | 25% | 15% |
| None of these | 17% | 5% | 16% | 27% |
| Trail making tests | 7% | 7% | 5% | 9% |
| On-the-road testing | 4% | 5% | 3% | 4% |
| Don't know | 4% | 1% | 3% | 7% |
| Computer driving assessment testing | 3% | 4% | 2% | 3% |

Question 3: What types of tests are used in your office to assess the driving ability of older adults? Multiple responses allowed. Question asked among medical professionals only.

**There appeared to be a greater use of many tests in rural counties to evaluate driving abilities compared to urban counties.**

Medical professionals in all rural counties and in the rural priority counties were more likely to use the more common tests including vision testing, gait and balance testing, and cognitive testing* (Table 4-9). Meanwhile, there was little use of on-the-road and computer driving assessment tests in rural counties.  This may be the result of not having access to professionals to administer on-the-road test or the equipment and software for computer driving assessments outside urban areas.

**Table 4-9:  Types of Tests Used to Assess Driving Ability of Aging Drivers by Urban versus Rural Counties**

|  | TOTAL | All Counties | | Priority Counties ^ | |
| --- | --- | --- | --- | --- | --- |
|  |  | Urban | Rural | Urban | Rural |
| **Vision testing** | 59% | 55% | 77% | 60% | 86% |
| **Cognitive testing** | 56% | 53% | 75% | 49% | 71% |
| **Gait and balance checks** | 51% | 46% | 79% | 44% | 81% |
| **Clock tests** | 24% | 22% | 31% | 19% | 33% |
| **None of these** | 17% | 20% | 4% | 19% | 5% |
| **Trail making tests** | 7% | 7% | 6% | 9% | 5% |
| **On-the-road testing** | 4% | 4% | 0% | 5% | 0% |
| **Don't know** | 4% | 4% | 2% | 4% | 5% |
| **Computer driving assessment testing** | 3% | 3% | 0% | 4% | 0% |

Question 3:  What types of tests are used in your office to assess the driving ability of older adults?  Multiple responses allowed. Question asked among medical professionals only.
* p = 0.06 for priority rural counties
^ Safe Mobility for Life Coalition's 2014 Priority Counties

**South Florida (District 6) had the greatest reliance on vision testing.**

As shown in Table 4-10, medical professionals in the South Florida district were more likely to use vision testing* to evaluate older adult driver ability than in any other district and more often than any other evaluation method.  This may be the due to having the highest percentage of non-English speaking residents which may make it more difficult for medical professionals who speak only English to administer and interpret other types of tests.

The Southeast Florida district was the most likely to use on-the-road testing to evaluate older adult drivers (11%).  It is not clear why the Southeast Florida district was more than twice as likely as other districts to have medical professionals who use on-the-road testing, particularly since this district does not appear to have more occupational driving therapists who specialize in driving than other areas.

**Table 4-10:  Types of Tests Used to Assess Driving Ability of Aging Drivers by FDOT District**

| | | FDOT District | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | TOTAL | SW Florida (1) | NE Florida (2) | NW Florida (3) | SE Florida (4) | Central Florida (5) | South Florida (6) | West Central Florida (7) |
| Vision testing | 59% | 51% | 55% | 68% | 61% | 49% | 75% | 60% |
| Cognitive testing | 56% | 52% | 57% | 64% | 52% | 56% | 35% | 56% |
| Gait and balance checks | 51% | 53% | 57% | 55% | 39% | 49% | 35% | 48% |
| Clock tests | 24% | 25% | 27% | 21% | 19% | 26% | 5% | 21% |
| None of these | 17% | 19% | 20% | 19% | 12% | 23% | 15% | 22% |
| Trail making tests | 7% | 3% | 9% | 8% | 7% | 9% | 5% | 7% |
| On-the-road testing | 4% | 2% | 5% | 2% | 11% | 2% | 0% | 3% |
| Don't know | 4% | 5% | 5% | 2% | 2% | 4% | 5% | 4% |
| Computer driving assessment testing | 3% | 3% | 2% | 0% | 4% | 2% | 5% | 5% |

Question 3:  What types of tests are used in your office to assess the driving ability of older adults?  Multiple responses allowed.  Question asked among medical professionals only.
* p = 0.06

**Male and female medical professionals rely on different types of tests.**

Male medical professionals were more likely to rely on vision testing, while females relied more on cognitive testing,* gait and balance checks, and clock tests to evaluate driving abilities of older adults (Table 4-11).  Again, this is likely the result of the sample which was comprised of physicians who were more likely to be males and nurses and other medical professionals who were more likely to be female and have different roles in different types of situations such as nursing and rehabilitation centers.

**Table 4-11:  Types of Tests Used to Assess Driving Ability of Aging Drivers by Gender and Age of Respondent**

|  | TOTAL | Gender | | Age of Respondent | | |
|---|---|---|---|---|---|---|
|  | | Male | Female | Under 50 | 50 to 64 | 65+ |
| Vision testing | 59% | 68% | 48% | 57% | 56% | 61% |
| Cognitive testing | 56% | 50% | 58% | 56% | 51% | 58% |
| Gait and balance checks | 51% | 41% | 55% | 52% | 48% | 43% |
| Clock tests | 24% | 18% | 27% | 23% | 21% | 28% |
| None of these | 17% | 17% | 20% | 18% | 19% | 19% |
| Trail making tests | 7% | 4% | 9% | 9% | 5% | 9% |
| On-the-road testing | 4% | 2% | 6% | 5% | 4% | 0% |
| Don't know | 4% | 3% | 4% | 5% | 3% | 0% |
| Computer driving assessment testing | 3% | 4% | 3% | 3% | 3% | 3% |

Question 3:  What types of tests are used in your office to assess the driving ability of older adults?  Multiple responses allowed. Question asked among medical professionals only.
* p = 0.07

*Transportation Methods Used by Older Adults*

**Older adults were more likely to drive their own vehicle or get a ride from friends and family to visit social service organizations.**

Social service providers were asked how older adults usually get to their organization.

According to the social service providers, many older adults used more than one means of getting to their organization. In fact, only 5% (not shown in the Table 4-12) said their clients only arrive by driving themselves to these organizations.

In addition to driving themselves, 87% (not shown in Table 4-12) indicated their clients used more than one method to get to their organizations. Specifically, quite a few get rides with family and friends (62%), which can be a burden on some of the caregivers who provide these rides and may suggest a need to provide more and better transportation alternatives for older adults to travel to social service providers.

As shown in Table 4-12, there was more limited use of public transportation (28%), taxi or car service (23%), or paratransit (22%).  Volunteer driving programs were also not the way most aging drivers get to social service organizations (12%).

**Table 4-12:  Means of Transportation Aging Drivers Use to Get to Social Service Organization**

| | Social Service Providers |
|---|---|
| **Drive personal vehicle** | 69% |
| **Ride from friend/family** | 62% |
| **Public transit fixed route service** | 28% |
| **All of these** | 23% |
| **Taxi/car service** | 23% |
| **Paratransit service** | 22% |
| **Volunteer driver programs** | 12% |
| **Don't know** | 7% |

Question 3:  Please indicate what means of transportation older adults use to get to your organization/facility.  Multiple responses allowed. Question asked among social service providers only.

**Service professionals were more likely to have their clients arriving by fixed public transportation or paratransit service than other social service respondents.**

Among all the social service providers, older adults were most likely to either drive their personal vehicles or get a ride from family and friends when traveling to social service organizations. However, social service professionals, more than other types of respondents, report older adults who go to their organizations tended to use fixed route public transportation (38%) or paratransit services (38%) more often, likely due to economics (Table 4-13).

**Table 4-13:  Means of Transportation Aging Drivers Use to Get to Social Service Organization by Type of Social Service Provider**

| | Social Service Providers | | | | | |
|---|---|---|---|---|---|---|
| | Total | Social worker | Service professional | Government | Law enforcement | Other |
| Drive personal vehicle | 69% | 66% | 70% | 73% | 74% | 61% |
| Ride from friend/family | 62% | 62% | 70% | 63% | 60% | 52% |
| Public transit fixed route service | 28% | 30% | 38% | 25% | 14% | 28% |
| All of these | 23% | 28% | 22% | 22% | 20% | 18% |
| Taxi/car service | 23% | 26% | 27% | 23% | 16% | 16% |
| Paratransit service | 22% | 22% | 38% | 19% | 9% | 18% |
| Volunteer driver programs | 12% | 16% | 12% | 5% | 14% | 18% |
| Don't know | 7% | 5% | 7% | 4% | 6% | 16% |

Question 3:  Please indicate what means of transportation older adults use to get to your organization/facility.  Multiple responses allowed. Question asked among social service providers only.

**Social service providers report older adults in rural areas were more likely to drive a personal vehicle to social service organizations.**

However, while use of a personal vehicle was greater in rural counties and priority rural counties, the exclusive use of personal vehicles was still quite low (11% and 7% respectively versus 5% overall.  Not shown in Table 4-14).  In fact, roughly nine in ten report older adults used more than one method to get to their organizations in both urban and rural areas (not shown in Table 4-14).

As shown in Table 4-14, respondents in urban counties and urban priority counties were much more likely to report older adults used fixed public transportation (30% versus 13% and 36% versus 16%) which was to be expected since there was generally more public transit in urban areas.  In addition, social service providers in urban and urban priority areas were more likely to indicate that older adults used "all of these" types of transportation (25% versus 5% and 27% versus 5%) which also was likely due to the greater variety of options available in urban areas.

**Table 4-14:  Means of Transportation Aging Drivers Use to Get to Social Service Organization by Urban versus Rural Counties**

| | TOTAL | All Counties | | Priority Counties ^ | |
|---|---|---|---|---|---|
| | | Urban | Rural | Urban | Rural |
| **Drive personal vehicle** | 69% | 65% | 92% | 65% | 95% |
| **Ride from friend/family** | 62% | 60% | 82% | 61% | 84% |
| **Public transit fixed route service** | 28% | 30% | 13% | 36% | 16% |
| **All of these** | 23% | 25% | 5% | 27% | 5% |
| **Taxi/car service** | 23% | 22% | 25% | 21% | 26% |
| **Paratransit service** | 22% | 24% | 20% | 30% | 32% |
| **Volunteer driver programs** | 12% | 11% | 18% | 8% | 21% |
| **Don't know** | 7% | 7% | 3% | 6% | 0% |

Question 3:  Please indicate what means of transportation older adults use to get to your organization/facility.  Multiple responses allowed. Question asked among social service providers only.
^ Safe Mobility for Life Coalition's 2014 Priority Counties

**There appeared to be greater access to and use of public transportation in the South Florida district.**

Social service providers in the South Florida district were more likely to indicate that older adults use fixed route public transportation (49%) and paratransit services (44%) than in other districts.  Further, respondents indicated older adults in the South Florida district were more likely to use more than one method to get to social service organizations compared to other regions.  Both of these findings were likely the result of the greater number of transportation options in the South Florida district (Table 4-15).

**Table 4-15:  Means of Transportation Aging Drivers Use to Get to Social Service Organization by FDOT District**

| | TOTAL | FDOT District | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | SW Florida (1) | NE Florida (2) | NW Florida (3) | SE Florida (4) | Central Florida (5) | South Florida (6) | West Central Florida (7) |
| **Drive personal vehicle** | 69% | 66% | 75% | 74% | 65% | 63% | 85% | 61% |
| **Ride from friend/family** | 62% | 57% | 67% | 71% | 65% | 55% | 74% | 56% |
| **Public transit fixed route service** | 28% | 21% | 23% | 27% | 33% | 22% | 49% | 36% |
| **All of these** | 23% | 23% | 20% | 16% | 24% | 28% | 13% | 33% |
| **Taxi/car service** | 23% | 28% | 18% | 19% | 23% | 20% | 23% | 26% |
| **Paratransit service** | 22% | 16% | 24% | 23% | 32% | 13% | 44% | 26% |
| **Volunteer driver programs** | 12% | 11% | 13% | 10% | 10% | 18% | 13% | 8% |
| **Don't know** | 7% | 7% | 5% | 9% | 8% | 9% | 3% | 5% |

Question 3:  Please indicate what means of transportation older adults use to get to your organization/facility.  Multiple responses allowed. Question asked among social service providers only.

**Female social service providers reported greater use of public transportation when older adults traveled to their organizations.**

Exclusive use of personal vehicles for older adults to travel to social service organizations was reported as higher by males than females (8% versus 3% not shown in Table 4-16).  However, as shown in Table 4-16, females were more likely to indicate older adults traveled to their organizations by fixed public transit (31% versus 21%), paratransit (26% versus 16%), or taxi/car service (25% versus 18%).

There was little noteworthy difference in the types of transportation used by older adults going to social service providers by respondent age.

**Table 4-16:  Means of Transportation Aging Drivers Use to Get to Social Service Organization by Gender and Age of Respondent**

|  | TOTAL | Gender | | Age of Respondent | | |
|---|---|---|---|---|---|---|
|  |  | Male | Female | Under 50 | 50 to 64 | 65+ |
| Drive personal vehicle | 69% | 72% | 67% | 71% | 64% | 76% |
| Ride from friend/family | 62% | 62% | 63% | 65% | 59% | 67% |
| Public transit fixed route service | 28% | 21% | 31% | 35% | 21% | 35% |
| All of these | 23% | 20% | 24% | 21% | 27% | 16% |
| Taxi/car service | 23% | 18% | 25% | 24% | 22% | 20% |
| Paratransit service | 22% | 16% | 26% | 23% | 22% | 25% |
| Volunteer driver programs | 12% | 12% | 12% | 13% | 11% | 14% |
| Don't know | 7% | 7% | 7% | 8% | 6% | 7% |

Question 3:  Please indicate what means of transportation older adults use to get to your organization/facility.  Multiple responses allowed. Question asked among social service providers only.

## *Likelihood of Having Conversations about Driving*

**Most respondents felt physicians and families needed to discuss driving with older adults.**

Overall, physicians (76%) and the driver's families (74%) were the primary groups respondents felt should be responsible for discussing driving with older adults.  Physicians were also mentioned in the qualitative, in-depth interviews as the most important resource in terms of monitoring and educating older adults.  However, respondents in the in-depth interviews also mentioned several barriers to physicians taking on this responsibility, including concerns about liability, lack of time, reimbursement to address driving abilities, concerns about alienating patients, and a lack of physician training and knowledge to adequately evaluate driving abilities.

In addition to physicians, a majority of respondents also indicated that vision specialists (66%), social service professionals (57%), driver's license offices (56%), other health care professionals (54%), and law enforcement personnel (51%) should be responsible for these types of conversations (Table 4-17).  This suggested that respondents felt many different types of professionals who engage with older adults should be having conversations about driving with older adults.

However, according to the in-depth interviews, there were several issues which interfere with these conversations.  Specifically, respondents in the qualitative research suggested that baby boomers were less likely to be influenced by physicians and that many older adults tended to deny they have an issue with driving.  Further, the qualitative research indicated few older adults were planning for when they can no longer drive and, as a result, there was a great need for more education of older adults.

As shown in Table 4-17, medical professionals were more likely than social service providers to indicate physicians (81% versus 71%) and vision specialists (71% versus 61%) should be the ones having conversations about driving with older adults, though they were similar in their thinking that families should be responsible (75% versus 72%).

**Table 4-17:  Who Should Be Responsible to Have a Conversation with Aging Drivers about Driving by Type of Respondent**

| | TOTAL | Medical Professionals | Social Service Providers |
|---|---|---|---|
| **Physicians** | 76% | 81% | 71% |
| **Driver's family or caregiver** | 74% | 75% | 72% |
| **Vision specialists** | 66% | 71% | 61% |
| **Social service professionals** | 57% | 55% | 60% |
| **Driver license offices** | 56% | 62% | 50% |
| **Other health care professionals** | 54% | 60% | 47% |
| **Law enforcement personnel** | 51% | 54% | 48% |
| **Pharmacists** | 18% | 20% | 15% |
| **Other medical office staff** | 15% | 13% | 16% |
| **Don't know** | 1% | 0% | 1% |
| **All of the above** | 18% | 13% | 23% |

Question 4:  Who do you feel should be responsible to have a conversation with older adults about driving? Multiple responses allowed.

**Both doctors and nurses agreed physicians and families should speak to older adults about driving.**

As shown in Table 4-18, physicians were less likely than nurses to feel vision specialists (66% versus 77%) and social service providers (49% versus 66%) should be having conversations about driving with older adults, while nurses were more likely to indicate these two groups should be engaged in the conversation.  Nurses were also more likely to suggest other health care professionals (71% versus 55%) and law enforcement personnel* (65% versus 55%) should be engaged in these conversations with older adults.

**Table 4-18:  Who Should Be Responsible to Have a Conversation with Aging Drivers about Driving by Type of Medical Professional**

| | Medical Professionals | | | |
| --- | --- | --- | --- | --- |
| | Total | Physician | Nurse | Other |
| Physicians | 81% | 84% | 84% | 78% |
| Driver's family or caregiver | 75% | 81% | 82% | 68% |
| Vision specialists | 71% | 66% | 77% | 73% |
| Social service professionals | 55% | 49% | 66% | 50% |
| Driver license offices | 62% | 64% | 68% | 57% |
| Other health care professionals | 60% | 55% | 71% | 56% |
| Law enforcement personnel | 54% | 55% | 65% | 46% |
| Pharmacists | 20% | 11% | 29% | 20% |
| Other medical office staff | 13% | 11% | 19% | 12% |
| Don't know | 0% | 1% | 1% | 0% |
| All of the above | 13% | 11% | 9% | 15% |

Question 4:  Who do you feel should be responsible to have a conversation with older adults about driving? Multiple responses allowed.
* p = 0.06

**Several interesting and differing opinions arose among different social service providers.**

When asked who should be responsible, all social service provider groups named physicians and the driver's family as the ones who should discuss driving with older adults.  However, several interesting differences occurred.  For example, social workers were less likely to indicate law enforcement personnel should be responsible (40%), while law enforcement personnel were more likely to say they should be responsible for discussing driving with older adults (61%).

Law enforcement personnel were also more likely to suggest that driver's license offices** (59%) be responsible for discussing driving with older adults (Table 4-19), while government officials were less likely to feel driver's license offices should be responsible for discussions about driving with older adults** (43%).

Also shown in Table 4-19, social service professionals were far more likely to feel they should be involved in driving discussions with older adults (67%) compared to law enforcement officers (51%) or government officials (55%) who were less likely to think social service professionals should be involved.

** p = 0.09 for both

There may be value in exploring further to gain a better understanding of the differences between these two groups when addressing the issue of aging drivers.

**Table 4-19:  Who Should Be Responsible to Have a Conversation with Aging Drivers about Driving by Type of Social Service Provider**

| | Social Service Providers | | | | | |
|---|---|---|---|---|---|---|
| | Total | Social worker | Service professional | Government | Law enforcement | Other |
| Physicians | 71% | 70% | 76% | 67% | 70% | 62% |
| Driver's family or caregiver | 72% | 68% | 72% | 72% | 68% | 79% |
| Vision specialists | 61% | 61% | 66% | 55% | 54% | 63% |
| Social service professionals | 60% | 60% | 67% | 55% | 51% | 63% |
| Driver license offices | 50% | 47% | 51% | 43% | 59% | 51% |
| Other health care professionals | 47% | 50% | 53% | 42% | 35% | 47% |
| Law enforcement personnel | 48% | 40% | 51% | 45% | 61% | 47% |
| Pharmacists | 15% | 15% | 24% | 11% | 8% | 12% |
| Other medical office staff | 16% | 13% | 17% | 16% | 13% | 21% |
| Don't know | 1% | 1% | 1% | 2% | 0% | 0% |
| All of the above | 23% | 30% | 29% | 21% | 21% | 15% |

Question 4:  Who do you feel should be responsible to have a conversation with older adults about driving? Multiple responses allowed.

**More respondents in rural areas felt physicians and families were responsible for driving conversations with older adults.**

While all groups agreed physicians and the driver's family should be responsible, respondents in rural counties and priority rural counties were more likely to cite these groups as responsible for conversations with older adults about driving.  Respondents in rural and priority rural counties were also more likely to indicate that vision specialists should be responsible for conversations with older adults about driving (Table 4-20).  It was not clear why respondents in these rural areas were more likely to feel this way.

**Table 4-20:  Who Should Be Responsible to Have a Conversation with Aging Drivers about Driving by Urban versus Rural Counties**

| | | All Counties | | Priority Counties ^ | |
|---|---|---|---|---|---|
| | TOTAL | Urban | Rural | Urban | Rural |
| Physicians | 76% | 75% | 80% | 72% | 84% |
| Driver's family or caregiver | 74% | 73% | 82% | 67% | 81% |
| Vision specialists | 66% | 65% | 74% | 61% | 81% |
| Social service professionals | 57% | 56% | 63% | 54% | 60% |
| Driver license offices | 56% | 55% | 63% | 48% | 77% |
| Other health care professionals | 54% | 54% | 54% | 52% | 49% |
| Law enforcement personnel | 51% | 51% | 57% | 44% | 58% |
| Pharmacists | 18% | 17% | 20% | 15% | 16% |
| Other medical office staff | 15% | 15% | 12% | 13% | 14% |
| Don't know | 1% | 1% | 0% | 0% | 0% |
| All of the above | 18% | 19% | 10% | 24% | 9% |

Question 4:  Who do you feel should be responsible to have a conversation with older adults about driving? Multiple responses allowed.
^ Safe Mobility for Life Coalition's 2014 Priority Counties

**South Florida (FDOT District 6) respondents were less likely to feel several groups should be responsible for driving conversations with older adults.**

As shown in Table 4-21, respondents in the South Florida FDOT district were less likely to feel families (59%), driver's license offices (34%), and law enforcement personnel (36%) should be responsible for having conversations about driving with older adults.  Perhaps this was due to the fact that there were more transportation options available.

**Table 4-21:  Who Should Be Responsible to Have a Conversation with Aging Drivers about Driving by FDOT District**

| | | FDOT District | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **TOTAL** | **SW Florida (1)** | **NE Florida (2)** | **NW Florida (3)** | **SE Florida (4)** | **Central Florida (5)** | **South Florida (6)** | **West Central Florida (7)** |
| **Physicians** | 76% | 76% | 80% | 72% | 81% | 77% | 66% | 72% |
| **Driver's family or caregiver** | 74% | 77% | 76% | 73% | 76% | 75% | 59% | 70% |
| **Vision specialists** | 66% | 70% | 71% | 64% | 64% | 67% | 59% | 62% |
| **Social service professionals** | 57% | 62% | 55% | 59% | 55% | 56% | 50% | 56% |
| **Driver license offices** | 56% | 61% | 55% | 55% | 57% | 58% | 34% | 57% |
| **Other health care professionals** | 54% | 54% | 54% | 54% | 55% | 56% | 47% | 51% |
| **Law enforcement personnel** | 51% | 55% | 55% | 51% | 46% | 53% | 36% | 52% |
| **Pharmacists** | 18% | 20% | 16% | 18% | 15% | 19% | 16% | 18% |
| **Other medical office staff** | 15% | 19% | 11% | 14% | 11% | 17% | 14% | 15% |
| **Don't know** | 1% | 0% | 0% | 0% | 0% | 1% | 0% | 1% |
| **All of the above** | 18% | 17% | 15% | 21% | 15% | 13% | 23% | 26% |

Question 4:  Who do you feel should be responsible to have a conversation with older adults about driving? Multiple responses allowed.

**Younger respondents indicated driver's license offices and law enforcement should have more responsibility.**

Regardless of age and gender, most respondents indicated physicians and families should be responsible for having driving conversations with older adults.  However, females were more likely than males to indicate social service professionals (60% versus 51%) and other health care professionals (57% versus 49%) should have more responsibility than indicated by men (Table 4-22).  Both of these two groups tended to include more females and, as such, may be selecting themselves for this responsibility more often than men.

Further, respondents under age 50 were more likely to respond that driver's license offices (65%) and law enforcement personnel (56%) should be responsible for conversations about driving compared to older respondents (Table 4-22).  Since they are not over age 50, these younger respondents may see this matter as more of a legal and regulatory issue which requires intervention by licensing officials and law enforcement.

**Table 4-22:  Who Should Be Responsible to Have a Conversation with Aging Drivers about Driving by Gender and Age of Respondent**

| | TOTAL | Gender | | Age of Respondent | | |
|---|---|---|---|---|---|---|
| | | Male | Female | Under 50 | 50 to 64 | 65+ |
| Physicians | 76% | 76% | 76% | 79% | 73% | 77% |
| Driver's family or caregiver | 74% | 75% | 74% | 73% | 73% | 81% |
| Vision specialists | 66% | 63% | 68% | 70% | 62% | 68% |
| Social service professionals | 57% | 51% | 60% | 60% | 53% | 62% |
| Driver license offices | 56% | 57% | 56% | 65% | 50% | 47% |
| Other health care professionals | 54% | 49% | 57% | 55% | 51% | 56% |
| Law enforcement personnel | 51% | 51% | 51% | 56% | 48% | 47% |
| Pharmacists | 18% | 14% | 20% | 20% | 15% | 19% |
| Other medical office staff | 15% | 13% | 16% | 16% | 14% | 13% |
| Don't know | 1% | 0% | 1% | 0% | 0% | 1% |
| All of the above | 18% | 15% | 19% | 15% | 21% | 16% |

Question 4:  Who do you feel should be responsible to have a conversation with older adults about driving? Multiple responses allowed.

## *Barriers to Discussing Driving with Older Adults or Their Families*

**Medical professionals and social service providers were similar in terms of the barriers they see to discussing older adult driving.**

Respondents were asked to indicate which of a list of issues were barriers to discussing driving with older adults or their families.  The list was compiled based on studies identified in completing the literature review, from the in-depth interviews conducted for this project, and discussion with the technical resource group (advisory group) assembled for this project.

As shown in Table 4-23, the top barriers to discussing driving with older adults or their families included a lack of resources to assess driving ability (55%), not having transportation options to offer older drivers (50%), and a fear that they may negatively impact the older adult's life (49%).  These concerns suggest the need for a simple assessment test and more local, affordable transportation options for older adults.

Other barriers included a lack of resources to educate older adults and their families on driving (41%) which indicates the need to reach a broader group of medical professionals and social service providers with information such as that provided by the Safe Mobility for Life Coalition.

Further, quite a few respondents also suggested they have no time to assess driving abilities of patient or clients (40%).  This was discussed in the in-depth interviews where it was pointed out that physicians have limited time with patients and are not compensated for evaluating the ability of older adults to drive and, thus, not inclined to do it.  Comments from the qualitative, in-depth interviews included:

> *"It is a big rush with patients. Doctors are not given the time needed since it all focuses on the bottom line. CMS (Centers for Medicare and Medicaid Services) needs to pay for required tests on driving."*

> *"In health services and practice design, there are issues for the solo practitioner. They do not have or will not pay for the backup they need, like registered nurses or social workers. When you work out the average Medicare reimbursement, it does not cover salary and overhead. CMS needs to appropriately fund the clinical evaluation of older drivers, but I am not aware of that happening."*

Other barriers, which were mentioned less frequently, included concerns about liability (31%) and about the relationship with the patient or client (29%).  Both of these concerns were also mentioned in the qualitative research.

Little difference exists between responses from medical professionals and social service providers on this measure.

**Table 4-23:  Barriers When Discussing Driving with Aging Drivers or Their Families by Type of Respondent**

|  | TOTAL | Medical Professionals | Social Service Providers |
|---|---|---|---|
| **Lack of resources to assess ability to drive** | 55% | 53% | 57% |
| **No transportation options to offer** | 50% | 50% | 51% |
| **May negatively impact older adult's life** | 49% | 51% | 47% |
| **Lack of resources to educate on driver safety** | 41% | 42% | 40% |
| **No time to assess driving abilities** | 40% | 42% | 38% |
| **Liability** | 31% | 33% | 29% |
| **Concern about relationship** | 29% | 31% | 28% |
| **Other** | 2% | 1% | 2% |
| **None of these** | 9% | 10% | 8% |

Question 5:  Please indicate which of the following are barriers for you when discussing driving with older adults or their families. Multiple responses allowed.

**Some types of physicians were more likely to cite lack of time as a barrier.**

While physicians were more likely than nurses (56% versus 41%) to mention a lack of time to assess driving abilities, some types of physicians, including ophthalmologists (30%) and neurologists (38%), were far less likely to indicate this was a barrier (not shown in Table 4-24). This may suggest these types of physicians see assessing older driver's abilities as being part of their responsibility.

As shown in Table 4-24, nurses expressed more concern than physicians that they lack the resources to discuss driver safety (51% versus 37%).  This may suggest the need for an educational program specifically targeting nurses to provide them with the information they need to ensure they can discuss driving with older adults.

Other medical professionals, including occupational/physical therapists, optometrists, and pharmacists among others, were less likely to indicate time and concerns about their relationship with the patient as barriers. This may likely be due to the nature of their relationship with the patient and likelihood of having greater experience discussing the effects of injuries, eyesight, and pharmaceuticals on driving with patients.

**Table 4-24:  Barriers When Discussing Driving with Aging Drivers or Their Families by Type of Medical Professional**

|  | Medical Professionals | | | |
|---|---|---|---|---|
|  | Total | Physician | Nurse | Other |
| **Lack of resources to assess ability to drive** | 53% | 56% | 52% | 52% |
| **May negatively impact older adult's life** | 51% | 55% | 60% | 42% |
| **No transportation options to offer** | 50% | 51% | 53% | 46% |
| **No time to assess driving abilities** | 42% | 56% | 41% | 36% |
| **Lack of resources to educate on driver safety** | 42% | 37% | 51% | 38% |
| **Liability** | 33% | 28% | 39% | 34% |
| **Concern about relationship** | 31% | 35% | 33% | 26% |
| **Other** | 1% | 1% | 1% | 1% |
| **None of these** | 10% | 9% | 5% | 14% |

Question 5:  Please indicate which of the following are barriers for you when discussing driving with older adults or their families. Multiple responses allowed.

**Differences occurred among the various types of social service providers.**

Social service professionals were less likely to indicate they don't have time to assess driving abilities in older adults (29%).  This suggested they may be a good group to train and encourage to have driving conversations and to conduct driving assessments with older adults.

Interestingly, government employees and officials were more concerned about liability (38%), which is curious since many have sovereign immunity from lawsuits.

Law enforcement officers were less likely to indicate a lack of resources to assess driver's abilities as a barrier* (48%), which made sense since that is part of their jobs. Further, they were less concerned about impacting their relationship with older drivers** (21%) since they rarely see an individual driver more than once (Table 4-25).

**Table 4-25:  Barriers When Discussing Driving with Aging Drivers or Their Families by Type of Social Service Provider**

| | Social Service Providers | | | | | |
|---|---|---|---|---|---|---|
| | **Total** | **Social worker** | **Service professional** | **Government** | **Law enforcement** | **Other** |
| **Lack of resources to assess ability to drive** | 57% | 60% | 59% | 56% | 48% | 55% |
| **No transportation options to offer** | 51% | 49% | 54% | 49% | 51% | 55% |
| **May negatively impact older adult's life** | 47% | 40% | 51% | 50% | 45% | 51% |
| **Lack of resources to educate on driver safety** | 40% | 40% | 41% | 39% | 44% | 41% |
| **No time to assess driving abilities** | 38% | 40% | 29% | 44% | 38% | 30% |
| **Liability** | 29% | 24% | 24% | 38% | 30% | 25% |
| **Concern about relationship** | 28% | 26% | 33% | 30% | 21% | 25% |
| **Other** | 2% | 1% | 3% | 2% | 3% | 4% |
| **None of these** | 8% | 9% | 8% | 7% | 11% | 11% |

Question 5:  Please indicate which of the following are barriers for you when discussing driving with older adults or their families. Multiple responses allowed.

* p = 0.11 and ** p = 0.13 compared to other social service providers

**Lack of educational resources was more of an issue in rural areas.**

A lack of resources to educate drivers was more of an issue for rural counties overall than it was for urban areas* (48% versus 40%). Rural priority counties were more likely to indicate concerns about liability** (37% versus 25%) as a barrier (Table 4-26).

**Table 4-26:  Barriers When Discussing Driving with Aging Drivers or Their Families by Urban versus Rural Counties**

|  | TOTAL | All Counties | | Priority Counties ^ | |
| --- | --- | --- | --- | --- | --- |
|  |  | Urban | Rural | Urban | Rural |
| Lack of resources to assess ability to drive | 55% | 55% | 55% | 56% | 56% |
| No transportation options to offer | 50% | 50% | 51% | 48% | 58% |
| May negatively impact older adult's life | 49% | 50% | 48% | 49% | 47% |
| Lack of resources to educate on driver safety | 41% | 40% | 48% | 39% | 44% |
| No time to assess driving abilities | 40% | 40% | 42% | 39% | 42% |
| Liability | 31% | 30% | 37% | 25% | 37% |
| Concern about relationship | 29% | 29% | 35% | 27% | 37% |
| Other | 2% | 1% | 2% | 2% | 2% |
| None of these | 9% | 9% | 9% | 10% | 9% |

Question 5:  Please indicate which of the following are barriers for you when discussing driving with older adults or their families. Multiple responses allowed.
* p = 0.09
** p = 0.11
^ Safe Mobility for Life Coalition's 2014 Priority Counties

**Liability concerns were less likely to be a barrier in the South Florida (FDOT District 6).**

There is very little difference across the FDOT districts with regard to most barriers to discussing driving with older adults and their families.  As shown in Table 4-27, one noteworthy difference was that fewer respondents in the South Florida district were concerned about liability (13% compared to 31% overall).   As mentioned previously, this may be due to more access to transportation and pedestrian options compared to other districts. Another noteworthy difference was that fewer respondents in the West Central Florida district felt they lack resources to educate on driver safety (32% compared to 41% overall).

**Table 4-27:  Barriers When Discussing Driving with Aging Drivers or Their Families by FDOT District**

| | | FDOT District | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **TOTAL** | **SW Florida (1)** | **NE Florida (2)** | **NW Florida (3)** | **SE Florida (4)** | **Central Florida (5)** | **South Florida (6)** | **West Central Florida (7)** |
| **Lack of resources to assess ability to drive** | 55% | 54% | 58% | 56% | 52% | 52% | 56% | 56% |
| **No transportation options to offer** | 50% | 55% | 50% | 54% | 49% | 49% | 42% | 48% |
| **May negatively impact older adult's life** | 49% | 47% | 51% | 49% | 49% | 52% | 53% | 47% |
| **Lack of resources to educate on driver safety** | 41% | 41% | 47% | 46% | 40% | 40% | 44% | 32% |
| **No time to assess driving abilities** | 40% | 45% | 45% | 43% | 32% | 40% | 41% | 36% |
| **Liability** | 31% | 33% | 28% | 31% | 34% | 32% | 13% | 36% |
| **Concern about relationship** | 29% | 26% | 28% | 24% | 30% | 36% | 27% | 33% |
| **Other** | 2% | 1% | 1% | 1% | 2% | 2% | 2% | 2% |
| **None of these** | 9% | 6% | 8% | 9% | 12% | 10% | 8% | 13% |

Question 5:  Please indicate which of the following are barriers for you when discussing driving with older adults or their families. Multiple responses allowed.

**Female respondents indicated the need for more resources.**

More than males, female respondents were more likely to indicate lack of resources to assess driving ability (57% versus 51%) and to educate on driver safety (45% versus 35%) as barriers to discussing driving (Table 4-28).  This was likely due to more females in the sample being nurses who also indicated a lack of educational resources as a barrier.

Respondents age 65 and over were less likely to say they lack the resources to educate on driver safety (34%), which suggested greater interest or experience with the topic. Meanwhile, younger respondents under the age of 50 were more concerned about liability (37%) than their older counterparts.

**Table 4-28:  Barriers When Discussing Driving with Aging Drivers or Their Families by Gender and Age of Respondent**

| | TOTAL | Gender | | Age of Respondent | | |
|---|---|---|---|---|---|---|
| | | Male | Female | Under 50 | 50 to 64 | 65+ |
| **Lack of resources to assess ability to drive** | 55% | 51% | 57% | 57% | 52% | 56% |
| **No transportation options to offer** | 50% | 41% | 56% | 48% | 53% | 49% |
| **May negatively impact older adult's life** | 49% | 50% | 49% | 49% | 48% | 54% |
| **Lack of resources to educate on driver safety** | 41% | 35% | 45% | 44% | 41% | 34% |
| **No time to assess driving abilities** | 40% | 42% | 39% | 44% | 39% | 36% |
| **Liability** | 31% | 28% | 33% | 37% | 26% | 28% |
| **Concern about relationship** | 29% | 30% | 29% | 30% | 28% | 33% |
| **Other** | 2% | 1% | 2% | 0% | 2% | 2% |
| **None of these** | 9% | 12% | 8% | 8% | 10% | 13% |

Question 5:  Please indicate which of the following are barriers for you when discussing driving with older adults or their families. Multiple responses allowed.

## *Incidence of Reporting At-Risk Aging Drivers*

**Many respondents don't report at-risk drivers.**

Respondents were asked if they report at-risk drivers or refer aging drivers to someone who reports them to the Florida Department of Motor Vehicles or other appropriate state organization.

As shown in Figure 4-6, only one-third of respondents (33%) reported at-risk drivers and another 14% referred them to someone who reports at-risk drivers.  In addition, about one-quarter said they don't report at-risk drivers (24%) or don't know how to report them (25%).  This may suggest that the barriers previously discussed in this report likely outweigh the benefits of removing at-risk drivers from the road for these respondents.  Further, it indicated the need to provide education regarding how and why to report at-risk drivers to the appropriate authorities to make roads safer.

There was little difference between medical professionals and social service providers in terms of reporting or referring to someone who reports, but medical professionals were more likely to indicate that they do not know how to report (29% to 21% for social service providers).
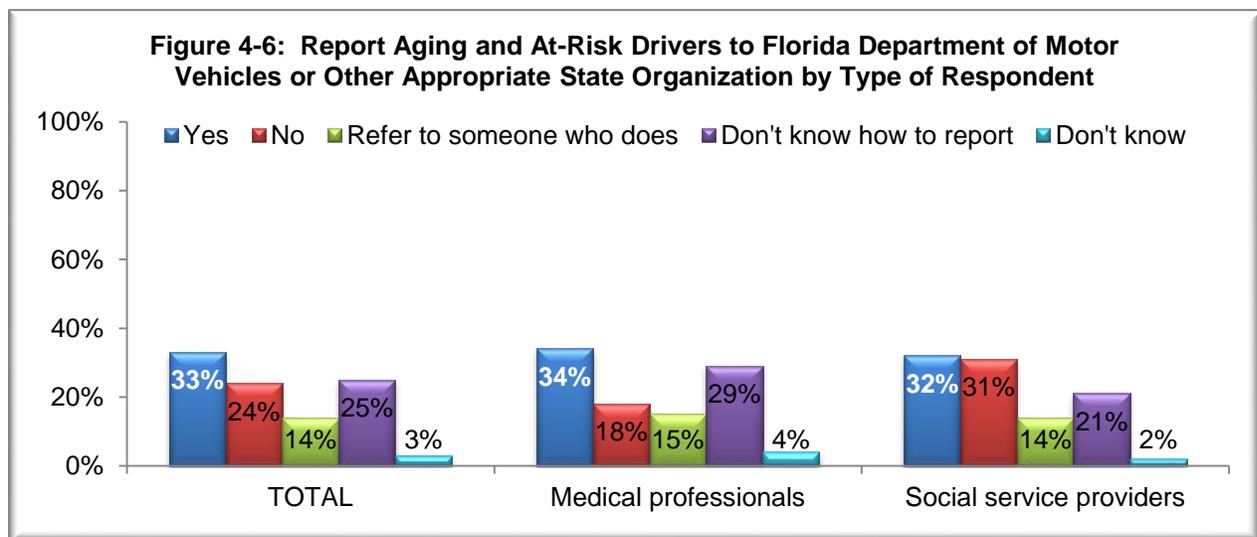


Figure 4-6:  Report Aging and At-Risk Drivers to Florida Department of Motor Vehicles or Other Appropriate State Organization by Type of Respondent

Question 6:  Do you report at-risk older adult drivers to the Florida Department of Motor Vehicles or other appropriate state organization?

**Physicians and nurses reported at-risk drivers equally as often.**

As shown in Table 4-29, other medical professionals, including occupational/physical therapists, optometrists, and pharmacists, were less likely to indicate they report at-risk drivers than physicians and nurses (24% versus 41% and 42%).  In fact, these other medical professionals were more likely to say they don't know how to report at-risk drivers (37%).  This suggested the need for more educational outreach to these groups to ensure they know how to report at-risk drivers since they were often dealing with injuries, eyesight issues, and pharmaceuticals which could impact the ability to drive safely.

It was also clear that both physicians (24%) and nurses (22%) needed to be provided with information on how to report at-risk drivers given that some don't know how to report them despite most (92% and 81% respectively) saying they have conversations about driving with older adults.

Physicians in family practice were much more likely to report at-risk drivers (61%, not shown in Table 4-29), while emergency physicians (16%) were less likely to report, though they were more likely to refer to someone who could report at-risk drivers* (31%). This may be due to primary care physicians having a closer relationship and awareness of issues their patients face. Although the base size of ophthalmologists was too low for significance testing, it was surprising that fewer of them report (26%) or refer (9%) at-risk drivers, since they were most likely to see patients with vision issues.

**Table 4-29:  Report Aging and At-Risk Drivers to Florida Department of Motor Vehicles or Other Appropriate State Organization by Type of Medical Professional**

| | Medical Professionals | | | |
|---|---|---|---|---|
| | Total | Physician | Nurse | Other |
| Yes | 34% | 41% | 42% | 24% |
| No | 18% | 17% | 12% | 23% |
| Refer to someone who does | 15% | 15% | 18% | 14% |
| Don't know how to report | 29% | 24% | 22% | 37% |
| Don't know | 4% | 3% | 6% | 2% |

Question 6:  Do you report at-risk older adult drivers to the Florida Department of Motor Vehicles or other appropriate state organization?
* p = 0.06

**Social workers and service professionals needed instructions on reporting at-risk drivers.**

Most law enforcement personnel (80%) reported at-risk drivers which was clearly a part of their job function.  However, many social workers (30%) don't know how to report at-risk drivers.   In addition, few state or local government workers and elected officials have reported at-risk drivers (20%) which may be due to a lack of interaction with at-risk drivers in a professional capacity (Table 4-30).

**Table 4-30:  Report Aging and At-Risk Drivers to Florida Department of Motor Vehicles or Other Appropriate State Organization by Type of Social Service Provider**

| | Social Service Providers | | | | | |
|---|---|---|---|---|---|---|
| | Total | Social worker | Service professional | Government | Law enforcement | Other |
| Yes | 32% | 28% | 26% | 20% | 80% | 19% |
| No | 31% | 22% | 34% | 49% | 4% | 42% |
| Refer to someone who does | 14% | 19% | 15% | 8% | 7% | 14% |
| Don't know how to report | 21% | 30% | 24% | 20% | 8% | 22% |
| Don't know | 2% | 2% | 1% | 2% | 0% | 3% |

Question 6:  Do you report at-risk older adult drivers to the Florida Department of Motor Vehicles or other appropriate state organization?

**Respondents in rural areas were more likely to report at-risk drivers.**

In both the rural counties as a whole (42%) and in priority rural counties (58%), more respondents reported at-risk drivers (Table 4-31). This may be the result of respondents in rural areas having little option other than to handle this issue themselves.

**Table 4-31: Report Aging and At-Risk Drivers to Florida Department of Motor Vehicles or Other Appropriate State Organization by Urban versus Rural Counties**

|  | TOTAL | All Counties | | Priority Counties ^ | |
|  |  | Urban | Rural | Urban | Rural |
|---|---|---|---|---|---|
| Yes | 33% | 32% | 42% | 28% | 58% |
| No | 24% | 25% | 18% | 27% | 12% |
| Refer to someone who does | 14% | 14% | 16% | 16% | 14% |
| Don't know how to report | 25% | 26% | 19% | 28% | 14% |
| Don't know | 3% | 2% | 6% | 2% | 2% |

Question 6: Do you report at-risk older adult drivers to the Florida Department of Motor Vehicles or other appropriate state organization?
^ Safe Mobility for Life Coalition's 2014 Priority Counties

**South Florida (FDOT District 6) respondents were less likely to report at-risk drivers.**

As shown in Table 4-32, respondents in the Northwest FDOT district were more likely to report at-risk drivers compared to other districts. It was not clear why the incidence of reporting at-risk drivers is greater in this area. However, the district does have six major military installations in the district which may influence the likelihood of reporting.

In the South Florida FDOT district, fewer respondents reported at-risk drivers (14%) and more said they do not (38%).

**Table 4-32: Report Aging and At-Risk Drivers to Florida Department of Motor Vehicles or Other Appropriate State Organization by FDOT District**

|  | | FDOT District | | | | | | |
|  | TOTAL | SW Florida (1) | NE Florida (2) | NW Florida (3) | SE Florida (4) | Central Florida (5) | South Florida (6) | West Central Florida (7) |
|---|---|---|---|---|---|---|---|---|
| Yes | 33% | 36% | 34% | 41% | 30% | 31% | 14% | 35% |
| No | 24% | 23% | 22% | 21% | 25% | 28% | 38% | 21% |
| Refer to someone who does | 14% | 17% | 15% | 12% | 16% | 11% | 16% | 15% |
| Don't know how to report | 25% | 24% | 24% | 22% | 25% | 29% | 31% | 25% |
| Don't know | 3% | 0% | 4% | 3% | 4% | 1% | 2% | 5% |

Question 6: Do you report at-risk older adult drivers to the Florida Department of Motor Vehicles or other appropriate state organization?

**Older respondents were less likely to report older at-risk drivers.**

Perhaps out of empathy for their peers, respondents age 65 and over were less likely to report at-risk drivers (19%).   Women were more likely to say they referred to someone who reports (16% compared to 11% for men), but they were also slightly less likely to say they reported at-risk drivers themselves* (Table 4-33).

**Table 4-33:  Report Aging and At-Risk Drivers to Florida Department of Motor Vehicles or Other Appropriate State Organization by Gender and Age of Respondent**

| | | Gender | | Age of Respondent | | |
|---|---|---|---|---|---|---|
| | TOTAL | Male | Female | Under 50 | 50 to 64 | 65+ |
| **Yes** | 33% | 35% | 32% | 37% | 34% | 19% |
| **No** | 24% | 27% | 23% | 17% | 28% | 36% |
| **Refer to someone who does** | 14% | 11% | 16% | 12% | 15% | 19% |
| **Don't know how to report** | 25% | 25% | 26% | 31% | 20% | 25% |
| **Don't know** | 3% | 2% | 3% | 3% | 3% | 1% |

Question 6:  Do you report at-risk older adult drivers to the Florida Department of Motor Vehicles or other appropriate state organization?
* p = 0.29, but notable because the total of reporting and referring is not significantly different by gender

## *Frequency of Engaging with Older Adults in Specific Ways*

**Few discussed or recommended older adults take driving evaluations.**

Overall, just over half of the respondents frequently or sometimes discussed planning for when older adults may no longer be able to drive (56%) and ways for older adults to stay safe when driving as they age (52%) as part of their work (Table 4-34).

However, only about one-third (35%) frequently or sometimes discussed or recommended older adults take a driving evaluation to test and improve their skills.  This may be due, in part, to the cost associated with this testing.  According to the National Highway Traffic Safety Administration's Physicians Guide to Assessing and Counseling Older Drivers:

> *While the cost of driver assessment and rehabilitation varies between programs and according to the extent of services provided, it is typically $200 to $400+ for a full assessment and $100 an hour for rehabilitation... and insurance coverage from Medicare, Medicaid, and private insurance companies is variable. In general, Medicare does not reimburse for driving services, and private insurance companies—basing their coverage on Medicare's covered services—act accordingly (Wang et al., 2003).*

In addition to cost being an issue, there were a limited number of driver rehabilitation specialists around the state, and they may not be accessible to aging drivers depending on their location.  Also, barriers discussed earlier in this report may also impact respondent's willingness to refer patients or clients to these services.

There was little difference between medical professionals and social service providers on these measures.

**Table 4-34:  Frequently/Sometimes Discussed or Recommended the Following with Aging Drivers by Type of Respondent**

|  | TOTAL | Medical Professionals | Social Service Providers |
|---|---|---|---|
| **Planning for a future time when they may no longer be able to safely drive** | 56% | 57% | 56% |
| **Talking about ways to safely stay behind the wheel as they age** | 52% | 53% | 51% |
| **Having older adults take a driving evaluation to test and improve their skills** | 35% | 35% | 35% |

Question 7:  How often have you discussed or recommended the following with older adults?  Frequently, Sometimes, Seldom, Never, Don't know/doesn't apply.  Frequently + Sometimes shown.

**Physicians were much more likely to discuss driving and evaluations.**

Overall, physicians were more likely to discuss planning (73%), staying safe (63%), and driving evaluations (48%) than nurses and other medical professionals (Table 4-35).  This made sense given that physicians and respondents in general see physicians as responsible for discussing driving with patients in addition to the driver's family.

Emergency department physicians were less likely to have these discussions with their patients. Meanwhile (although base sizes are too low for significance testing) geriatricians were more likely to discuss or recommend them and neurologists (92%) were most likely to recommend older adults take a driving evaluation.

**Table 4-35:  Frequently/Sometimes Discussed or Recommended the Following with Aging Drivers by Type of Medical Professional**

| | Medical Professionals | | | |
|---|---|---|---|---|
| | Total | Physician | Nurse | Other |
| **Planning for a future time when they may no longer be able to safely drive** | 57% | 73% | 55% | 47% |
| **Talking about ways to safely stay behind the wheel as they age** | 53% | 63% | 55% | 45% |
| **Having older adults take a driving evaluation to test and improve their skills** | 35% | 48% | 30% | 32% |

Question 7:  How often have you discussed or recommended the following with older adults?  Frequently, Sometimes, Seldom, Never, Don't know/doesn't apply.  Frequently + Sometimes shown.

**Law enforcement personnel were more likely to recommend evaluations.**

As shown in Table 4-36, both social workers (64%) and social service professionals (64%) were more likely (frequently or sometimes) to discuss planning for a future time when older adults could no longer drive.  In addition, social service professionals were also more likely to talk about ways to stay safe behind the wheel as drivers age (61%).  This may suggest that while they do not see reporting at-risk drivers as part of their responsibility, many may be comfortable discussing driving with older adults.

Not surprisingly, law enforcement personnel were more likely to frequently or sometimes recommend driving evaluations for older adults as it is part of the job for many.

**Table 4-36:  Frequently/Sometimes Discussed or Recommended the Following with Aging Drivers by Type of Social Service Provider**

| | Social Service Providers | | | | | |
|---|---|---|---|---|---|---|
| | Total | Social worker | Service professional | Government | Law enforcement | Other |
| **Planning for a future time when they may no longer be able to safely drive** | 56% | 64% | 64% | 44% | 52% | 47% |
| **Talking about ways to safely stay behind the wheel as they age** | 51% | 45% | 61% | 43% | 59% | 51% |
| **Having older adults take a driving evaluation to test and improve their skills** | 34% | 28% | 38% | 33% | 51% | 25% |

Question 7:  How often have you discussed or recommended the following with older adults?  Frequently, Sometimes, Seldom, Never, Don't know/doesn't apply.  Frequently + Sometimes shown.

**There were few differences in discussing or recommending by urban versus rural areas.**

Respondents in rural counties were less likely to frequently or sometimes recommend driving evaluations for older adults (27%). Otherwise, respondents from urban and rural areas indicated the same frequency of discussing or recommending these items to older adults (Table 4-37).

**Table 4-37: Frequently/Sometimes Discussed or Recommended the Following with Aging Drivers by Urban versus Rural Counties**

|  | TOTAL | All Counties | | Priority Counties ^ | |
| --- | --- | --- | --- | --- | --- |
|  |  | Urban | Rural | Urban | Rural |
| **Planning for a future time when they may no longer be able to safely drive** | 56% | 57% | 50% | 56% | 60% |
| **Talking about ways to safely stay behind the wheel as they age** | 52% | 53% | 48% | 51% | 58% |
| **Having older adults take a driving evaluation to test and improve their skills** | 35% | 36% | 27% | 32% | 37% |

Question 7:  How often have you discussed or recommended the following with older adults?  Frequently, Sometimes, Seldom, Never, Don't know/doesn't apply.  Frequently + Sometimes shown.
^ Safe Mobility for Life Coalition's 2014 Priority Counties

**The Southeast (FDOT District 4) appears somewhat more engaged in these activities.**

As shown in Table 4-38, respondents from the Southeast Florida district were more likely to frequently or sometimes discuss planning (64%), ways to stay safe* (58%), and recommend driving evaluations (42%) compared to other districts.  While it was not clear why this was the case, perhaps there was more active promotion of these interventions in this district.

**Table 4-38: Frequently/Sometimes Discussed or Recommended the Following with Aging Drivers by FDOT District**

|  | TOTAL | FDOT District | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | SW Florida (1) | NE Florida (2) | NW Florida (3) | SE Florida (4) | Central Florida (5) | South Florida (6) | West Central Florida (7) |
| **Planning for a future time when they may no longer be able to safely drive** | 56% | 58% | 55% | 47% | 64% | 56% | 56% | 56% |
| **Talking about ways to safely stay behind the wheel as they age** | 52% | 54% | 49% | 49% | 58% | 49% | 53% | 53% |
| **Having older adults take a driving evaluation to test and improve their skills** | 35% | 40% | 31% | 32% | 42% | 33% | 31% | 31% |

Question 7:  How often have you discussed or recommended the following with older adults?  Frequently, Sometimes, Seldom, Never, Don't know/doesn't apply.  Frequently + Sometimes shown.
* $p = 0.10$

**Respondents age 65 and over were more likely to engage in driving discussions.**

As shown in Table 4-39, while there was no difference by gender, respondents under age 50 were less likely to discuss planning for a future when they could no longer drive (48%) compared with respondents age 50 to 64 (63%) and 65 and over (64%).  In addition, respondents age 65 and over were more likely to frequently or sometimes discuss ways to stay safe behind the wheel (62%) compared to those respondents age 50 to 64 (54%) and under age 50 (47%).

There was little difference by age in terms of the frequency of recommending driving evaluations.

**Table 4-39:  Frequently/Sometimes Discussed or Recommended the Following with Aging Drivers by Gender and Age of Respondent**

| | | Gender | | Age of Respondent | | |
|---|---|---|---|---|---|---|
| | TOTAL | Male | Female | Under 50 | 50 to 64 | 65+ |
| **Planning for a future time when they may no longer be able to safely drive** | 56% | 56% | 57% | 48% | 63% | 64% |
| **Talking about ways to safely stay behind the wheel as they age** | 52% | 53% | 52% | 47% | 54% | 62% |
| **Having older adults take a driving evaluation to test and improve their skills** | 35% | 33% | 36% | 33% | 38% | 32% |

Question 7:  How often have you discussed or recommended the following with older adults?  Frequently, Sometimes, Seldom, Never, Don't know/doesn't apply.  Frequently + Sometimes shown.

## *Agreement with Statements about Driving and Tools*

**Most respondents agreed a simple method of screening for at-risk drivers is needed.**

As shown in Table 4-40, a vast majority of respondents agreed completely or somewhat that there was a need for a simple screening instrument to help identify and better predict at-risk drivers (88%) and that identifying at-risk drivers was everyone's responsibility (88%).  However, far fewer agreed they have the information and tools they needed to educate on driver safety and mobility (34%) and that they have the right tools to assess driver fitness (28%), which correlates with their desire for a simple screening instrument for testing drivers.

Medical professionals were more likely to indicate they have the right tools to assess driver fitness compared to social service providers (34% versus 21%).  As discussed earlier in this report, medical professionals mainly use vision testing, cognitive testing, and gait and balance checks to assess driving ability.  Given that they lack time with patients to evaluate driving abilities, it was not a surprise that most medical professionals (88%) would like a simple test to identify and predict at-risk drivers.

**Table 4-40:  Agree Completely/Somewhat with Following Statements by Type of Respondent**

|  | TOTAL | Medical Professionals | Social Service Providers |
|---|---|---|---|
| **A simple screening instrument to help identify and better predict at-risk drivers would be helpful** | 88% | 88% | 87% |
| **Identifying at-risk drivers and road users is everyone's responsibility** | 88% | 89% | 87% |
| **I have the information and tools I need to educate on driver safety and mobility** | 34% | 34% | 34% |
| **I have the right tools to assess driver fitness** | 28% | 34% | 21% |

Question 8:  Please indicate your level of agreement with the following statements.  Agree completely, Agree somewhat, Disagree somewhat, Disagree completely, Don't know.  Agree completely + Agree somewhat shown.

**Physicians were somewhat more likely to indicate they have the tools needed to educate and assess drivers.**

As shown in Table 4-41, while they were similar to nurses and other medical professionals in their desire for a simple screening instrument and that identifying at-risk drivers was everyone's job, physicians were somewhat more likely to agree they have the information to educate* (39%) and tools to assess driver fitness** (40%).  However, this was clearly a minority of physicians.

* p = 0.07 and ** p = 0.08

The following medical professionals were more likely to agree they have the right tools to assess driver fitness:

- Ophthalmologists* (65%)
- Neurologists* (54%)

Emergency department physicians were less likely to agree (19%). Physicians in family practice (48%) were more likely to agree they have what they need to educate on driver safety and mobility (not shown in Table 4-41).

**Table 4-41: Agree Completely/Somewhat with Following Statements by Medical Professional**

| | Medical Professionals | | | |
|---|---|---|---|---|
| | Total | Physician | Nurse | Other |
| A simple screening instrument to help identify and better predict at-risk drivers would be helpful | 88% | 89% | 92% | 86% |
| Identifying at-risk drivers and road users is everyone's responsibility | 89% | 91% | 90% | 85% |
| I have the information and tools I need to educate on driver safety and mobility | 34% | 39% | 33% | 31% |
| I have the right tools to assess driver fitness | 34% | 40% | 36% | 32% |

Question 8: Please indicate your level of agreement with the following statements. Agree completely, Agree somewhat, Disagree somewhat, Disagree completely, Don't know. Agree completely + Agree somewhat shown.
* Base size too low for significance testing

**Social workers need more education and training to assess driver fitness.**

While they were more likely to agree that identifying at-risk drivers was everyone's responsibility (95%), social workers were less likely to feel they have what they need to educate on driver safety (23%) and to assess driver fitness (12%).  This may suggest the need to explore incorporating these areas into social work curriculums.

Law enforcement personnel were more likely to agree they have the information they need to educate on driver safety (55%) and to assess driver fitness (38%).  This was not surprising given it is an important part of their job (Table 4-42).

**Table 4-42:  Agree Completely/Somewhat with Following Statements by Type of Social Service Provider**

| | Social Service Providers | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| | **Total** | **Social worker** | **Service professional** | **Government** | **Law enforcement** | **Other** |
| **A simple screening instrument to help identify and better predict at-risk drivers would be helpful** | 87% | 86% | 87% | 89% | 93% | 78% |
| **Identifying at-risk drivers and road users is everyone's responsibility** | 87% | 95% | 85% | 83% | 86% | 88% |
| **I have the information and tools I need to educate on driver safety and mobility** | 34% | 23% | 34% | 30% | 55% | 42% |
| **I have the right tools to assess driver fitness** | 21% | 12% | 20% | 17% | 38% | 22% |

Question 8:  Please indicate your level of agreement with the following statements.  Agree completely, Agree somewhat, Disagree somewhat, Disagree completely, Don't know.  Agree completely + Agree somewhat shown.

**Respondents from priority rural areas tended toward greater agreement with these statements.**

As shown in Table 4-43, respondents in priority rural areas were more likely to agree identifying at-risk drivers is everyone's responsibility* (95%) and they have the right tools to assess driver fitness** (40%).

**Table 4-43:  Agree Completely/Somewhat with Following Statements by Urban versus Rural Counties**

|  | TOTAL | All Counties | | Priority Counties ^ | |
| --- | --- | --- | --- | --- | --- |
|  | | Urban | Rural | Urban | Rural |
| A simple screening instrument to help identify and better predict at-risk drivers would be helpful | 88% | 88% | 87% | 88% | 91% |
| Identifying at-risk drivers and road users is everyone's responsibility | 88% | 88% | 89% | 88% | 95% |
| I have the information and tools I need to educate on driver safety and mobility | 34% | 34% | 34% | 34% | 44% |
| I have the right tools to assess driver fitness | 28% | 28% | 32% | 26% | 40% |

Question 8:  Please indicate your level of agreement with the following statements.  Agree completely, Agree somewhat, Disagree somewhat, Disagree completely, Don't know.  Agree completely + Agree somewhat shown.
* p = 0.06 and ** p = 0.09
^ Safe Mobility for Life Coalition's 2014 Priority Counties

**There was little difference by FDOT district in terms of agreement with these statements.**

As shown in Table 4-44, the levels of agreement with the statements were similar across the seven FDOT districts.  The only difference in the levels of agreement was in the Northwest Florida district where respondents were more likely to agree they have the information and tools needed to educate on driver mobility and safety.

**Table 4-44:  Agree Completely/Somewhat with Following Statements by FDOT District**

|  | TOTAL | FDOT District | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | SW Florida (1) | NE Florida (2) | NW Florida (3) | SE Florida (4) | Central Florida (5) | South Florida (6) | West Central Florida (7) |
| A simple screening instrument to help identify and better predict at-risk drivers would be helpful | 88% | 86% | 87% | 90% | 89% | 87% | 86% | 88% |
| Identifying at-risk drivers and road users is everyone's responsibility | 88% | 89% | 91% | 86% | 89% | 86% | 86% | 87% |
| I have the information and tools I need to educate on driver safety and mobility | 34% | 31% | 34% | 43% | 32% | 33% | 28% | 36% |
| I have the right tools to assess driver fitness | 28% | 25% | 29% | 28% | 32% | 26% | 22% | 32% |

Question 8:  Please indicate your level of agreement with the following statements.  Agree completely, Agree somewhat, Disagree somewhat, Disagree completely, Don't know.  Agree completely + Agree somewhat shown.

**There was little difference in the levels of agreement by gender and age of respondents.**

As shown in Table 4-45, while they were similar in most areas, the differences by gender were that males were more likely than females to agree they have the right tools to assess driver fitness (31% versus 26%) and that they have information they need to educate on driver safety* (37% versus 32%).  This may be a result of a higher proportion of male physicians in the sample since physicians were more likely to agree with this statement.

Age of the respondent does not factor into the levels of agreement with these statements.

**Table 4-45:  Agree Completely/Somewhat with Following Statements by Gender and Age of Respondent**

|  | TOTAL | Gender | | Age of Respondent | | |
|---|---|---|---|---|---|---|
|  |  | Male | Female | Under 50 | 50 to 64 | 65+ |
| A simple screening instrument to help identify and better predict at-risk drivers would be helpful | 88% | 86% | 89% | 87% | 88% | 89% |
| Identifying at-risk drivers and road users is everyone's responsibility | 88% | 87% | 89% | 87% | 89% | 90% |
| I have the information and tools I need to educate on driver safety and mobility | 34% | 37% | 32% | 35% | 32% | 36% |
| I have the right tools to assess driver fitness | 28% | 31% | 26% | 31% | 25% | 27% |

Question 8:  Please indicate your level of agreement with the following statements.  Agree completely, Agree somewhat, Disagree somewhat, Disagree completely, Don't know.  Agree completely + Agree somewhat shown.
* p = 0.08

## *Awareness of Solutions and Tools for Use with Aging Drivers*

Respondents were asked what types of solutions or tools they were aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving. The tables which follow show the percentage who were aware of each solution or tool.

**Respondents were most aware of local transportation options.**

As shown in Table 4-46, overall, respondents know about local transportation options (40%), local aging service providers contact information (29%), Florida's Guide for Aging Drivers (26%), and the FDOT Safe and Mobile Senior website (www.FLsams.org) (21%). However, none of these tools or solutions were known by a majority of respondents. Further, one-third were either not familiar with any of these (28%) or indicated they don't know (5%).

Social service providers were much more likely to know many of these solutions and tools than medical professionals, specifically including the local transportation options (49% versus 32%), aging service providers (38% versus 22%), Florida's Guide for Aging Drivers (32% versus 20%), CarFit Safety event information (27% versus 10%), and the FDOT Safe and Mobile Senior website (27% versus 16%). This suggested there was a great deal of education needed on solutions and tools among the medical community.

**Table 4-46: Aware of Solutions/Tools for Aging Drivers by Type of Respondent**

|  | TOTAL | Medical Professionals | Social Service Providers |
|---|---|---|---|
| **Local transportation options** | 40% | 32% | 49% |
| **Local aging service provider contact info** | 29% | 22% | 38% |
| **Florida's Guide for Aging Drivers** | 26% | 20% | 32% |
| **FDOT Safe and Mobile Senior website** | 21% | 16% | 27% |
| **CarFit Safety event information** | 18% | 10% | 27% |
| **Driver Rehabilitation Specialists** | 14% | 16% | 12% |
| **AMA Physician's Guide to Assessing and Counseling Older Drivers** | 9% | 16% | 2% |
| **The Hartford Family Conversations with Older Drivers** | 8% | 9% | 8% |
| **Other** | 1% | 1% | 2% |
| **Nothing/none of these** | 28% | 35% | 21% |
| **Don't know/does not apply** | 5% | 6% | 5% |

Question 9: What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving? Multiple responses allowed. Percent "aware of" shown.

**Nurses tended to have more awareness of tools and solutions.**

As shown in Table 4-47, among medical professionals, roughly four in ten physicians either know none of these solutions and tools (35%) or don't know about them (6%). Nurses were more familiar than physicians with many of the solutions and tools including local transportation options (46% versus 30%) and aging service providers (34% versus 24%). Again, this suggested the need for more education and greater awareness of tools to help medical professionals, particularly physicians, discuss driving and alternative transportation with older adults.

**Table 4-47:  Aware of Solutions/Tools for Aging Drivers by Type of Medical Professional**

| | Medical Professionals | | | |
|---|---|---|---|---|
| | **Total** | **Physician** | **Nurse** | **Other** |
| **Local transportation options** | 32% | 30% | 46% | 27% |
| **Local aging service provider contact info** | 22% | 24% | 34% | 13% |
| **Florida's Guide for Aging Drivers** | 20% | 26% | 21% | 16% |
| **FDOT Safe and Mobile Senior website** | 16% | 18% | 16% | 11% |
| **AMA Physician's Guide to Assessing and Counseling Older Drivers** | 16% | 18% | 24% | 9% |
| **Driver Rehabilitation Specialists** | 16% | 10% | 16% | 22% |
| **CarFit Safety event information** | 10% | 5% | 12% | 12% |
| **The Hartford Family Conversations with Older Drivers** | 9% | 5% | 17% | 5% |
| **Other** | 1% | 1% | 2% | 0% |
| **Nothing/none of these** | 35% | 35% | 24% | 42% |
| **Don't know/does not apply** | 6% | 5% | 1% | 8% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent "aware of" shown.

**Social service providers were better informed than medical professionals.**

As shown in Table 4-48, with social service providers, almost half (49%) were familiar with local transportation options.  Quite a few also knew the contact information for local aging service providers (38%) and were familiar with Florida's Guide for Aging Drivers (32%).  Social service professionals tended to be the most aware of many tools and solutions, while social workers were mainly familiar with local transportation options (50%) and local aging service providers (41%).  Law enforcement personnel were also more likely to know many of the options and information sources, particularly Florida's Guide for Aging Drivers (45%).

**Table 4-48:  Aware of Solutions/Tools for Aging Drivers by Type of Social Service Provider**

| | Social Service Providers | | | | | |
|---|---|---|---|---|---|---|
| | **Total** | **Social worker** | **Service professional** | **Government** | **Law enforcement** | **Other** |
| **Local transportation options** | 49% | 50% | 63% | 40% | 34% | 47% |
| **Local aging service provider contact info** | 38% | 41% | 47% | 27% | 32% | 33% |
| **Florida's Guide for Aging Drivers** | 32% | 13% | 35% | 40% | 45% | 42% |
| **FDOT Safe and Mobile Senior website** | 27% | 14% | 34% | 28% | 38% | 34% |
| **CarFit Safety event information** | 27% | 9% | 42% | 26% | 39% | 30% |

**Table 4-48:  Aware of Solutions/Tools for Aging Drivers by Type of Social Service Provider (continued)**

| | Social Service Providers | | | | | |
|---|---|---|---|---|---|---|
| | **Total** | **Social worker** | **Service professional** | **Government** | **Law enforcement** | **Other** |
| **Driver Rehabilitation Specialists** | 12% | 12% | 16% | 8% | 8% | 12% |
| **The Hartford Family Conversations with Older Drivers** | 8% | 6% | 13% | 5% | 4% | 12% |
| **AMA Physician's Guide to Assessing and Counseling Older Drivers** | 2% | 0% | 1% | 1% | 0% | 3% |
| **Other** | 2% | 1% | 4% | 1% | 1% | 3% |
| **Nothing/none of these** | 21% | 28% | 17% | 23% | 20% | 14% |
| **Don't know/does not apply** | 5% | 5% | 3% | 7% | 6% | 7% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent "aware of" shown.

**There were few differences between respondents from urban and rural areas.**

Overall, respondents from rural counties were more likely to know the local transportation options* (48% versus 39%) due to there being fewer from which to choose in their areas (Table 4-49).  In the priority counties, urban respondents were more likely to be aware of CarFit events (21% versus 9%), while those in rural priority counties were more likely to be familiar with the AMA Physician's Guide (19% versus 6%).

**Table 4-49:  Aware of Solutions/Tools for Aging Drivers by Urban versus Rural Counties**

| | | All Counties | | Priority Counties ^ | |
|---|---|---|---|---|---|
| | **TOTAL** | **Urban** | **Rural** | **Urban** | **Rural** |
| **Local transportation options** | 40% | 39% | 48% | 40% | 44% |
| **Local aging service provider contact info** | 29% | 29% | 33% | 30% | 33% |
| **Florida's Guide for Aging Drivers** | 26% | 26% | 27% | 26% | 33% |
| **FDOT Safe and Mobile Senior website** | 21% | 21% | 21% | 21% | 21% |
| **CarFit Safety event information** | 18% | 18% | 14% | 21% | 9% |
| **Driver Rehabilitation Specialists** | 14% | 15% | 9% | 17% | 9% |
| **AMA Physician's Guide to Assessing and Counseling Older Drivers** | 9% | 9% | 13% | 6% | 19% |
| **The Hartford Family Conversations with Older Drivers** | 8% | 8% | 10% | 8% | 9% |
| **Other** | 1% | 1% | 2% | 2% | 0% |
| **Nothing/none of these** | 28% | 29% | 19% | 28% | 28% |
| **Don't know/does not apply** | 5% | 5% | 3% | 6% | 2% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent "aware of" shown.
* p = 0.09
^ Safe Mobility for Life Coalition's 2014 Priority Counties

**Awareness was higher in the Northwest (FDOT District 3).**

As shown in Table 4-50, respondents in the Northwest Florida district had higher awareness of local aging service providers (37%), Florida's Guide for Aging Drivers (36%), CarFit Safety event information (26%), as well as local transportation options* (47%).  Meanwhile, respondents in the Southeast Florida district were more likely to say that they were not aware of any of these solutions (36%, note that South Florida is also 36%, but due to a lower base size is not significantly different).

**Table 4-50:  Aware of Solutions/Tools for Aging Drivers by FDOT District**

| | | FDOT District | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| | TOTAL | SW Florida (1) | NE Florida (2) | NW Florida (3) | SE Florida (4) | Central Florida (5) | South Florida (6) | West Central Florida (7) |
| Local transportation options | 40% | 34% | 43% | 47% | 38% | 40% | 38% | 44% |
| Local aging service provider contact info | 29% | 28% | 32% | 37% | 27% | 27% | 25% | 30% |
| Florida's Guide for Aging Drivers | 26% | 27% | 24% | 36% | 20% | 24% | 31% | 25% |
| FDOT Safe and Mobile Senior website | 21% | 24% | 19% | 24% | 17% | 20% | 25% | 20% |
| CarFit Safety event information | 18% | 18% | 15% | 26% | 14% | 19% | 19% | 15% |
| Driver Rehabilitation Specialists | 14% | 13% | 18% | 10% | 16% | 14% | 11% | 17% |
| AMA Physician's Guide to Assessing and Counseling Older Drivers | 9% | 6% | 13% | 9% | 9% | 11% | 3% | 9% |
| The Hartford Family Conversations with Older Drivers | 8% | 6% | 11% | 8% | 11% | 9% | 8% | 7% |
| Other | 1% | 1% | 2% | 1% | 1% | 2% | 0% | 3% |
| Nothing/none of these | 28% | 28% | 22% | 18% | 36% | 33% | 36% | 28% |
| Don't know/does not apply | 5% | 5% | 7% | 4% | 2% | 6% | 6% | 6% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent "aware of" shown.
* $p = 0.09$

**Females were more knowledgeable about solutions and tools than males.**

As shown in Table 4-51, women were more likely to know about local transportation options (46% versus 31%), local aging service providers (34% versus 21%), and CarFit Safety event information (22% versus 11%).  This may be the result of the sample of social service providers who were generally more likely to be female.

Respondents under age 50 were less likely to be familiar with Florida's Guide for Aging Drivers (22%), which may suggest the need for promoting this tool to a younger audience.

**Table 4-51:  Aware of Solutions/Tools for Aging Drivers by Gender and Age of Respondent**

| | TOTAL | Gender | | Age of Respondent | | |
|---|---|---|---|---|---|---|
| | | Male | Female | Under 50 | 50 to 64 | 65+ |
| Local transportation options | 40% | 31% | 46% | 42% | 39% | 40% |
| Local aging service provider contact info | 29% | 21% | 34% | 28% | 29% | 35% |
| Florida's Guide for Aging Drivers | 26% | 27% | 26% | 22% | 28% | 30% |
| FDOT Safe and Mobile Senior website | 21% | 20% | 22% | 20% | 23% | 18% |
| CarFit Safety event information | 18% | 11% | 22% | 17% | 19% | 19% |
| Driver Rehabilitation Specialists | 14% | 7% | 18% | 15% | 15% | 10% |
| AMA Physician's Guide to Assessing and Counseling Older Drivers | 9% | 9% | 9% | 12% | 7% | 5% |
| The Hartford Family Conversations with Older Drivers | 8% | 4% | 11% | 9% | 7% | 9% |
| Other | 1% | 1% | 2% | 0% | 3% | 0% |
| Nothing/none of these | 28% | 35% | 24% | 29% | 27% | 30% |
| Don't know/does not apply | 5% | 7% | 4% | 6% | 4% | 4% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent "aware of" shown.

## *Usage of Solutions and Tools for Aging Drivers*

Respondents who were aware were asked what types of solutions or tools they use or would like to have available for older adults, if or when the need arises to discuss issues with driving.  The tables which follow show the usage and awareness of solutions or tools.

**Most respondents used some solutions or tools with patients or clients.**

Respondents were most likely to use local transportation options with patients or clients (48%), followed by contact information for local aging service providers (29%).  Few (9%) indicated they used none of the solutions or tools when dealing with older adults (Table 4-52).

Social service providers were much more likely to use most of these tools compared to medical professionals.  The exception was driver rehabilitation specialists, which medical professionals use more often (18% versus 10%).

**Table 4-52:  Use of Solutions/Tools for Aging Drivers by Type of Respondent**
**(among those who are aware of solutions/tools)**

|  | TOTAL | Medical Professionals | Social Service Providers |
|---|---|---|---|
| **Local transportation options** | 48% | 45% | 51% |
| **Local aging service provider contact info** | 29% | 26% | 32% |
| **Florida's Guide for Aging Drivers** | 22% | 18% | 27% |
| **FDOT Safe and Mobile Senior website** | 17% | 13% | 20% |
| **CarFit Safety event information** | 15% | 6% | 23% |
| **Driver Rehabilitation Specialists** | 14% | 18% | 10% |
| **AMA Physician's Guide to Assessing and Counseling Older Drivers** | 7% | 14% | 1% |
| **The Hartford Family Conversations with Older Drivers** | 6% | 6% | 7% |
| **Other** | 2% | 1% | 3% |
| **Nothing/none of these** | 9% | 7% | 10% |
| **Don't know/does not apply** | 5% | 4% | 6% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent who "use" solutions/tools shown.

**Physicians and nurses used different tools.**

As shown in Table 4-53, while nurses were more likely than physicians to use local transportation* (51% versus 39%), physicians were more often using the Florida's Guide for Aging Drivers (29% versus 10%) and the FDOT Safe and Mobile Senior website (21% versus 9%).

**Table 4-53:  Use of Solutions/Tools for Aging Drivers by Type of Medical Professional
(among those who are aware of solutions/tools)**

| | Medical Professionals | | | |
|---|---|---|---|---|
| | **Total** | **Physician** | **Nurse** | **Other** |
| Local transportation options | 45% | 39% | 51% | 45% |
| Local aging service provider contact info | 26% | 26% | 35% | 17% |
| Florida's Guide for Aging Drivers | 18% | 29% | 10% | 18% |
| Driver Rehabilitation Specialists | 18% | 12% | 9% | 35% |
| AMA Physician's Guide to Assessing and Counseling Older Drivers | 14% | 18% | 16% | 9% |
| FDOT Safe and Mobile Senior website | 13% | 21% | 9% | 11% |
| CarFit Safety event information | 6% | 1% | 4% | 12% |
| The Hartford Family Conversations with Older Drivers | 6% | 4% | 7% | 6% |
| Other | 1% | 2% | 0% | 1% |
| Nothing/none of these | 7% | 9% | 4% | 9% |
| Don't know/does not apply | 4% | 2% | 2% | 7% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent who "use" solutions/tools shown.
* p = 0.06

**Many social service providers mentioned local transportation options when communicating with clients.**

Social service professionals and social workers were most likely to use local transportation options when helping clients (Table 4-54).  However, social workers were less likely to use the FDOT Safe and Mobile Senior website (11%) and Florida's Guide for Aging Drivers (10%).  This suggested that social workers needed to receive more communication about these options.  Law enforcement personnel were less likely to know about transportation options which was not surprising given they are not counseling clients about alternatives to driving.  However, law enforcement personnel were more likely to use Florida's Guide for Aging Drivers (42%) and CarFit information* (34%).

**Table 4-54:  Use of Solutions/Tools for Aging Drivers by Type of Social Service Provider
(among those who are aware of solutions/tools)**

| | Social Service Providers | | | | | |
|---|---|---|---|---|---|---|
| | **Total** | **Social worker** | **Service professional** | **Government** | **Law enforcement** | **Other** |
| Local transportation options | 51% | 59% | 64% | 39% | 32% | 46% |
| Local aging service provider contact info | 32% | 32% | 43% | 22% | 32% | 22% |
| Florida's Guide for Aging Drivers | 27% | 10% | 30% | 32% | 42% | 25% |
| CarFit Safety event information | 23% | 6% | 32% | 24% | 34% | 27% |

* p = 0.07

**Table 4-54:  Use of Solutions/Tools for Aging Drivers by Type of Social Service Provider (continued)**
**(among those who are aware of solutions/tools)**

| | Social Service Providers | | | | | |
| | Total | Social worker | Service professional | Government | Law enforcement | Other |
|---|---|---|---|---|---|---|
| **FDOT Safe and Mobile Senior website** | 20% | 11% | 23% | 25% | 28% | 20% |
| **Driver Rehabilitation Specialists** | 10% | 11% | 16% | 8% | 4% | 10% |
| **The Hartford Family Conversations with Older Drivers** | 7% | 4% | 10% | 4% | 4% | 14% |
| **AMA Physician's Guide to Assessing and Counseling Older Drivers** | 1% | 0% | 0% | 0% | 0% | 3% |
| **Other** | 3% | 2% | 4% | 2% | 2% | 3% |
| **Nothing/none of these** | 10% | 12% | 7% | 15% | 9% | 8% |
| **Don't know/does not apply** | 6% | 6% | 5% | 12% | 4% | 7% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent who "use" solutions/tools shown.

**CarFit events were rarely used in rural areas.**

As shown in Table 4-55, respondents in urban areas were more likely to use both the FDOT Safe and Mobile Senior website (18% versus 11%), Florida's Guide for Aging Drivers* (23% versus 16%), as well as CarFit safety event information (16% versus 3%) and driver rehabilitation specialists (16% versus 2%).  The only other noteworthy difference was that respondents in rural priority counties were more likely to use the AMA guide (20% versus 5%).

**Table 4-55:  Use of Solutions/Tools for Aging Drivers by Urban versus Rural Counties**
**(among those who are aware of solutions/tools)**

| | | All Counties | | Priority Counties ^ | |
| | TOTAL | Urban | Rural | Urban | Rural |
|---|---|---|---|---|---|
| **Local transportation options** | 48% | 48% | 51% | 48% | 57% |
| **Local aging service provider contact info** | 29% | 29% | 28% | 29% | 30% |
| **Florida's Guide for Aging Drivers** | 22% | 23% | 16% | 23% | 20% |
| **FDOT Safe and Mobile Senior website** | 17% | 18% | 11% | 19% | 10% |
| **CarFit Safety event information** | 15% | 16% | 3% | 16% | 0% |
| **Driver Rehabilitation Specialists** | 14% | 16% | 2% | 19% | 3% |
| **AMA Physician's Guide to Assessing and Counseling Older Drivers** | 7% | 7% | 11% | 5% | 20% |
| **The Hartford Family Conversations with Older Drivers** | 6% | 7% | 5% | 6% | 3% |
| **Other** | 2% | 2% | 0% | 1% | 0% |
| **Nothing/none of these** | 9% | 9% | 7% | 8% | 7% |
| **Don't know/does not apply** | 5% | 4% | 13% | 6% | 10% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent who "use" solutions/tools shown.
* p = 0.07
^ Safe Mobility for Life Coalition's 2014 Priority Counties

**Respondents in South Florida (FDOT District 6) were less likely to use contact information for aging service providers**\*.

Overall, there were few differences in usage across the FDOT districts. However, respondents in the South Florida district were less likely to use information about local aging service providers than other districts (Table 4-56). Also, respondents in the Southwest Florida district were more likely to use CarFit Safety event information (21%), while those in the Northwest Florida district were less likely to use CarFit Safety event information (9%).

**Table 4-56:  Use of Solutions/Tools for Aging Drivers by FDOT District
(among those who are aware of solutions/tools)**

| | | FDOT District | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | TOTAL | SW Florida (1) | NE Florida (2) | NW Florida (3) | SE Florida (4) | Central Florida (5) | South Florida (6) | West Central Florida (7) |
| Local transportation options | 48% | 43% | 47% | 46% | 48% | 49% | 51% | 57% |
| Local aging service provider contact info | 29% | 26% | 27% | 36% | 29% | 27% | 19% | 33% |
| Florida's Guide for Aging Drivers | 22% | 27% | 18% | 28% | 18% | 20% | 30% | 20% |
| FDOT Safe and Mobile Senior website | 17% | 16% | 17% | 17% | 18% | 18% | 16% | 16% |
| CarFit Safety event information | 15% | 21% | 9% | 17% | 12% | 17% | 19% | 10% |
| Driver Rehabilitation Specialists | 14% | 14% | 16% | 9% | 17% | 13% | 14% | 15% |
| AMA Physician's Guide to Assessing and Counseling Older Drivers | 7% | 5% | 12% | 4% | 7% | 7% | 5% | 9% |
| The Hartford Family Conversations with Older Drivers | 6% | 5% | 9% | 6% | 7% | 5% | 5% | 7% |
| Other | 2% | 2% | 1% | 1% | 1% | 4% | 0% | 3% |
| Nothing/none of these | 9% | 9% | 7% | 9% | 11% | 11% | 5% | 8% |
| Don't know/does not apply | 5% | 5% | 6% | 6% | 5% | 3% | 8% | 6% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent who "use" solutions/tools shown.
\* p = 0.12

**Females were more likely to use local transportation options with patients and clients.**

While males were more likely to indicate they use Florida's Guide for Aging Drivers (29% versus 19%), females were more likely to report using local transportation options in their work (51% versus 41%).

Respondents under age 50 were less likely to use Florida's Guide for Aging Drivers and CarFit information than older respondents (Table 4-57).

**Table 4-57:  Use of Solutions/Tools for Aging Drivers by Gender and Age of Respondent**
**(among those who are aware of solutions/tools)**

| | TOTAL | Gender | | Age of Respondent | | |
|---|---|---|---|---|---|---|
| | | Male | Female | Under 50 | 50 to 64 | 65+ |
| **Local transportation options** | 48% | 41% | 51% | 53% | 42% | 50% |
| **Local aging service provider contact info** | 29% | 26% | 30% | 28% | 28% | 33% |
| **Florida's Guide for Aging Drivers** | 22% | 29% | 19% | 17% | 26% | 28% |
| **FDOT Safe and Mobile Senior website** | 17% | 20% | 16% | 15% | 19% | 16% |
| **CarFit Safety event information** | 15% | 12% | 16% | 10% | 18% | 18% |
| **Driver Rehabilitation Specialists** | 14% | 8% | 17% | 14% | 15% | 11% |
| **AMA Physician's Guide to Assessing and Counseling Older Drivers** | 7% | 9% | 6% | 9% | 6% | 6% |
| **The Hartford Family Conversations with Older Drivers** | 6% | 3% | 8% | 6% | 6% | 8% |
| **Other** | 2% | 1% | 2% | 0% | 4% | 0% |
| **Nothing/none of these** | 9% | 11% | 8% | 8% | 10% | 9% |
| **Don't know/does not apply** | 5% | 7% | 5% | 4% | 7% | 4% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent who "use" solutions/tools shown.

## *Solutions and Tools Respondents Would Like to Have Available*

**Social service providers want more resources available.**

As shown in Table 4-58, while medical professionals were more likely to want the AMA Guide available (49% versus 5%), social service providers were more likely to want several tools available including Florida's Guide for Aging Drivers (75% versus 69%), CarFit information (49% versus 40%), The Hartford Guide (48% versus 34%), and access to driver rehab specialists (47% versus 40%).  The greater interest in having a variety of solutions and tools among social service providers was likely the result of these respondents engaging with older adults more frequently than medical professionals and, as such, having more opportunities to intervene with the appropriate materials.

**Table 4-58:  Solutions/Tools for Aging Drivers Respondents Would Like to Have by Type of Respondent**

|  | TOTAL | Medical Professionals | Social Service Providers |
|---|---|---|---|
| **Florida's Guide for Aging Drivers** | 72% | 69% | 75% |
| **FDOT Safe and Mobile Senior website** | 61% | 59% | 63% |
| **Local transportation options** | 60% | 59% | 60% |
| **Local aging service provider contact info** | 57% | 56% | 57% |
| **CarFit Safety event information** | 44% | 40% | 49% |
| **Driver Rehabilitation Specialists** | 43% | 40% | 47% |
| **The Hartford Family Conversations with Older Drivers** | 41% | 34% | 48% |
| **AMA Physician's Guide to Assessing and Counseling Older Drivers** | 28% | 49% | 5% |
| **Other** | 2% | 1% | 3% |
| **Nothing/none of these** | 3% | 3% | 3% |
| **Don't know/does not apply** | 7% | 7% | 7% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent "like to have available" shown.

**Physicians were most interested in having Florida's Guide for Aging Drivers.**

While they expressed interest in several solutions and tools, physicians were most interested in having access to Florida's Guide for Aging Drivers (74%).  This was likely because it was something they could hand to patients and families which would save physicians time (Table 4-59).

While many nurses were also interested in the Florida Guide (70%), more nurses than physicians also wanted to have CarFit information (49% versus 28%), the Hartford text (46% versus 22%), and access to driver rehabilitation specialists (43% versus 32%).

**Table 4-59:  Solutions/Tools for Aging Drivers Respondents Would Like to Have by Type of Medical Professional**

| | Medical Professionals | | | |
|---|---|---|---|---|
| | **Total** | **Physician** | **Nurse** | **Other** |
| **Florida's Guide for Aging Drivers** | 69% | 74% | 70% | 66% |
| **FDOT Safe and Mobile Senior website** | 59% | 57% | 59% | 60% |
| **Local transportation options** | 59% | 57% | 62% | 59% |
| **Local aging service provider contact info** | 56% | 48% | 59% | 62% |
| **AMA Physician's Guide to Assessing and Counseling Older Drivers** | 49% | 53% | 53% | 48% |
| **CarFit Safety event information** | 40% | 28% | 49% | 43% |
| **Driver Rehabilitation Specialists** | 40% | 32% | 43% | 43% |
| **The Hartford Family Conversations with Older Drivers** | 34% | 22% | 46% | 37% |
| **Other** | 1% | 1% | 2% | 0% |
| **Nothing/none of these** | 3% | 3% | 1% | 6% |
| **Don't know/does not apply** | 7% | 5% | 3% | 10% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent "like to have available" shown.

**Social service providers were most interested in Florida's Guide for Aging Drivers.**

While there were few differences by type of provider, government employees and elected officials were less likely to express interest in the Hartford product (37%) and in driver rehab specialists (39%) which was likely the result of less direct interaction with older adults regarding driving (Table 4-60).

**Table 4-60:  Solutions/Tools for Aging Drivers Respondents Would Like to Have by Type of Social Service Provider**

| | Social Service Providers | | | | | |
|---|---|---|---|---|---|---|
| | **Total** | **Social worker** | **Service professional** | **Government** | **Law enforcement** | **Other** |
| **Florida's Guide for Aging Drivers** | 75% | 72% | 72% | 77% | 80% | 70% |
| **FDOT Safe and Mobile Senior website** | 63% | 59% | 63% | 64% | 69% | 62% |
| **Local transportation options** | 60% | 55% | 65% | 61% | 61% | 56% |
| **Local aging service provider contact info** | 57% | 52% | 55% | 60% | 63% | 51% |
| **CarFit Safety event information** | 49% | 43% | 52% | 48% | 56% | 52% |
| **The Hartford Family Conversations with Older Drivers** | 48% | 52% | 53% | 37% | 48% | 47% |
| **Driver Rehabilitation Specialists** | 47% | 46% | 57% | 39% | 48% | 47% |
| **AMA Physician's Guide to Assessing and Counseling Older Drivers** | 5% | 1% | 3% | 3% | 0% | 10% |
| **Other** | 3% | 4% | 3% | 2% | 3% | 5% |
| **Nothing/none of these** | 3% | 3% | 4% | 5% | 0% | 3% |
| **Don't know/does not apply** | 7% | 11% | 6% | 6% | 8% | 7% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent "like to have available" shown.

**There was little difference in the solutions and tools wanted between urban and rural respondents.**

Overall, respondents from urban and rural areas were quite similar in terms of the solutions and tools they wanted to have available for their use (Table 4-61).

**Table 4-61:  Solutions/Tools for Aging Drivers Respondents Would Like to Have by Urban versus Rural Counties**

|  | TOTAL | All Counties | | Priority Counties ^ | |
|---|---|---|---|---|---|
|  |  | Urban | Rural | Urban | Rural |
| Florida's Guide for Aging Drivers | 72% | 72% | 72% | 75% | 70% |
| FDOT Safe and Mobile Senior website | 61% | 61% | 57% | 64% | 58% |
| Local transportation options | 60% | 60% | 59% | 62% | 60% |
| Local aging service provider contact info | 57% | 57% | 52% | 58% | 44% |
| CarFit Safety event information | 44% | 45% | 43% | 47% | 44% |
| Driver Rehabilitation Specialists | 43% | 43% | 43% | 46% | 51% |
| The Hartford Family Conversations with Older Drivers | 41% | 40% | 45% | 43% | 58% |
| AMA Physician's Guide to Assessing and Counseling Older Drivers | 28% | 28% | 31% | 27% | 30% |
| Other | 2% | 2% | 2% | 3% | 0% |
| Nothing/none of these | 3% | 4% | 1% | 3% | 0% |
| Don't know/does not apply | 7% | 7% | 6% | 6% | 7% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent "like to have available" shown.
^ Safe Mobility for Life Coalition's 2014 Priority Counties

**In addition, few differences in solutions and tools desired exist by FDOT district.**

Respondents in the Northwest Florida district were more likely to express interest in Florida's Guide for Aging Drivers (Table 4-62).

**Table 4-62:  Solutions/Tools for Aging Drivers Respondents Would Like to Have by FDOT District**

| | | FDOT District | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **TOTAL** | **SW Florida (1)** | **NE Florida (2)** | **NW Florida (3)** | **SE Florida (4)** | **Central Florida (5)** | **South Florida (6)** | **West Central Florida (7)** |
| **Florida's Guide for Aging Drivers** | 72% | 70% | 69% | 80% | 67% | 72% | 77% | 73% |
| **FDOT Safe and Mobile Senior website** | 61% | 60% | 62% | 64% | 59% | 59% | 59% | 62% |
| **Local transportation options** | 60% | 59% | 58% | 59% | 53% | 61% | 66% | 66% |
| **Local aging service provider contact info** | 57% | 55% | 55% | 59% | 54% | 58% | 61% | 58% |
| **CarFit Safety event information** | 44% | 47% | 40% | 50% | 43% | 41% | 47% | 46% |
| **Driver Rehabilitation Specialists** | 43% | 45% | 43% | 43% | 41% | 44% | 41% | 44% |
| **The Hartford Family Conversations with Older Drivers** | 41% | 40% | 42% | 45% | 38% | 39% | 42% | 43% |
| **AMA Physician's Guide to Assessing and Counseling Older Drivers** | 28% | 29% | 33% | 28% | 25% | 28% | 19% | 31% |
| **Other** | 2% | 0% | 2% | 3% | 2% | 1% | 5% | 3% |
| **Nothing/none of these** | 3% | 4% | 4% | 0% | 5% | 4% | 2% | 3% |
| **Don't know/does not apply** | 7% | 9% | 7% | 6% | 9% | 7% | 3% | 6% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent "like to have available" shown.

**Females would like access to more solutions and tools than males.**

As shown in Table 4-63, females were more likely to want access to local transportation options (63% versus 54%), CarFit information (49% versus 37%), driver rehab specialists (49% versus 34%), and the Hartford guide (47% versus 30%) compared to males.  This was likely due to the sample with females comprising a larger portion of the nurses and social service providers.

Respondents age 65 and over were more interested in Florida's Guide for Aging Drivers (80%) compared to younger respondents.

**Table 4-63:  Solutions/Tools for Aging Drivers Respondents Would Like to Have by Gender and Age of Respondent**

| | TOTAL | Gender | | Age of Respondent | | |
|---|---|---|---|---|---|---|
| | | Male | Female | Under 50 | 50 to 64 | 65+ |
| **Florida's Guide for Aging Drivers** | 72% | 72% | 72% | 68% | 73% | 80% |
| **FDOT Safe and Mobile Senior website** | 61% | 58% | 62% | 62% | 61% | 56% |
| **Local transportation options** | 60% | 54% | 63% | 62% | 57% | 59% |
| **Local aging service provider contact info** | 57% | 52% | 59% | 58% | 55% | 57% |
| **CarFit Safety event information** | 44% | 37% | 49% | 44% | 45% | 43% |
| **Driver Rehabilitation Specialists** | 43% | 34% | 49% | 45% | 42% | 41% |
| **The Hartford Family Conversations with Older Drivers** | 41% | 30% | 47% | 42% | 39% | 45% |
| **AMA Physician's Guide to Assessing and Counseling Older Drivers** | 28% | 29% | 28% | 30% | 27% | 27% |
| **Other** | 2% | 1% | 2% | 1% | 3% | 1% |
| **Nothing/none of these** | 3% | 5% | 2% | 3% | 4% | 2% |
| **Don't know/does not apply** | 7% | 8% | 6% | 8% | 7% | 5% |

Question 9:  What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  Multiple responses allowed.  Percent "like to have available" shown.

## *Preferred Method for Receiving Information*

**Many respondents wanted both printed and electronic information.**

Respondents were asked to indicate how they would like to receive the types of materials discussed in the previous question (Q. 9).

Overall, many respondents wanted printed copies of materials for their offices (69%), as well as electronic versions (59%).  Fewer were interested in training courses or presentations (42%).  Social service providers were more interested in printed materials (75% versus 64%) and training courses (50% versus 34%) than medical professionals (Table 4-64).

**Table 4-64:  Preferred Method of Receiving Information by Type of Respondent**

|  | TOTAL | Medical Professionals | Social Service Providers |
|---|---|---|---|
| **Printed materials for your office** | 69% | 64% | 75% |
| **Electronically (email or Web-based)** | 59% | 58% | 60% |
| **Training courses or presentations** | 42% | 34% | 50% |
| **Other** | 2% | 3% | 1% |
| **Don't know** | 4% | 5% | 3% |

Question 10:  Please indicate how you would like to receive these types of materials.  Multiple responses allowed.

**Physicians were more interested in electronic versions than nurses.**

As shown in Table 4-65, while they were generally similar in terms of how they wanted to receive information, physicians were less likely to indicate they would like training courses or presentations (29%).

**Table 4-65:  Preferred Method of Receiving Information by Type of Medical Professional**

|  | Medical Professionals | | | |
|---|---|---|---|---|
|  | Total | Physician | Nurse | Other |
| **Printed materials for your office** | 64% | 64% | 60% | 65% |
| **Electronically (email or Web-based)** | 58% | 62% | 56% | 57% |
| **Training courses or presentations** | 34% | 29% | 32% | 38% |
| **Other** | 3% | 1% | 5% | 3% |
| **Don't know** | 5% | 4% | 3% | 8% |

Question 10:  Please indicate how you would like to receive these types of materials.  Multiple responses allowed.

**Social service professionals and law enforcement personnel were more interested in courses or presentations.**

Among social service providers, social service professionals and law enforcement personnel seemed to have a greater appetite for these types of information sources (Table 4-66).

**Table 4-66:  Preferred Method of Receiving Information by Type of Social Service Provider**

| | Social Service Providers | | | | | |
|---|---|---|---|---|---|---|
| | **Total** | **Social worker** | **Service professional** | **Government** | **Law enforcement** | **Other** |
| **Printed materials for your office** | 75% | 74% | 83% | 71% | 83% | 71% |
| **Electronically (email or Web-based)** | 60% | 61% | 63% | 58% | 66% | 56% |
| **Training courses or presentations** | 50% | 47% | 61% | 42% | 61% | 51% |
| **Other** | 1% | 0% | 1% | 1% | 0% | 5% |
| **Don't know** | 3% | 3% | 1% | 7% | 0% | 4% |

Question 10:  Please indicate how you would like to receive these types of materials.  Multiple responses allowed.

**Training courses were somewhat more popular in urban counties.**

As shown in Table 4-67, while respondents from all urban and rural counties were similar in terms of printed and electronic materials, respondents in urban counties were somewhat more inclined to attend training courses or presentations* (42% versus 35%).

**Table 4-67:  Preferred Method of Receiving Information by Urban versus Rural Counties**

| | | All Counties | | Priority Counties ^ | |
|---|---|---|---|---|---|
| | **TOTAL** | **Urban** | **Rural** | **Urban** | **Rural** |
| **Printed materials for your office** | 69% | 69% | 68% | 71% | 65% |
| **Electronically (email or Web-based)** | 59% | 60% | 57% | 63% | 56% |
| **Training courses or presentations** | 42% | 42% | 35% | 44% | 47% |
| **Other** | 2% | 2% | 2% | 2% | 2% |
| **Don't know** | 4% | 4% | 4% | 3% | 2% |

Question 10:  Please indicate how you would like to receive these types of materials.  Multiple responses allowed.
* p = 0.12
^ Safe Mobility for Life Coalition's 2014 Priority Counties

**Interest levels were generally similar across the FDOT districts.**

Respondents in the Northwest Florida district were more likely to indicate an interest in printed materials. Those in the Central Florida district were less likely to express interest in training courses. (Table 4-68).

**Table 4-68:  Preferred Method of Receiving Information by FDOT District**

| | | FDOT District | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **TOTAL** | **SW Florida (1)** | **NE Florida (2)** | **NW Florida (3)** | **SE Florida (4)** | **Central Florida (5)** | **South Florida (6)** | **West Central Florida (7)** |
| **Printed materials for your office** | 69% | 65% | 66% | 79% | 71% | 69% | 70% | 69% |
| **Electronically (email or Web-based)** | 59% | 60% | 62% | 64% | 58% | 56% | 55% | 60% |
| **Training courses or presentations** | 42% | 47% | 42% | 37% | 43% | 35% | 50% | 42% |
| **Other** | 2% | 3% | 3% | 1% | 3% | 0% | 2% | 1% |
| **Don't know** | 4% | 5% | 5% | 1% | 3% | 7% | 3% | 4% |

Question 10:  Please indicate how you would like to receive these types of materials.  Multiple responses allowed.

**Females were more interested in attending training courses.**

As shown in Table 4-69, while males and females were similar in terms of preferences for printed and electronic materials, females were more likely to indicate they would want training courses or presentations (46% versus 35%).

Respondents age 65 and over were less likely to be interested in electronic versions of the materials (52%), which correlates with their lower levels of interest in the FDOT Safe and Mobile website.

**Table 4-69:  Preferred Method of Receiving Information by Gender and Age of Respondent**

| | TOTAL | Gender | | Age of Respondent | | |
|---|---|---|---|---|---|---|
| | | Male | Female | Under 50 | 50 to 64 | 65+ |
| **Printed materials for your office** | 69% | 67% | 70% | 66% | 72% | 68% |
| **Electronically (email or Web-based)** | 59% | 59% | 59% | 61% | 60% | 52% |
| **Training courses or presentations** | 42% | 35% | 46% | 40% | 43% | 42% |
| **Other** | 2% | 1% | 3% | 2% | 2% | 1% |
| **Don't know** | 4% | 6% | 4% | 4% | 4% | 7% |

Question 10:  Please indicate how you would like to receive these types of materials.  Multiple responses allowed.

## *Other Thoughts and Concerns*

**The need for additional resources to address aging drivers was the most often expressed thought or concern.**

Respondents were asked to share any other thoughts or concerns they had about the issue of aging and at-risk drivers.

While roughly three respondents in ten (29%) did not supply further comments, quite a few respondents mentioned the need for additional resources in the area of older adults and driving (19%), including additional funding and more information (Table 4-70).  Some representative examples of this included:

> *"I think this is an area that is seriously lacking for those of us who are in health care. I do not feel we get enough education to be prepared to help families navigate this difficult issue."*

> *"Additional resources need to be available to more medical personnel to initiate the process of taking away a license."*

> *"More funds are needed to enhance transportation options as people can no longer drive."*

> *"Most elderly patients are unwilling to stop driving.  More resources need to be available to facilitate these individuals so they can remain independent once they give up driving."*

In addition to the need for more resources, respondents specifically mentioned the dangers of at-risk drivers remaining on-the-road (11%).  Several examples included:

> *"Many patients simply will not stop driving after having serious medical problems and are putting themselves and others at-risk."*

> *"Older adults that are driving slower than the minimum speed limit, changing lanes without signaling, thinking whether they should stay in the left or right lane, on medication, visually impaired, or hard of hearing are potential threats to the other driving and non-driving members of the community."*

> *"I feel that the issue of aging drivers is a serious safety concern everywhere."*

Some respondents also mentioned the need to have more transportation options available (10%). This was mentioned more frequently by social service providers than medical professionals (13% versus 8%), with comments that included:

> *"Consumers must have alternatives for transportation.  It is important that they have a way to meet their basic needs for food, medical care, access to pharmacies, etc."*

> *"Public transportation has been limited to a large extent and has remained an issue that needs to be expanded to assist the elderly."*

> *"Here in rural Florida, many individuals have no other transportation options, so they elect to drive even though driving is not safe."*

Further, several suggested the need for more evaluation and testing of older adult drivers (10%). Medical professionals cited this need more often than social service providers (12% versus 8%). A representative sample of their comments included:

> *"Older adults should have a driving, vision, and hearing re-assessment after age 65 and mandatory reporting of medical conditions that prohibit driving."*

> *"A concern we have is that many older drivers are not tested as frequently as they should be."*

> *"At some point, I believe that an older adult needs to get some type of re-test annually to assess their current level of skills and abilities."*

> *"All drivers should have their vision re-evaluated at least every three years to renew their driver's license. I see it as neglect from the State of Florida not to be more diligent in keeping other drivers safe."*

> *"I believe at a driver's 80th birthday, they should be required to have a least a written test, if not an in car test."*

Several respondents also suggested that families become more engaged in the conversation about when older adults need to surrender their license (8%).  Several comments in this area included:

> *"Children of an aging parent need someone else to make the case for the parent to stop driving."*

> *"Families need assistance with bringing up the subject. This causes lots of tension between family members and most are afraid to report issues or do not know strategies to keep their family member safe."*

> *"I blame the families.  It's the children of these adults who need to take responsibility in these situations. The children don't want to be the bad guy, but I think they need to take responsibility, especially if the parents have dementia or other mental health issues."*

Physicians more than social service providers (10% versus 5%) also see the need for a simple test to evaluate older drivers.  Their comments included:

> *"It would be nice to have a screening tool because we are not there when the patient is driving."*

*"Before this decision is determined to stop someone from driving, a qualified person should be able to assess the skills for driving without a great expense to the driver."*

*"The incorporation of a standardized screening test into the annual Medicare physical exam would be convenient and effective."*

**Table 4-70:  Other Thoughts or Concerns by Type of Respondent (coded)**

| | TOTAL | Medical Professionals | Social Service Providers |
|---|---|---|---|
| **No comment** | 29% | 30% | 29% |
| **Additional resources needed/ financial/information/etc.** | 19% | 18% | 21% |
| **Dangerous/safety issue** | 11% | 11% | 11% |
| **Need more availability of transportation** | 10% | 8% | 13% |
| **Need more evaluation/testing** | 10% | 12% | 8% |
| **More family involvement/voluntary surrender** | 8% | 8% | 8% |
| **Need simple cognitive/physical tests** | 7% | 10% | 5% |
| **Difficult conversation to have with older adults** | 6% | 6% | 7% |
| **Need more driver education programs** | 5% | 3% | 7% |
| **Need enforcement tools or authority** | 4% | 4% | 3% |
| **Costs are an issue** | 2% | 2% | 3% |

Question 11:  Please share any other thoughts or concerns you have about the issue of older adult at-risk drivers and road users. Coded responses mentioned by 2% or more shown. Multiple responses allowed.

**Among medical professionals, physicians were far more likely to express concerns.**

As shown in Table 4-71, nurses (41%) and other medical professionals (30%), which included occupational/physical therapists, optometrists, and pharmacists, were more likely than physicians (18%) to have no other comments.

**Table 4-71:  Other Thoughts or Concerns by Type of Medical Professional (coded)**

| | Medical Professionals | | | |
|---|---|---|---|---|
| | Total | Physician | Nurse | Other |
| **No comment** | 30% | 18% | 41% | 30% |
| **Additional resources needed/ financial/information/etc.** | 18% | 20% | 14% | 19% |
| **Need more evaluation/testing** | 12% | 15% | 13% | 10% |
| **Dangerous/safety issue** | 11% | 9% | 12% | 14% |
| **Need simple cognitive/physical tests** | 10% | 10% | 9% | 11% |
| **More family involvement/voluntary surrender** | 8% | 8% | 9% | 8% |
| **Need more availability of transportation** | 8% | 7% | 8% | 8% |
| **Difficult conversation to have with older adults** | 6% | 7% | 4% | 5% |
| **Need enforcement tools or authority** | 4% | 6% | 3% | 3% |
| **Need more driver education programs** | 3% | 4% | 2% | 4% |
| **Costs are an issue** | 2% | 2% | 1% | 2% |

Question 11:  Please share any other thoughts or concerns you have about the issue of older adult at-risk drivers and road users. Coded responses mentioned by 2% or more shown. Multiple responses allowed.

**Few noteworthy differences existed in the comments across various social service providers.**

As shown in Table 4-72, social service professionals were more likely to indicate additional resources were required to address the issue of at-risk drivers and road users* (27%) and the need for more transportation options** (18%).

**Table 4-72:  Other Thoughts or Concerns by Type of Social Service Provider (coded)**

| | Social Service Providers | | | | | |
|---|---|---|---|---|---|---|
| | **Total** | **Social worker** | **Service professional** | **Government** | **Law enforcement** | **Other** |
| **No comment** | 29% | 24% | 24% | 33% | 32% | 32% |
| **Additional resources needed/ financial/information/etc.** | 21% | 19% | 27% | 21% | 18% | 21% |
| **Need more availability of transportation** | 13% | 13% | 18% | 12% | 10% | 12% |
| **Dangerous/safety issue** | 11% | 11% | 6% | 14% | 11% | 14% |
| **More family involvement/ voluntary surrender** | 8% | 7% | 10% | 8% | 4% | 5% |
| **Need more evaluation/testing** | 8% | 10% | 3% | 8% | 11% | 4% |
| **Difficult conversation to have with older adults** | 7% | 10% | 11% | 6% | 4% | 3% |
| **Need more driver education programs** | 7% | 4% | 8% | 7% | 10% | 10% |
| **Need simple cognitive/physical tests** | 5% | 6% | 2% | 3% | 8% | 4% |
| **Costs are an issue** | 3% | 7% | 3% | 2% | 1% | 1% |
| **Need enforcement tools or authority** | 3% | 6% | 3% | 1% | 4% | 4% |

Question 11:  Please share any other thoughts or concerns you have about the issue of older adult at-risk drivers and road users. Coded responses mentioned by 2% or more shown. Multiple responses allowed.  * p = 0.08 and ** p = 0.10

**Respondents in rural counties were more likely to say they had no additional comments.**

Those respondents in rural counties were also less likely to mention concerns about at-risk drivers being a safety issue, which may be the result of less congestion in their areas (Table 4-73).

**Table 4-73:  Other Thoughts or Concerns by Urban versus Rural Counties (coded)**

| | | All Counties | | Priority Counties ^ | |
|---|---|---|---|---|---|
| | **TOTAL** | **Urban** | **Rural** | **Urban** | **Rural** |
| **No comment** | 29% | 28% | 41% | 26% | 37% |
| **Additional resources needed/ financial/information/etc.** | 19% | 19% | 21% | 19% | 19% |
| **Dangerous/safety issue** | 11% | 12% | 6% | 9% | 5% |
| **Need more availability of transportation** | 10% | 10% | 12% | 12% | 14% |
| **Need more evaluation/testing** | 10% | 10% | 7% | 10% | 7% |
| **More family involvement/voluntary surrender** | 8% | 8% | 9% | 8% | 12% |
| **Need simple cognitive/physical tests** | 7% | 8% | 6% | 8% | 7% |
| **Difficult conversation to have with older adults** | 6% | 7% | 4% | 7% | 9% |
| **Need more driver education programs** | 5% | 5% | 3% | 6% | 0% |
| **Need enforcement tools or authority** | 4% | 4% | 0% | 5% | 0% |
| **Costs are an issue** | 2% | 2% | 2% | 3% | 2% |

Question 11:  Please share any other thoughts or concerns you have about the issue of older adult at-risk drivers and road users. Coded responses mentioned by 2% or more shown. Multiple responses allowed.  ^ Safe Mobility for Life Coalition's 2014 Priority Counties

**Respondents in South Florida (FDOT District 6) were more likely to mention the need for more resources.**

In the South Florida district, more respondents stated that there needs to be more resources available* (30%). This may be tied to the fact that this district is among the most densely populated sections of Florida (Table 4-74) and has more people who require resources.

<p align="center"><strong>Table 4-74:  Other Thoughts or Concerns by FDOT District (coded)</strong></p>

| | | FDOT District | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **TOTAL** | **SW Florida (1)** | **NE Florida (2)** | **NW Florida (3)** | **SE Florida (4)** | **Central Florida (5)** | **South Florida (6)** | **West Central Florida (7)** |
| **No comment** | 29% | 29% | 31% | 35% | 21% | 33% | 23% | 30% |
| **Additional resources needed/ financial/ information/etc.** | 19% | 18% | 20% | 16% | 19% | 21% | 30% | 19% |
| **Dangerous/safety issue** | 11% | 14% | 9% | 8% | 13% | 9% | 6% | 15% |
| **Need more availability of transportation** | 10% | 13% | 10% | 11% | 10% | 8% | 9% | 11% |
| **Need more evaluation/testing** | 10% | 12% | 8% | 8% | 10% | 11% | 11% | 9% |
| **More family involvement/ voluntary surrender** | 8% | 7% | 12% | 9% | 7% | 7% | 8% | 7% |
| **Need simple cognitive/ physical tests** | 7% | 10% | 8% | 4% | 11% | 4% | 8% | 6% |
| **Difficult conversation to have with older adults** | 6% | 5% | 5% | 7% | 8% | 7% | 8% | 7% |
| **Need more driver education programs** | 5% | 4% | 5% | 4% | 4% | 5% | 14% | 7% |
| **Need enforcement tools or authority** | 4% | 5% | 2% | 4% | 7% | 2% | 3% | 4% |
| **Costs are an issue** | 2% | 1% | 3% | 1% | 7% | 0% | 3% | 2% |

Question 11:  Please share any other thoughts or concerns you have about the issue of older adult at-risk drivers and road users.
Coded responses mentioned by 2% or more shown. Multiple responses allowed.
* p = 0.07

**Females identified the need for more transportation options as a concern more frequently than men.**

Overall, as shown in Table 4-75, the women in the sample were more likely to mention the need for more transportation options to offer older adults than men (14% versus 5%).  This may be due to the nature of the sample, with more women who were social service providers and, thus, mentioned this as an issue more often.

Respondents under age 50 were more likely to not have additional comments (35%) and were much less likely to mention the need for more involvement from family members in addressing becoming a non-driver (4%) compared to their older counterparts.

**Table 4-75:  Other Thoughts or Concerns by Gender and Age of Respondent (coded)**

| | TOTAL | Gender | | Age of Respondent | | |
| --- | --- | --- | --- | --- | --- | --- |
| | | Male | Female | Under 50 | 50 to 64 | 65+ |
| No comment | 29% | 31% | 29% | 35% | 24% | 26% |
| Additional resources needed/ financial/information/etc. | 19% | 17% | 21% | 18% | 21% | 21% |
| Dangerous/safety issue | 11% | 12% | 11% | 11% | 11% | 10% |
| Need more availability of transportation | 10% | 5% | 14% | 8% | 13% | 12% |
| Need more evaluation/testing | 10% | 11% | 9% | 9% | 12% | 7% |
| More family involvement/voluntary surrender | 8% | 6% | 10% | 4% | 10% | 13% |
| Need simple cognitive/physical tests | 7% | 7% | 8% | 8% | 7% | 7% |
| Difficult conversation to have with older adults | 6% | 5% | 7% | 6% | 8% | 5% |
| Need more driver education programs | 5% | 7% | 4% | 4% | 5% | 7% |
| Need enforcement tools or authority | 4% | 4% | 3% | 4% | 4% | 2% |
| Costs are an issue | 2% | 0% | 3% | 3% | 2% | 2% |

Question 11:  Please share any other thoughts or concerns you have about the issue of older adult at-risk drivers and road users.
Coded responses mentioned by 2% or more shown. Multiple responses allowed.

The tables and figures which follow show the breakdown of respondents by title/category, gender, and age.

**Table 4-76:  Title/Category of Respondent**

| | Percent | Number of Surveys Completed |
|---|---|---|
| General practitioner | 1% | 16 |
| Family practice | 5% | 56 |
| Internal medicine | 4% | 48 |
| Emergency department physician | 3% | 32 |
| Ophthalmologist | 2% | 23 |
| Geriatrician | 1% | 6 |
| Neurologist | 1% | 13 |
| Physician's assistant | 3% | 39 |
| Nurse | 7% | 86 |
| Nurse practitioner | 6% | 65 |
| Occupational/physical therapist | 7% | 78 |
| Optometrist | 5% | 53 |
| Pharmacist | 6% | 68 |
| Social worker | 16% | 188 |
| Educator | 5% | 60 |
| State government staff | 3% | 38 |
| Local government staff | 10% | 116 |
| Elected official | 1% | 14 |
| Social services professional/service provider to older adults | 11% | 125 |
| Health department staff | 2% | 21 |
| Law enforcement member | 6% | 73 |
| EMT | 2% | 23 |
| Driving instructor | 1% | 10 |
| Geriatric care | 1% | 11 |
| Medical assistant | 2% | 20 |
| Urgent care | 0% | 4 |
| Mental health/therapy | 2% | 19 |
| Physician | 0% | 4 |
| Transportation | 1% | 14 |

**Figure 4-7:  Age of Survey Respondent**



65+ 14%
Under 50 42%
50 to 64 43%
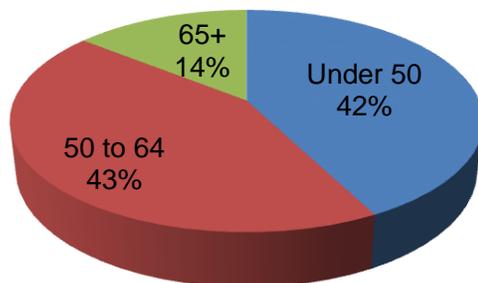
**Figure 4-8:  Gender of Survey Respondent**



Male 37%
Female 63%
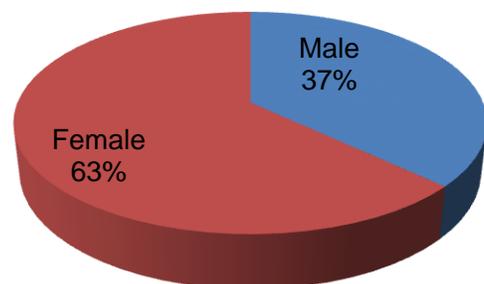
The breakout below shows the number of surveys completed by county.

**Table 4-77:  Number of Surveys Completed by County**

| County | Number of Surveys Completed | County | Number of Surveys Completed |
|---|---|---|---|
| Alachua [1] | 35 | Lafayette | 4 |
| Baker [2] | 4 | Lake | 18 |
| Bay [1] | 20 | Lee | 61 |
| Bradford [2] | 4 | Leon [1] | 36 |
| Brevard | 28 | Levy [2] | 5 |
| Broward [1] | 96 | Liberty | 2 |
| Calhoun | 1 | Madison [2] | 2 |
| Charlotte | 26 | Manatee | 22 |
| Citrus | 13 | Marion | 27 |
| Clay | 14 | Martin | 19 |
| Collier | 22 | Monroe [1] | 7 |
| Columbia [2] | 10 | Nassau | 4 |
| Dade [1] | 57 | Okaloosa | 12 |
| De Soto | 2 | Okeechobee [2] | 6 |
| Dixie | 3 | Orange | 61 |
| Duval [1] | 59 | Osceola | 11 |
| Escambia [1] | 28 | Palm Beach | 40 |
| Flagler | 8 | Pasco | 18 |
| Franklin | 1 | Pinellas [1] | 48 |
| Gadsden | 5 | Polk | 29 |
| Gilchrist | 2 | Putnam [2] | 6 |
| Glades | 2 | St. Johns | 18 |
| Gulf | 2 | St. Lucie | 12 |
| Hamilton | 3 | Santa Rosa | 12 |
| Hardee [2] | 2 | Sarasota | 35 |
| Hendry | 4 | Seminole | 30 |
| Hernando | 16 | Sumter | 7 |
| Highlands | 10 | Suwannee | 5 |
| Hillsborough [1] | 56 | Taylor [2] | 2 |
| Holmes | 1 | Union | 2 |
| Indian River | 15 | Volusia | 24 |
| Jackson | 6 | Wakulla | 6 |
| Jefferson | 2 | Walton [2] | 2 |
| | | Washington | 4 |

[1] Safe Mobility for Life Coalition 2014 urban priority county
[2] Safe Mobility for Life Coalition 2014 rural priority county

# CHAPTER 5:  Discussion

## *Hypothesis – Barriers Among Professionals Serving Older Adults*

In designing this research project, several hypotheses were developed for testing.  The primary hypothesis of this research was that barriers exist for medical professionals and providers of social services which impede their ability to have conversations with older adults that it may be time to become non-drivers.  This hypothesis proved true and was supported by the facts in this new data, which indicate a majority of respondents concurred they have a lack of resources to assess driving ability, cannot offer alternative transportation options to older adults, and fear that taking away driving privileges will negatively impact the lives of older adults.

These findings support data from research conducted with physicians in Colorado, who identified that the length of appointments with medical professionals may limit the opportunity for driving conversations.  Further, a Canadian study among family practice physicians found that most physicians required further education to help prepare them to assess and discuss driving with older adults.  The same study also concluded that reporting unsafe older drivers would undermine the person's sense of independence and diminish their quality of life.

## *Hypothesis – Testing*

Another key hypothesis from this research was that there was a need for a simple, standardized test to identify and predict at-risk drivers as it was believed that the efficacy of existing tests may contribute to a lack of ability to identify at-risk drivers.  This new study found that a vast majority of both medical professionals and providers of social services to older adults agreed there was a need for a simple test to evaluate aging drivers so this hypothesis also proved true.  This finding was supported by a study among physician's assistants in Ohio where a majority agreed that a clinical screening instrument to assess driver fitness would be useful in their practice. In addition, a study among physicians in Maryland found that physicians in the research agreed that a protocol to guide driving assessment would be useful.

## *Hypothesis – Lack of Knowledge*

The study also hypothesized that some medical professionals and those who provide services to older adults may not have the knowledge and support materials needed to engage older adults in conversations about no longer driving and other transportation options which exist for them.  The results of this new research also indicated that a majority of physicians and providers of services to older adults were not aware of and do not use many of the tools which are available, including Florida's Guide for Aging Drivers and the FDOT Safe and Mobile Senior website (www.FLsams.org).  Further, most are not familiar with alternative local transportation options or contact information for local providers of services to aging adults.

These findings also concur with other research in Ohio among physician assistants which concluded that PAs do not know about the tools which exist, including the AMA Physician's Guide to Assessing and Counseling Older Drivers.  Further, a study among physicians in Switzerland showed that about half of the physicians favored expansion of continuing education in traffic medicine which suggests they also lack the knowledge and support materials needed to discuss driving with older adults.  A study in Australia also concluded that education and materials for patients and their families could assist physicians in assessing patients.

## *Research Goals*

Given these hypotheses, the overall goals of this research were to establish a benchmark assessment of the levels of knowledge and current practices of medical professionals and workers at organizations which provide services to aging populations with regard to how they assess aging drivers and how and when they intervene.  These goals were accomplished.

## *Recommendations*

The specific objectives of this study were also achieved and the conclusions suggest several steps based on the findings.  The first and probably most important recommendation includes increasing the level of conversation with older adults about driving and that they may need to consider other means of transportation to get around by increasing awareness of the tools, solutions, and resources available to everyone, particularly physicians and family members of older adults who are seen as being primarily responsible for these discussions.  One idea proposed is to change the pubic paradigm about how dangerous at-risk drivers are to themselves and others.  The suggestion offered is to convey a statewide public safety awareness campaign to address the issue of at-risk driving.

In addition, the conclusions suggest the need for a simple screening test to at least preliminarily identify or even predict at-risk drivers.  Currently, medical professionals use a variety of tests to evaluate older adults and there does not appear to be any agreement on which type to use.  Further, using only cognitive tests or only physical tests may not fully evaluate the patient.  However, these tests are not seen as the be-all and end-all by most professionals.  A test is needed which is simple enough that a person who is not clinically trained can administer it and refer someone who fails for follow-up.  In addition, there should be consensus from the medical community regarding the validity and efficacy of the test.

The data and recommendations were presented to Safe Mobility for Life Coalition members on February 25, 2015. Final recommendations will be reviewed by the Coalition to determine next steps to be addressed.

## *Conclusions*

The other conclusions in this research should be clear based on the explanations and support provided for each recommendation.

One of the conclusions this research has not drawn relates to payment for physicians or certified driving rehabilitation specialists to evaluate older adults driving abilities.  Physicians are generally not reimbursed by Medicare for evaluating driving ability and driving rehab specialists charge patients for the cost of their services which are not reimbursed by medical insurance in all circumstances.  Ideally, these professionals should be paid if they are expected to take on the responsibility of evaluating aging drivers.

Further, this research has not drawn any conclusions which require legislative action to have aging drivers tested for vision or driving ability any more frequently than younger drivers. Given the strong voting block of older adults, it is not likely that any elected official would be willing to propose actions to more frequently test older adult drivers, even though this may make sense given the medical evidence which exists that identifies that vision and motor skills decline as we age.

This research has also not come to any conclusions about the status of the current public transportation system in Florida.  While there is public transportation and paratransit options in some areas of the state, other areas have fewer options available to the general public and to older adults.  Given the large investment required, this research does not contain recommendations to expand these types of transportation options.

Finally, this research has not recommended that the burden of evaluating aging drivers be placed on any one group. The results suggest that discussing driving with older adults should be everyone's responsibility. To encourage more discussion regarding the effects of aging on driving ability, this issue needs to be higher in priority for families and professionals who deal with older adults.

# CHAPTER 6:  Conclusions

Based on the work from this research project, the following strategies emerge in priority order and support the Safe Mobility for Life Coalition's Aging Road User Strategic Safety Plan.

1- **Develop communication strategies to encourage discussions on the impact of aging on adults driving abilities.**

   All medical professionals, social service providers (including government staff, elected officials, and law enforcement personnel), as well as families and caregivers, need to be encouraged to address how older adult's ability to drive deteriorates as they age.

   Further, while the answers to the question about who should be responsible for having this conversation most often identify physicians and family members as the point people on these discussions, many respondents also indicated other professionals should be responsible.  In short, talking to older adults about driving is everyone's responsibility.

   These discussions need to occur frequently since, while a vast majority of medical professionals and social service providers indicate they have "ever" discussed driving with adults age 50 and over, this does not appear to be standard procedure with either group.

   In addition, only about half of the respondents say they frequently or sometimes discuss planning for a future time when they may no longer be able to drive or ways to stay safe behind the wheel with older adults.

2- **Inform the public and professionals that there are middle steps available before aging drivers have their license revoked to make them safer drivers.**

   Discussing middle steps early on should help professionals and families transition into discussions with older adults about planning for a future when they are no longer driving.

   This research indicates there is little use of on-the-road testing.  This type of test could be used to make suggestions for older adults on how to improve their driving as they age. However, it will likely be necessary to inform medical professionals and social service providers about the resources which are available to have older adults receive on-the-road testing.

   Additionally, only about one-third of the professionals surveyed frequently or sometimes suggest having older adults take a driving evaluation to test and improve their skills.  This is another way to increase abilities and the length of time until driving is no longer an option.

   Along these lines, awareness of CarFit events also needs to be increased among both professionals and families of older adult drivers.  Currently, less than one in five are aware of CarFit events.

**3- Make proactive driving strategies socially desirable.**

At this time, the barriers to discussing driving with older adults includes lack of compensation and time for professionals to discuss at-risk driving, difficulty/stress for families/caregivers, and erosion of quality of life for older adults. These barriers appear to outweigh the perceived benefits of helping and educating older drivers about being at-risk.

There needs to be a cultural change in public awareness and perception of this problem. This suggests the need for a strategy to convince both the public and professionals that the consequences are too great to not develop strategies to help eliminate at-risk drivers.

**4- Create or identify a simple test which can be used by any medical professional, social service provider, or even a family member to assess the ability of an aging driver and determine if they need help or are at-risk.**

Based on this research, it is clear that a minority of medical professionals and social service providers have the right tools to assess driver fitness.  Further, a vast majority of professionals in this study agreed a simple screening instrument would help them identify and predict at-risk drivers.

Though not covered in this research, it is highly likely even fewer family members have the tools they need to assess older driver abilities.  Further, many older drivers are likely to appear fine when driving with family members on familiar roads, according to the technical resource group advisors on this project.

**5- Distribute forms and instructions on how to report an at-risk driver.**

Less than half of respondents have either reported an at-risk driver or have referred an at-risk driver to someone else who can report them.  Further, one in four respondents did not know how to report an at-risk driver.

These instructions and forms also need to be sent to other medical professionals including, but not limited to, occupational therapists, physical therapists, optometrists, and pharmacists.  These types of respondents are even more likely to indicate they do not know how to report at-risk drivers and they are frequently dealing with older adults with injuries, eyesight issues, and pharmaceuticals which can impact the ability to drive safely.

In addition, there needs to be a system in place to provide help for reported older adults and to be responsive to their needs if they are to successfully transition to non-drivers.

**6-  Increase communication, education, and delivery of relevant materials to support medical professionals and social service providers' conversations with aging drivers about driving.**

Overall, not many respondents know about the solutions, tools, and resources which are available to support discussions with older adults or to aid older adults when they can no longer safely drive.  In addition, medical professionals are less familiar than social service professionals with most of the solutions, tools, and resources which are available.

Further, a majority of respondents are interested in having access to Florida's Guide for Aging Drivers, the FDOT Safe and Mobile Senior website, available local transportation options, and information on local aging service providers.

Ideally, they would like access to these materials both in printed form for use in their offices and electronically.  Note that the interest in training courses and presentations is lower for medical professionals than social service providers and both groups are less interested in receiving information via courses and presentations than by other methods.

**7-  Work with aging drivers to develop coordinated transportation systems to offer older adults multiple travel options.**

Social service professionals indicated that a vast majority of their clients currently use more than one method to travel to their facilities.  In fact, only 5% exclusively drive their own vehicle to social service organizations, though a majority of older adults still rely on friends and family to get them where they need to go (62%).

While there is use of public transportation, taxi or car service, and paratransit, these methods may increase if aging drivers get help coordinating these systems to make them more user-friendly.

These strategies, along with the results of the needs assessment, will allow the Safe Mobility for Life Coalition to develop and continue to disseminate resources to improve the safety, access, and mobility of Florida's aging drivers.

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# APPENDIX A:  Individual Depth Interview Discussion Guide

**Opening**

1. Thank you for agreeing to do this interview with me.  As you are aware, this interview is being done as part of our project for the Florida DOT which includes an assessment of health care providers and providers of services to older adults to assist in the prevention and early recognition of Florida's at-risk drivers and road users.  This work will support the goals of the Safe Mobility for Life Coalition. Please know that this is a benchmark effort.

2. For your information, we are doing these interviews among subject matter experts around the state with the intent being to gather insights that can help us create the best assessment tool possible. The assessment tool (or questionnaire) will be used to gain information from medical professionals, service providers, and organizations to support the Coalition's work to reduce crashes for Florida's aging road users.

3. I have a list of questions to ask, but please know in advance that if I ask a question you are uncomfortable with or needs to be re-worded, please do tell me. We very much appreciate your critiques.

4. After we complete all the interviews, we will be assembling a report that summarizes the key findings and recommendations. Please know that everything you say will be held in strictest confidence and neither your name nor your organization will be associated with comments you make, unless you direct us to do that.

5. I am asking everyone's permission to audio record each of these interviews so I can have someone at my office take notes from each interview to make sure I don't miss any pertinent comments.  Is it okay to record this interview?

6. Before we start, and for purposes of this project, the parameters of an at-risk driver or road user could involve an older adult with physical, cognitive or visual impairments that can result in an adverse event or outcome which results in people hurting themselves or others. Would you like to add to this definition or critique it?

**Background**

1. Please start by telling me a little bit about your practice/organization and the role you play, particularly in regard to older adults or road users who are currently or may become at-risk drivers.

2. In your opinion, what are the main accomplishments or trends that you have noticed and experienced that are making headway in the prevention and identification of at-risk drivers or road users?  Do you think the interest in preventing older adults from experiencing adverse events or outcomes as road users is increasing, staying the same, or declining?  What makes you say that?  What is it based on?

3. Can you think of/name any organizations or people that are at the forefront in this effort? Who are they? What are they doing?

4. We know there is a dearth of information and media reports regarding older drivers and road users and consequences. We would like to move our research toward identifying solutions and goals to make the process work better for these older adults and the people/organizations that provide medical care and/or services to them.

**Information sources**

1. In your opinion, who/what are the most effective information/resources that can be used to aid in the prevention/identification of at-risk older drivers and road users in Florida terms of experiencing adverse events or outcomes that hurt themselves or others?

2. What creates value in them? How do you think they are used from both the perspective of the medical professional/service provider and older drivers and road users?

3. Do you think that medical professionals and service providers find these resources easy or difficult to use? What makes you say that? Further, are there any barriers to using these information sources? What recommendations do you have to make them work better/be more efficient?

4. Are there any information gaps or resources you would like to see made available that perhaps do not exist to the level needed or not exist at all?

5. If not already mentioned, probe:

   a) Do you think medical professionals/service providers need more support/education in using available tools?
   b) Please give me 3-5 examples where you think medical professionals and service providers need more support.

**Barriers/solutions**

1. What are the biggest barriers to using existing tools for medical professionals and service providers?

2. Now that you have identified them, please give me solutions that you think can be implemented? Which will be the easiest to most difficult in terms of coming up with and implementing solutions?

**Process**

1.  As part of this project, we will be creating and launching a survey among medical professionals and service providers.  Which medical professionals do you think we should concentrate the most on by type/category? What makes you say that?

2.  Now let's think about service providers.  Same question, by category or type, where should we concentrate?

3.  In your opinion, do you think the typical medical professional or service provider that works with older adults will think that this effort of preventing and identifying at-risk older drivers has value?  Please rate this on a scale of 1 to 10, with 1 = limited value to 10 = enormous value. Please tell me why you say that.

4.  In your opinion, what do we need to do or consider to create as much value as possible for Florida Department of Transportation with this project?  Let me read goals and then respond.

    In order to meet the goals outlined for this project, SRA will conduct research to establish a benchmark assessment of the levels of knowledge and current practices of medical professionals and organizations which provide services to aging populations with regard to how they assess aging road users and how and when they intervene.  The specific objectives will be to develop a baseline among targeted professionals including, but not limited to, medical clinicians/technicians, aging service providers, and Safe Mobility for Life Coalition members in terms of:

    *   Knowledge of issues with aging road users and at-risk drivers
    *   Who initiates and how discussions of aging road user issues begin
    *   Evaluation tools used to identify risk levels with aging road users
    *   Current practice when dealing with aging road users and at-risk drivers
    *   Where they get information regarding issues with aging road users and at-risk drivers
    *   What types of support do they need to address aging road users who are at-risk (FDOT or Florida Department of Elder Affairs standards, etc.)
    *   What types of support materials would be useful for their benefit and to give to aging road users
    *   What are the best ways to communicate with target professionals regarding issues related to aging road users and at-risk drivers

    Note that aging road users are defined as "someone who is a driver, passenger, pedestrian, bicyclist, transit rider, motorcyclist, or operator of a non-motorized vehicle who is 50 years of age or older, with special emphasis on the 65 years or older group."  This definition is provided by the Safe Mobility for Life Coalition and will be used in this research.

5. How difficult or easy will it be to get medical professionals and service providers to respond to such a survey?  If not mentioned, probe methodology – phone, fax, web, email, mail.

**Questions**

1. Knowing what you know about older drivers/road users and efforts that medical professionals and service providers are making, what would be the top 5-6 questions that need to be quantified? (Moderator will indicate the types of questions being mentioned as interviews are done in order to allow subsequent respondents to provide a reaction to and additional insights from questions possessed.)

**Closing**

1. When the questionnaire is launched, would you be open to participating?

# APPENDIX B:  Assessment Tool – Medical Professionals

SRA Research Group, Inc. has been awarded a contract from the Florida Department of Transportation to conduct an "*Assessment of Health Care Providers and Older Adult Service Organizations to assist in the Prevention and Early Recognition of Florida's At-Risk Drivers*" to support their Safe Mobility for Life Coalition.

As part of this project, SRA is conducting surveys with medical and older adult service professionals who interact with older adult drivers and road users.  The overall objective of this research is to understand what issues medical professionals face when dealing with older adult drivers and road users.  This research will be used by the Safe Mobility for Life Coalition to develop the right outreach and resource materials that can help address the issue of aging drivers and road users in your community.

Please take a few moments to share your valuable opinions. The accuracy of these results depends on your thoughtful, carefully considered feedback.  There are no right or wrong answers to these questions.  We are looking for your honest opinions which will be kept strictly confidential.  We will only use the results in aggregate with other people in your area.

1.      Do you see adults who are age: (SELECT ALL THAT APPLY)

    ☐  All age groups                        ☐  70 to 74
    ☐  Under 50                             ☐  75 to 79
    ☐  50 to 64                             ☐  80 to 84
    ☐  65 to 69                             ☐  85 and over

2.      Do you <u>EVER</u> have conversations about driving with adults age 50 or over?

    ☐  Yes
    ☐  No   PLEASE SKIP TO Q. 4

3.      What types of tests are used in your office to assess the driving ability of older adults?  (SELECT ALL THAT APPLY)

    ☐  Vision testing                       ☐  Computer driver assessment testing
    ☐  Cognitive testing                     ☐  On-the-road testing
    ☐  Gait and balance checks             ☐  Other – specify:
    ☐  Clock tests                          ☐  None of these
    ☐  Trail making tests                    ☐  Don't know

4.    Who do you feel should be responsible to have a conversation with older adults about driving? (SELECT ALL THAT APPLY)

☐ Physicians
☐ Vision specialists
☐ Other health care professionals (PAs, Nurses, etc.)
☐ Other medical office staff members
☐ Social service professionals/service providers to older adults
☐ The driver's family or caregiver

☐ Pharmacists
☐ Law enforcement personnel
☐ Driver license offices
☐ Someone else – specify:
☐ Don't know
☐ All of the above

5.    Please indicate if the following are barriers for you when discussing driving with older adults or their families.  (SELECT ALL THAT APPLY)

| | Is a Barrier: |
|---|---|
| Lack of resources to assess older adults ability to drive | ☐ |
| No time to assess driving abilities of older adults | ☐ |
| No transportation options to offer older adults | ☐ |
| Concern about relationship with patient | ☐ |
| May negatively impact older adult's lives | ☐ |
| Liability | ☐ |
| Lack of resources to educate older adults on driver safety | ☐ |
| Other – specify: | ☐ |
| None of these | ☐ |

6.    Do you report at-risk older adult drivers to the Florida Department of Motor Vehicles or other appropriate state organization?

☐ Yes
☐ No
☐ No, but I refer to someone who does
☐ No, I don't know how or where to report at-risk drivers
☐ Don't know

7.    How often have you discussed or recommended the following with older adults?

| | Frequently | Sometimes | Seldom | Never | Don't Know |
|---|---|---|---|---|---|
| Planning for a future time when they may no longer be able to safely drive | ☐ | ☐ | ☐ | ☐ | ☐ |
| Talking about ways to safely stay behind the wheel as they age | ☐ | ☐ | ☐ | ☐ | ☐ |
| Having older adults take a driving evaluation to test and improve their skills | ☐ | ☐ | ☐ | ☐ | ☐ |

8.   Please indicate your level of agreement with the following statements.

| | Agree Completely | Agree Somewhat | Disagree Somewhat | Disagree Completely | Don't Know |
|---|---|---|---|---|---|
| I have the right tools to assess driver fitness | ☐ | ☐ | ☐ | ☐ | ☐ |
| A simple screening instrument to help identify and better predict at-risk drivers would be helpful | ☐ | ☐ | ☐ | ☐ | ☐ |
| I have the information and tools I need to educate on driver safety and mobility | ☐ | ☐ | ☐ | ☐ | ☐ |
| Identifying at-risk drivers and road users is everyone's responsibility | ☐ | ☐ | ☐ | ☐ | ☐ |

9.   What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  (SELECT ALL THAT APPLY)

| | Aware of | Use | Like to Have Available |
|---|---|---|---|
| FDOT Safe and Mobile Senior website | ☐ | ☐ | ☐ |
| Florida's Guide for Aging Drivers | ☐ | ☐ | ☐ |
| CarFit Safety event information | ☐ | ☐ | ☐ |
| Local aging service provider contact information | ☐ | ☐ | ☐ |
| Local transportation options | ☐ | ☐ | ☐ |
| AMA Physician's Guide to Assessing and Counseling Older Drivers | ☐ | ☐ | ☐ |
| The Hartford Family Conversations With Older Drivers | ☐ | ☐ | ☐ |
| Driver Rehabilitation Specialists | ☐ | ☐ | ☐ |
| Other – specify: | ☐ | ☐ | ☐ |
| Nothing/none of these | ☐ | ☐ | ☐ |
| Don't know/does not apply | ☐ | ☐ | ☐ |

10.   Please indicate how you would like to receive these types of materials?  (SELECT ALL THAT APPLY)

    ☐   Printed materials for your office
    ☐   Electronically (email or Web-based)
    ☐   Training courses or presentations
    ☐   Other – specify
    ☐   Don't know

11.   Please share any other thoughts or concerns you have about the issue of older adult at-risk drivers and road users. (PLEASE BE AS SPECIFIC AS POSSIBLE)

_____

_____

_____

12. In which county do you work?  (IF YOU WORK IN MORE THAT ONE COUNTY, PLEASE SELECT THE ONE WHERE YOUR PRIMARY OFFICE IS LOCATED)

_____

13. Which of the following categories best describes you:  (SELECT ALL THAT APPLY)

- General practitioner
- Family practice
- Internal medicine
- Emergency department physician
- Ophthalmologists
- Geriatrician
- Neurologist
- Physician's assistant

- Nurse
- Nurse practitioner
- Occupational/physical therapist
- Optometrist
- Pharmacist
- Social worker
- Health department staff
- Other - specify

14. Please indicate your gender and age for analytical purposes:

| Gender | Age |
|---|---|
| ☐ Male<br>☐ Female | ☐ Under 50<br>☐ 50 to 64<br>☐ 65 to 74<br>☐ 75 or over |

Please provide your email address so we may send your Amazon Gift Card:

If you would like to learn more about the Safe Mobility for Life Coalition and resources that can help address the issues of aging road users in your community, please contact:

## Gail M. Holley

Safe Mobility for Life Program and Research Mgr.
Florida Department of Transportation
Phone: 850-410-5414              Email: gail.holley@dot.state.fl.us

# APPENDIX C:  Assessment Tool – Social Service Providers

SRA Research Group, Inc. has been awarded a contract from the Florida Department of Transportation to conduct an "*Assessment of Health Care Providers and Older Adult Service Organizations to assist in the Prevention and Early Recognition of Florida's At-Risk Drivers*" to support their Safe Mobility for Life Coalition.

As part of this project, SRA is conducting surveys with social services professionals and aging services providers as well as medical professionals who interact with older adult drivers and road users.  The overall objective of this research is to understand what issues social services professionals and aging services providers face when dealing with older adult drivers and road users.  This research will be used by the Safe Mobility for Life Coalition to develop the right outreach and resource materials that can help address the issue of aging drivers and road users in your community.

Please take a few moments to share your valuable opinions. The accuracy of these results depends on your thoughtful, carefully considered feedback.  There are no right or wrong answers to these questions.  We are looking for your honest opinions which will be kept strictly confidential.  We will only use the results in aggregate with other people in your area.

1.      Do you interact with adults who are age: (SELECT ALL THAT APPLY)

☐  All age groups                       ☐  70 to 74
☐  Under 50                             ☐  75 to 79
☐  50 to 64                             ☐  80 to 84
☐  65 to 69                             ☐  85 and over

2.      Do you <u>EVER</u> have conversations about driving with adults age 50 or over?

☐  Yes
☐  No

3.      Please indicate what means of transportation older adults use to get to your organization/facility? (SELECT ALL THAT APPLY)

☐  All of these
☐  Drive personal vehicle
☐  Ride from friend or family member
☐  Volunteer driver programs
☐  Taxi or car service
☐  Paratransit service
☐  Public transit fixed route service
☐  Other – specify
☐  Don't know/does not apply

4.      Who do you feel should be responsible to have a conversation with older adults about driving? (SELECT ALL THAT APPLY)

☐ Social service professionals/service providers to older adults
☐ The driver's family or caregiver
☐ Pharmacists
☐ Law enforcement personnel
☐ Driver license offices
☐ Physicians

☐ Vision specialists
☐ Other health care professionals (PAs, Nurses, etc.)
☐ Other medical office staff members
☐ Someone else – specify:
☐ Don't know
☐ All of the above

5.      Please indicate which of the following would be barriers for you or other professionals when discussing driving with older adults or their families.  (SELECT ALL THAT APPLY)

|  | Is a Barrier: |
|---|---|
| Lack of resources to assess older adults ability to drive | ☐ |
| No time to assess driving abilities of older adults | ☐ |
| No transportation options to offer older adults | ☐ |
| Concern about relationship with older adults | ☐ |
| May negatively impact older adult's lives | ☐ |
| Liability | ☐ |
| Lack of resources to educate older adults on driver safety | ☐ |
| Other – specify: | ☐ |
| None of these | ☐ |

6.      Do you report at-risk older adult drivers to the Florida Department of Motor Vehicles or other appropriate state organization?

☐ Yes
☐ No
☐ No, but I refer to someone who does
☐ No, I don't know how or where to report at-risk drivers
☐ Don't know

7.      How often have you discussed or recommended the following with older adults?

|  | Frequently | Sometimes | Seldom | Never | Don't Know/Does Not Apply |
|---|---|---|---|---|---|
| Planning for a future time when they may no longer be able to safely drive | ☐ | ☐ | ☐ | ☐ | ☐ |
| Talking about ways to safely stay behind the wheel as they age | ☐ | ☐ | ☐ | ☐ | ☐ |
| Having older adults take a driving evaluation to test and improve their skills | ☐ | ☐ | ☐ | ☐ | ☐ |

8.      Please indicate your level of agreement with the following statements.

|  | Agree Completely | Agree Somewhat | Disagree Somewhat | Disagree Completely | Don't Know/Does Not Apply |
|---|---|---|---|---|---|
| I have the right tools to assess driver fitness | ☐ | ☐ | ☐ | ☐ | ☐ |
| A simple screening instrument to help identify and better predict at-risk drivers would be helpful | ☐ | ☐ | ☐ | ☐ | ☐ |
| I have the information and tools I need to educate on driver safety and mobility | ☐ | ☐ | ☐ | ☐ | ☐ |
| Identifying at-risk drivers and road users is everyone's responsibility | ☐ | ☐ | ☐ | ☐ | ☐ |

9.      What types of solutions or tools are you aware of, use, or would like to have available for older adults, if or when the need arises to discuss issues with driving?  (SELECT ALL THAT APPLY)

|  | Aware of | Use | Like to Have Available |
|---|---|---|---|
| FDOT Safe and Mobile Seniors website | ☐ | ☐ | ☐ |
| Florida's Guide for Aging Drivers | ☐ | ☐ | ☐ |
| CarFit safety event information | ☐ | ☐ | ☐ |
| Local aging service provider contact information | ☐ | ☐ | ☐ |
| Local transportation options | ☐ | ☐ | ☐ |
| The Hartford Family Conversations With Older Drivers | ☐ | ☐ | ☐ |
| Driver Rehabilitation Specialists | ☐ | ☐ | ☐ |
| Other – specify: | ☐ | ☐ | ☐ |
| Nothing/none of these | ☐ | ☐ | ☐ |
| Don't know/does not apply | ☐ | ☐ | ☐ |

10.     Please indicate the best ways for you to receive materials on older adults and driving?  (SELECT ALL THAT APPLY)

        ☐   Printed materials for your office
        ☐   Electronically (email or Web-based)
        ☐   Training courses or presentations
        ☐   Other – specify
        ☐   Don't know

11.     Please share any other thoughts or concerns you have about the issue of older adult at-risk drivers and road users. (PLEASE BE AS SPECIFIC AS POSSIBLE)

_____

_____

_____

12.    In which county do you work?  (IF YOU WORK IN MORE THAT ONE COUNTY, PLEASE SELECT THE ONE WHERE YOUR PRIMARY OFFICE IS LOCATED)

_____

13.    Which of the following categories best describes you:  (SELECT ALL THAT APPLY)

- ☐  Social worker
- ☐  Educator
- ☐  State government staff
- ☐  Local government staff
- ☐  Elected official
- ☐  Social services professional/service provider to older adults
- ☐  Health department staff
- ☐  Law enforcement member
- ☐  General practitioner
- ☐  Family practice
- ☐  Internal medicine

- ☐  Emergency department physician
- ☐  Ophthalmologists
- ☐  Geriatrician
- ☐  Neurologist
- ☐  Physician's assistant
- ☐  Nurse
- ☐  Nurse practitioner
- ☐  Occupational/physical therapist
- ☐  Optometrist
- ☐  Pharmacist
- ☐  Other - specify

14.    Please indicate your gender and age for analytical purposes:

| Gender | Age |
|---|---|
| ☐  Male | ☐  Under 50 |
| ☐  Female | ☐  50 to 64 |
| | ☐  65 to 74 |
| | ☐  75 or over |

If you would like to learn more about the Safe Mobility for Life Coalition and resources that can help address the issues of aging road users in your community, please contact:

### *Gail M. Holley*

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