

ACRS SEMINAR SPEAKING NOTES

'NEW MOVES FOR OLDER ROAD USERS'

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TITLE & AUTHOR (Slide 1)

Thank you and hello everyone.

Older road users is an issue which seems to strike a chord with everyone and I greatly appreciate the invitation to speak at this seminar today.

WHO ARE OLDER DRIVERS? (Slide 2)

Most road authorities and safety professionals have varying views on defining older drivers. Health authorities tend to use 65, as a good age to start looking for early warning signs and to implement preventative strategies. Transport agencies usually use 70, as it is from there on that seniors start to recognize changes in their driving abilities and alter the way and amount they drive.

The basis for investigating safety for older road users ultimately lies with the fact that the percentage of the Australian population aged over 65 will double by 2050. In addition, because of the higher rate of car use by aging 'baby boomers', the frequency of older driver crashes could triple unless effective countermeasures are implemented.

However, older people, especially the 'baby boomers' have increasingly high expectations. They will demand to drive as long as possible – and then expect to have alternative transport to meet their individual needs. They will also have the numbers, education, contacts and political clout to ensure they are heard!

We are also sure that the baby boomers' travel patterns and behavior is likely to be significantly different from the current over-70s - but we don't yet really know how. Accordingly, new measures, especially transport regulations, should be sufficiently flexible to allow for a diverse range of mobility solutions.

HOW SAFE ARE OLDER DRIVERS? (Slide 3)

Older drivers are safer than commonly believed. Once adjusted for travel exposure, their crash rates are quite reasonable, with serious problems mainly in the over 80 age group. However, if older drivers have a crash, their greater fragility means they are more likely to be killed or injured. Even so, in many cases, driving will remain a better and safer (or often only) option, versus walking or public transport. It is also interesting to note that recent Australian research is showing that very low mileage older drivers have more crashes than medium or higher mileage drivers – indicating that ongoing experience is important.

Most older drivers 'self-regulate' very well. Typical strategies are not driving at night, changing to a more appropriate car, driving off-peak, using less complex intersections and better planned and combined trips.

Yet current public perceptions are very different. Most people have a negative story about older drivers – a relative, friend or an on-road encounter. It will thus be a significant challenge to get the community to accept that older drivers are not a major risk to other road users.

FUTURE DIRECTIONS (Slide 4)

We will clearly need to increase our efforts to address the coming wave of older road user needs – and will be doing well to meet just the basic mobility needs, let alone the wider demands. A vital element will be balancing older road users' needs and expectations with the likely resources available. A key factor is informing older people of their options and the practical assistance available – and this is often best done at a personal and community level.

I was privileged to be awarded a Churchill Fellowship to study community-based safety programs for older road users, and I visited USA, France, Belgium, Sweden and Britain last year to meet road safety practitioners and senior citizens groups. In this presentation, I will draw on this overseas experience to illustrate what is current good practice and innovative future options.

THE MOBILITY TRANSITION (Slide 5)

Mobility is critical for healthy ageing. Health and road safety professionals frequently receive pleas for advice on the process of giving up driving, and its often dramatic effects on personal mobility and self-image. These are very important in ensuring a healthy old age – both physically and mentally. Information and programs to help older people maintain mobility provides not only safety benefits, but economic and social gains as well.

It is essential to emphasise that cessation of driving should be a gradual transition or process – not a sudden traumatic event. A key element is to get the issue of a mobility transition onto the agenda early – for both seniors and health professionals.

I would now like to focus on the three elements of this mobility transition, namely how to drive safely as long as possible; giving up driving; and post-driving mobility options.

a) Driving Safely (Slide 6)

Helping seniors drive safely is very little different to keeping all drivers safe, and I'll look at this area in the standard road safety framework of road environment; vehicles; and drivers/passengers.

'Road environment' includes road design, infrastructure and local/current environmental conditions. Some problems in these areas have a disproportionate impact on seniors – those most frequently raised are signage and lighting; arrow turns at traffic lights; roundabouts; and traffic light crossing cycle times for pedestrians.

The US Federal Highway Administration has a comprehensive range of technical publications to suggest engineering and multi-disciplinary solutions to make the road environment safer for seniors. They are also running demonstration projects on larger signs and pavement markings and complexity of intersections.

The Turner Fairbanks Highway Research Center of the FHWA is developing a model of how drivers gain visibility information and how they process it and use it. For example, their research on sign visibility for older drivers has shown that replacement of the traditional 'US highway gothic' road sign font by 'Clearview 5W' font gives a 12-14% legibility gain for a same size sign for older drivers, and even greater gains for close-spaced words. There is no cost difference for the new font.

The Swedish National Society for Road Safety uses project teams from seniors' organizations to suggest potential road and pedestrian safety improvements. From 2000 to 2003 over 5,100 projects were reported to regional and national road authorities and 45% of these were implemented. There has been special emphasis on pedestrian crossings since 2003, with speed surveys by volunteers used to identify problem areas and check the countermeasures implemented.

Vehicle design improvements largely rely on manufacturers' innovation flowing through the fleet, but older driver car turnover is relatively slow. In the USA, the American Automobile Association is starting discussions with auto manufacturers and seniors groups on car design, and are sponsoring a study to investigate age-related differences in understanding, acceptance and use of new vehicle safety technologies.

The European Commission in Brussels co-ordinates the 'eSafety' program to promote vehicle safety systems for enhanced visibility, collision avoidance and better driver information – many of which will be of special value to seniors. They are also targeting fleet sales as an effective way of getting safety options into vehicles – and a good proportion of such cars go to older drivers.

Some researchers in Britain are less enthusiastic about increasing vehicle communications (e.g. navigation systems) and wider vision technology (e.g. rear vision screens); being concerned that distraction from basic driving tasks may offset any extra information inputs.

Drivers and passengers are the area to have received the most attention.

A major initiative by the American Automobile Association is 'Roadwise Review', a CD-ROM kit which helps seniors identify and address physiological changes that can affect their driving. It takes the user through interactive exercises that test vision, flexibility and other risk predictors for older drivers and offers information on how to cope with diminished skills.

The Swedish National Society for Road Safety (NTF) is trialing '65 Plus', a voluntary driving refresher course for seniors, especially older women who are returning to driving. It uses focus groups with trained volunteer leaders, many of whom are retired police or driving instructors.

The Kirklees Council in Huddersfield, Britain, runs a very successful 'CarSure' program for drivers over 70. A trained assessor provides information on vehicle suitability, vision and mobility and road rules and suggests any new strategies. If a client is seen as unsafe, they are offered a 'personal travel plan' for alternative transport.

b) Giving Up Driving (Slide 7)

The process has two parts – ongoing assessment and adjustment; and the decision (and action) to finally stop driving.

In Australia, Europe and USA there is clear agreement that mandatory age-based testing seems to be ineffective in screening out the very limited percentage of dangerous older drivers – especially when there is good self-regulation by the majority. Rather, assessments must be thorough and more individually tailored, but considerable work is still needed to find the best initial screening test.

Older Australians consider medical professionals, rather than family or friends, as the only real authoritative voice on cessation of driving. GPs are the prime source of advice, although optometrists, pharmacists and community nurses are also important players. Victoria and ACT have excellent seminars to educate health professionals on handling cessation of driving issues in terms of professional liability and patient relationships, rather than just the medical assessment of fitness to drive

The Swedish Traffic Medicine Centres provides driver assessment and rehabilitation services using a team of physicians, psychologists, occupational therapists and driver trainers. They have identified driving and dementia as a serious 'tip of the iceberg' issue which is just emerging but could rapidly rise in prominence given the baby boomers' increasing lifespans.

The UK Mobility Advice and Information Service, or MAVIS, provides advice on fitness to drive, re-training and vehicle modifications. They see it as critical that the client recognize there is a driving problem – and the earlier the better. Healthy ageing programs and local councils' seniors events are an ideal avenue to promote this message; if possible using advice from older driver peers.

Elaine Bruley, a social worker at MAVIS has adapted palliative care techniques for dealing with loss and grief, to help people cope with the sudden loss of their drivers license.

Restricted or conditional licenses are supported by many community and seniors groups as an incentive to address gradual cessation. Ann Frye, a specialist UK mobility consultant, sees them as a psychological 'lifeline' which is a trigger for self-regulation and avoids the trauma of sudden loss of license. In contrast, most road authorities find the idea complex and difficult to administer and enforce for uncertain benefits. It is certainly an area warranting further detailed study.

c) Post-Driving Mobility (Slide 8)

Providing alternative mobility options in Australia is a difficult issue, in that

- Alternatives need to be compared to the car in terms of 'the 4 As':
 Availability Accessibility Affordability Adaptability
 The alternatives must be at least acceptable, if not optimal, in these areas
- Public transport use is very limited, with only 5% of seniors using it regularly
- Community transport is poorly co-ordinated and availability is limited. Better service co-ordination using new technology is promising, but lacks 'champions' and funding for trials.

The Beverly Foundation in Pasadena, USA, consider it essential that seniors be given alternatives to driving if they are to have a healthy old age. They see volunteer driver programs as very viable and widely applicable due to their simplicity, familiarity and flexibility, and have produced a 'Volunteer Driver TurnKey Kit' to assist community groups plan, implement and evaluate such programs.

The Community Transport Association in Britain uses health services and volunteers to provide community transport. CTA has a strong regional network and uses comprehensive kits to establish and operate local transport initiatives.

They have trained over 100,000 volunteer drivers (many for mini-buses) in the past ten years.

In Sweden, community transport is nationally co-ordinated, usually using a 'transport brokerage' model at a regional or city/community level. There is very strong support from seniors organisations, with good community input and substantial volunteer assistance. Many local systems use an on-demand minibus service using low-floor vehicles and trained drivers, with an ITS system to streamline bookings. While the service is heavily subsidized and facing budget pressures, it is still seen as justified in terms of savings in other health and community service costs.

Bus and coach hire by seniors groups is rising rapidly in Sweden and the National Society for Road Safety has produced a kit on how to include safety criteria in coach hire. It covers vehicle safety, seat belt use, speeding, alcohol and emergency escape and has been accepted by the bus industry through a formal contract with NTF.

Older pedestrian safety is a rapidly growing problem and indeed most seniors have a greater chance of injury as a pedestrian than in a car. This is an area where there has been very little innovation in any of the countries visited, with most safety programs for seniors reacting to specific situations with engineering or information measures – and rarely any outcome evaluation. There is a real need for development of senior pedestrian safety programs which combine behavioral, information and engineering factors and are delivered in a 'healthy ageing' context.

INFORMATION AND PROGRAM DELIVERY (Slide 9)

A key question is how to deliver information and assistance. What is the balance of regulation, promotion or incentives? (i.e carrots or sticks?). When do you use transport systems versus seniors' networks versus health systems? Financial aspects are usually important – whether users ability to pay or program funding.

Some key principles for seniors safety information programs are:

- Delivery through holistic 'healthy ageing' programs are probably better than driver education or safety publicity.
- Information usually needs to go to more than just seniors – also to their family and friends, health professionals and the general public.
- Keep information simple and up to date. Material should ideally focus on a single outcome or message. To be effective, aims and benefits must be personally relevant.

SOME INTERNATIONAL COMPARISONS (Slide 10)

Making cross-national comparisons is usually an 'apples and oranges' exercise, and when I inevitably make some questionable generalisations on the basis of a week's experience, I hope I am still at least talking about fruit.

Starting with **Australia**, our policy and political framework for seniors' mobility issues is far from unified, with limited co-ordination between transport and seniors groups. Transport agencies are often more proactive than seniors organisations, which often focus more on specific health or financial issues. There is also wide variation both between and within the three levels of government.

The **USA** has even greater jurisdictional variation, compounded by strong individualism ethics and commercial imperatives. This tends to mean that regulatory initiatives are limited, compared to Australia and north-western Europe, and US programs usually rely on information provision and encouragement. Their strength is the size of the USA, which reflects the considerable resources available and paradoxically, their diversity means there will usually be a place or opportunity to try most things out. The USA has high quality technical research and has considerable influence in vehicle and road design and safety standards.

The problem is how to distill the myriad results, and then disseminate and implement best practice in an environment where road safety does not seem to be very high on the political and community agenda - although this is hardly a unique situation to the USA.

In **Europe**, there seem to be two distinct attitudes towards older drivers. In Scandinavia, Britain and Holland there is clear recognition that older road users are a group with special characteristics and needs which warrant separate strategies and programs. (This is also the accepted view in USA and Australia).

In contrast, most other European countries do not perceive that there is 'an older driver problem' in that there is a very different attitude to ageing. In central and southern Europe, you are not 'old' until over 80 – and in your sixties are seen as fully capable and productive. The social perception thus is that 'older drivers' are not an issue, and that once you are 'old', normal lifestyle changes will mean you won't drive anyway and your mobility needs will be met by family, friends or public transport. (It will be interesting to see if this view prevails for the baby boomers).

Returning to Scandinavia, Britain and Holland, these countries have not targeted older drivers primarily through regulation, but rather provide mobility support information and services often specifically directed at seniors. Community transport services are considerably more developed than in Australia. Sweden has a national centrally co-ordinated system of mobility assistance, while UK tends to have more local or regional initiatives.

These countries also take a more proactive role in introducing road infrastructure safety measures which while being of value to all road users are especially useful to seniors; e.g. footpaths, crossings and information system upgrading. While Australia and USA also do such work, it is more often reactive to a high profile problem rather than a built-in safety system approach.

All countries visited clearly agreed that mandatory age-based license testing is outdated for identifying the limited number of dangerous older drivers. Rather, assessments must be better targeted and more individually tailored and while there is considerable work in progress to find the best screening tests, it is still quite a way from a clear outcome.

The Scandinavian nations have the strongest safety ethic. They no longer see regulation as the major driving force in road safety – it only guarantees a minimum level. Rather they see community responsibility as the key lever, using clear policy and a strong community ethos.

Looking back at Australia, against these international comparisons, it seems we are at least ‘on track,’ if not a leader, in terms of many older driver regulatory and safety initiatives. Our weaknesses are in ‘senior friendly’ road infrastructure, managing the transition out of driving and providing good mobility options thereafter, and I’ll now briefly suggest some possible initiatives to fill such gaps.

POSSIBLE FUTURE INITIATIVES (Slide 11)

It was very encouraging to find that much of what is being done in Australia, in respect to older road users is quite appropriate and in line with good overseas practice. Such initiatives as older driver handbooks and videos, driving refresher courses, seniors’ transport websites and seminars for health professionals on giving up driving, attracted much attention and should be continued, if not expanded.

Accordingly, I have tried to identify projects which are additional or different to those currently in place, or where basic research could lead to significant improvements.

1. Identifying road engineering safety initiatives of special relevance to seniors and implementing them in proactive situations.
2. An information campaign to inform both seniors and the general public of the good safety levels of most older drivers, while introducing the idea of a gradual transition out of driving.
3. Developing materials for professionals, seniors, and their support network of family and friends, on how to handle the trauma of abruptly ceasing driving. A particular need could be special information in relation to dementia and driving.
4. Investigation and trial of post-driving mobility alternatives – especially volunteer driver programs; community transport schemes and transport brokerage.
5. Work on how to identify, reach and influence the small group of seniors who deliberately or unintentionally drive unsafely – often for medical reasons.
6. Research on older pedestrian safety programs which combine behavioral, information and engineering factors.

In many cases, very good results can come from partnerships where generic policies or products of national or state agencies are adapted for local use by community organisations. There are good opportunities for older road user initiatives through innovative partnerships between government agencies, seniors and community groups and motoring organisations.

It is now accepted (at least among many safety professionals) that road safety is not a 'transport problem', but rather a wider community health issue.

It is vital to take an integrative, 'healthy ageing' approach. In the end, if we focus mainly on road safety to solve the problems of older road users, we will have largely incomplete and unsatisfactory solutions.

ACKNOWLEDGEMENTS (Slide 12)

Finally, I would especially like to acknowledge the Winston Churchill Memorial Trust which provides such a valuable opportunity to widen horizons and networks at a global level and the NRMA-ACT Road Safety Trust which sponsored my particular Fellowship and my attendance at this seminar.

I have produced a detailed report on my Fellowship studies, which is on the 'Reports' section of the NRMA-ACT Road Safety Trust website.

See www.roadsafetytrust.org.au

Thank you very much. Any questions please?