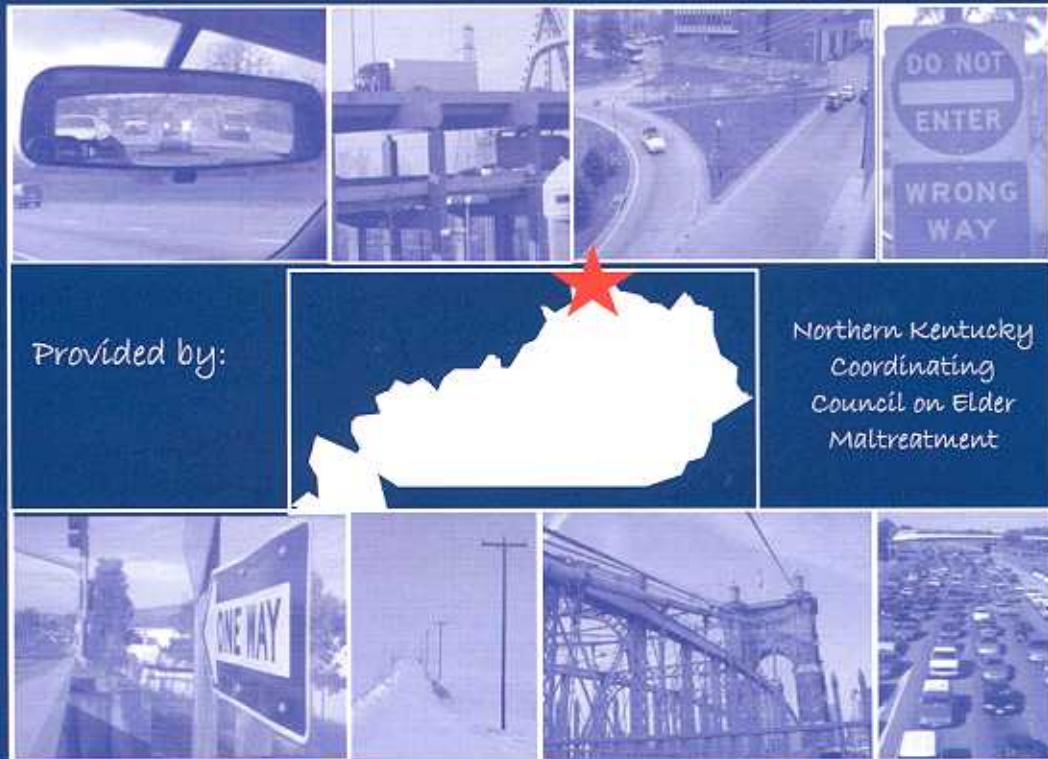


Addressing Your Concerns



About An Older Driver in Northern Kentucky

Table of Contents

Families, Friends and Caregivers	Page 1
Taking Stock of the Situation.....	Page 2
Driving Safely.....	Page 7
Leaving the Wheel: Discussions and Interventions	Page 11
Coping	Page 16
Mobility for Life	Page 17
Resources	Page 19

“ADDRESSING YOUR CONCERNS ABOUT AN OLDER DRIVER IN NORTHERN KENTUCKY”

2003

The need for an older adult driving document arose from a community input process, conducted in the summer of 2000, by the Community Based Ethics Committee Coalition of Northern Kentucky, now called the Northern Kentucky Coordinating Council on Elder Maltreatment. The council’s mission is to coordinate a community-wide cooperative response to the ethical concerns regarding at-risk older adults, while enhancing support and education. The Northern Kentucky Area Development District Council on Aging sponsors the council. Specific projects are accomplished through subcommittees. The Education Subcommittee, which focuses on families, developed this booklet.

Special thanks to the following organizations that donated staff to make this booklet and initiative possible:

- Northern Kentucky Local Coordinating Council on Elder Maltreatment
- St. Elizabeth Medical Center
- Kenton County Fiscal Court
- Office of the Kenton County Attorney
- Senior Services of Northern Kentucky
- Campbell County Police Department
- Catholic Social Services of Northern Kentucky
- TransCare of KY, Inc.

The Education Subcommittee wishes to recognize the New York State Office for the Aging for so generously sharing their handbook. It provided an excellent springboard.

- LePore, P.R. (2000). *When You are Concerned - A handbook for families, friends and caregivers worried about the safety of an aging driver*. Albany: New York State Office for the Aging.

FAMILIES, FRIENDS AND CAREGIVERS

He's had two recent crashes and I'm getting very concerned.

She went to her regular hairdresser and got lost for an hour on the way home.

I will not let my children ride with him anymore.

A FAMILIAR RING?

Concerns about a loved one's driving are shared nationwide. Indeed, what to do about an at-risk or unsafe, aging driver has become a growing issue among more and more families and caregivers. And, like you, they are troubled by what they see when their aging loved one gets behind the wheel. Most families and friends are not certain what to say, what to do or even where to find assistance.

You probably know from your own situation that the signs of a problem with driving are rarely as dramatic as a serious crash. More often, they come from a range of signs taken from the driver's routine behavior, home environment and, of course, their driving.

This handbook is designed to guide you through the process of protecting an unsafe driver for the love of those who care.

Surrendering the wheel is a significant event for anyone in an automobile dependent society like ours. If your loved one has to give up driving, everyone involved will be affected to some degree. The driver will lose freedom and independence; family members may now have to assist with transportation. And if you had a hand in fostering the decision to cease driving, your relationship with your loved one and other family members not supportive of your actions may also be unfavorably impacted.

This downside, however, must be measured against the very real consequences of letting an at-risk aging driver remain on the road.

"I was at work when I heard the ambulance and fire trucks leaving. I didn't think anything of it. I found out it was my 87 year old Aunt. The police said she left the rest area going the wrong way. She hit a car passing a truck and was killed instantly. The other driver was severely injured. In talking with my cousins, they said they were getting concerned about their mother's driving and were going to talk to her. Now it's too late."

TAKING STOCK OF THE SITUATION

"I got this call from the daughter of an older driver. She said to me, 'My mother is 85 and I'm concerned about her driving.' I asked her what the problem was with the driving. She said, 'My mother is 85 and I am concerned about her driving.' So I asked her again what it was that her mother was doing that gave her such concern. She said she didn't know anything about her actual driving because she hadn't seen her drive! Her only concern was that she was 85!!"

AGE OF THE DRIVER

Safety research has shown that age alone is not a good predictor of driving safety or ability. Some interesting examples support this point.

Steve Wittman of Oshkosh, WI, competed in airplane races at age 80 and continued air racing until he was 85. He was still piloting a plane at age 90!

Dan Carmichael of Dayton, Ohio raced in the fastest class of SCCA amateur open wheel car racing. At age 75, he beat all the young Indy aspirants and won the championship! It was hardly a fluke. The year before, at age 74, he finished 2nd! Here was a case where the driver got better as he got older!

And Paul Newman (yes, that Paul Newman), at age 70, co-drove the night shift of the Rolex 24-hour race in Daytona to a class win. At age 74, he was still considered capable of running at the front in pro-level sports car endurance racing events.

These three examples highlight the wide range of ability and skills found later in life. They also show that age cannot be used as the *only* predictor for driving ability and safety.

As in the story above, just being 85 doesn't necessarily make a person unsafe for at-risk driving. *But there is ample evidence to show that when advancing age combines with other signs, it can signal a crash risk or unsafe driving.* One key to knowing when your older driver is at risk rests in being attentive after reviewing and adjusting your own attitudes about older drivers.

REVIEW AND ADJUST YOUR OWN ATTITUDE ABOUT OLDER DRIVERS:

- Does your own driving style make you see slower drivers who stick to the speed limit as unfit?
- Do stereotypes about aging affect your feelings about older people's capabilities?
- Do you see older people as individuals with different strengths, or lump them together as a group?
- Will your feelings about older drivers change when you grow older?

HOW TO START

Begin taking stock of the situation by examining the person's driving, physical/mental condition and behavior. Some safety related declines could be so slight that you might not see anything unusual. But if you keep notes on what you find, over time you will be able to identify trends which signal the person may be at-risk driving. Make sure to date your notes. If they are dated, they will also be helpful if you have to talk to the driver's health care provider.

Should I go for a ride?

Absolutely! If you are certain it is not your attitude influencing your opinion, you really need to see if the person is having a problem with driving safely. Riding with the driver is the best way to find out. Ask the driver if you can ride along when he or she runs an errand. You may be asked why you want to come along, so be prepared to respond.

Sometimes the driver will want you to ride with them or it may just be easier to follow them with your car. Either way is fine. But if you ride with the driver, check the following:

- If appropriate, did the driver wear eyeglasses or contact lenses?
- Did the driver use the safety belt on his/her own or did he/she take cues from you?
- Was the driver sitting at least 10 inches from the steering wheel airbag?
- Could the driver see the road adequately? Some older drivers need to sit higher to see properly out of the vehicle.
- Was the driver able to twist around to see what was happening when backing up, or was he/she able to rely on the car's mirrors? Were the mirrors adjusted to decrease blind spots?
- Could the driver reach and satisfactorily operate the brake pedal, gas pedal, steering wheel and directional signals? Did he/she select the right transmission gear?

Keeping a driver safe begins with seeing clearly and putting on a safety belt. Being 10 inches or more from the airbag will prevent injury or death if the airbag activates. Proper seating position and mirror settings are needed for safe maneuvering. Reaching and satisfactorily operating the vehicle's controls are prerequisites for safe operation.

What should I say?

If you ride with the driver, DON'T say anything about their driving while you are in the car. This is where silence is golden. You also don't want to make the person nervous. So, just observe. If you are good about keeping silent, the odds are the driver may say to you later, "Well, how did I do?"

If the driver did well, it is good news for both of you. But if the person had some problems and knows they did not drive well, they may not want to hear about it from you just at that moment. On the other hand, this may be your opportunity to begin a dialogue about ceasing driving or getting help to improve skills and judgment. Use your knowledge of the person and their receptivity to this very sensitive issue to guide you as to whether this is the time to say anything critical of their driving.

When I ride with or follow the driver, what should I look for?

- Obeying all traffic signs and signals
- Yielding right of way
- Paying attention to other vehicles, bicyclists, pedestrians and road hazards
- Appropriately stopping or slowing
- Potentially causing a problem with the safe flow of traffic, by driving too fast or too slow
- Staying in lane when turning and driving straight
- Safe merging and lane changing, including proper use of directional signals
- Turning directional signals off when not needed

Which of these should be of immediate concern?

Not obeying stop signs (also not checking for cross traffic after stopping), traffic lights and not yielding pose the most immediate risk of injury to the driver and others sharing the road. If your driver is going through stop signs, red lights, not checking cross traffic and not yielding, you know the situation is very serious. The driver is in immediate danger of crashing or causing other vehicles to crash. Stopping for stop signs and red lights is automatic behavior for all drivers and especially those who have been driving most of their lives. When this behavior is absent or intermittent, your driver is at extreme risk and must not continue driving.

Yielding the right of way requires a driver to interact with changing traffic patterns rather than giving an automatic response. ***Repeated failure to yield right of way is dangerous and unsafe driving. Your driver is at extreme risk and must not continue driving.***

What may indicate the person is having a problem driving?

- Repeated comments from the driver's spouse, companion, friends or passengers about close calls, near misses, not seeing other vehicles or unsafe driving
- Traffic tickets
- Damage to vehicle
- Changes in behavior, personality

What situations might suddenly trigger a problem with driving?

- Loss of a spouse or friend
- A recent hospitalization or illness
- A change in medication

What warning signs indicate the driver may be at risk? (look for several signs)

- Forgetfulness/memory loss that is combined with other signs
- Confusion/indecisiveness/disorientation
- Not being quick verbally
- Visual problems such as constant squinting
- Not hearing or following verbal instructions, loud radio, television
- Withdrawal from social situations
- Problems with judgment
- Tripping and falling or dizziness
- Trouble with fine or gross motor tasks, especially stiff joints/immobility
- Functional losses, such as: trouble walking; incontinence; swallowing
- Improper behavior in social situations
- Accidents in the home, burns, cuts
- Shortness of breath

GETTING LOST

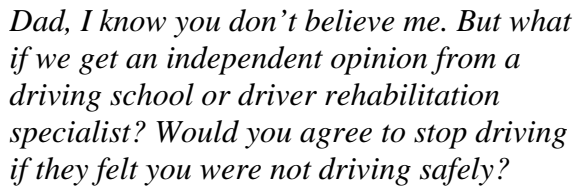
Everyone gets lost at one time or another. But when your loved one is losing his or her way in settings which have always been familiar, it is a sign something is going on with the driver. Even if your loved one is still driving safely, you absolutely need to find out what is happening. Only a medical AND in-car driving assessment can provide you with the information you need to determine whether your driver can remain behind the wheel or has to cease driving.

PERCEIVED RISK VS. ACTUAL RISK

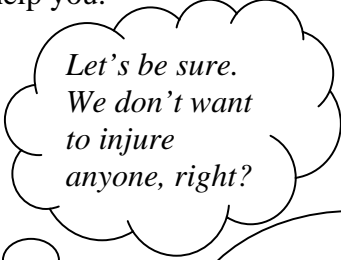
A word of caution - it is not uncommon for families, caregivers and even health care professionals to be incorrect in their judgment of a driver's risk or driving ability. Formal scientific studies have shown significant judgment error rates. This means that older persons who were perceived as being at-risk by family AND health care professionals were actually operating safely when in-car driving assessments were conducted!

HOW TO ENCOURAGE YOUR DRIVER TO GET AN ASSESSMENT

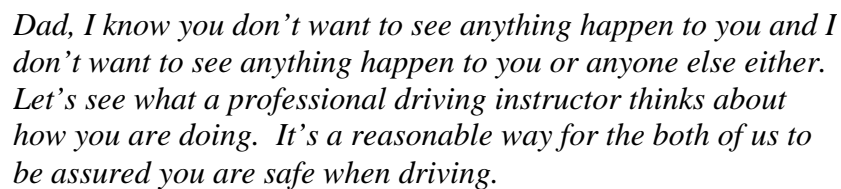
There are many ways to start a conversation with your loved one to encourage them to get a driving assessment. Usually taking a positive approach works best. However, you know your older driver best. We included a few examples that might help you.




Dad, I know you don't believe me. But what if we get an independent opinion from a driving school or driver rehabilitation specialist? Would you agree to stop driving if they felt you were not driving safely?



Let's be sure. We don't want to injure anyone, right?



Dad, I know you don't want to see anything happen to you and I don't want to see anything happen to you or anyone else either. Let's see what a professional driving instructor thinks about how you are doing. It's a reasonable way for the both of us to be assured you are safe when driving.



Mom, I will not say anything more, if they say you are driving safely.

ALZHEIMER'S AND OTHER DEMENTIAS

"My husband had Alzheimer's. He flunked the DMV driving test and his license was revoked. He paid no attention to the revocation because he didn't understand it. Then he tried to break into my car and others' cars. He didn't understand what the problem was and didn't do anything about it because he couldn't."

A diagnosis of Alzheimer's usually means that your loved one is going to have to cease driving - perhaps immediately. While there is evidence that some in the early stages of the disease are able to drive safely even though they get lost, there is also countering evidence showing those in early stages of the disease are involved in crashes. It may be that both observations are correct. If so, that poses an even greater dilemma. How will you know which applies to your driver?

If you know the person, you have some idea about how to handle the situation. The local chapter of the Alzheimer's Disease Association or another local Alzheimer's group can be an especially valuable resource for assistance. They can chart out the likely progression of the disease, help with your loved one's transition from the wheel, advise about interventions, and provide emotional support to you and your driver.



**Check
this out!**

Alzheimer's Disease Association of Greater Cincinnati
513/721-4284 or 1-800-441-3322
[www. Alz.org/grtrcinc](http://www.Alz.org/grtrcinc)

DRIVING SAFELY

“We usually think about older drivers from one perspective: getting them off the road. However, if that remains the only perspective, we are headed for a terrific problem. With the lack of public transportation, ever-sprawling suburbia and a coming wave of aging baby boomers, what we really need to be looking at is how to keep older drivers driving safely longer!”

Older persons especially, have much to gain if driving skills and judgment can be maintained or even enhanced. The good news is studies show that some older drivers can regain once lost skills and judgment. Some are even able to surpass levels previously considered adequate. What does it take? What’s out there to help you or your loved one drive safely longer?

MOTIVATION

Older drivers who have returned to the wheel with improved skills and judgment often call motivation the “secret ingredient” of their success. This means your driver has to want to make changes and acknowledge they have had a problem. It’s not easy and often a lot of work. But if your driver is able to return to the wheel with enhanced skills, confidence and judgment, it is a payoff you can’t put a number on.

A CONSPIRACY STORY

“His family filed a report with us and we called him in to take a driving test. He passed the test without a problem. His family contacted us again. They were very concerned. How could we pass him when he was driving so unsafely?”

They filed another report and we tested him again. He passed. His family was very upset with us. How could he pass when he had not been obeying traffic signals? They filed another report. And we tested him again. This time during the afternoon. Well, he failed the test! Why this time and not the others?

We found out at lunchtime he would have his big meal of the day. He would also take all of his medications for the day as most were to be taken with food! Well, this drug cocktail was affecting his judgment and causing the unsafe behavior.”

MEDICATIONS AND MIMICS

Many things can conspire to erode safety and place an older driver at risk. When this happens, quite often the driver will have to leave the wheel. Yet sometimes the cause of the problem, as in the above story, can be addressed and the person restored to safe driving.

Medications, anemia, depression and scores of other treatable conditions can produce dementia-like conditions. In 2000, AARP reports, older persons use 30% of all drugs in the U.S. while they represent only 12.5% of the population. Additionally, 63% of older persons regularly use over-the-counter drug products, so drug interaction issues are not uncommon.

Whenever you are suspicious of an older driver's ability, the first step for you or your loved one is a visit to the primary care physician. It is important to ensure that no medical or medication issues are interfering with driving ability. Arthritis and post stroke conditions can also make vehicle control difficult and place an aging driver at-risk. Refer to the Vehicle Equipment section of the Local Resources, if this is the case.

DRIVING ASSESSMENT

A next step is for your loved one to get assessed by a driving school professional or a driver rehabilitation specialist. Either one can quickly identify problems and, if the driver is an improvement candidate, outline what steps can be taken.



**Good Samaritan Hospital
Driver Assessment Program
513/569-6602
*More in the Resource Section***

ACCIDENT PREVENTION SAFETY PROGRAMS

AARP's 55 Alive/Mature Driving Program is one of a number of accident prevention programs offered nationally that provide the latest information about traffic laws, road signs and safe driving practices. Designed specifically for older drivers, this two day, 8 hour classroom only (no driving) program is offered routinely in Northern Kentucky. Even after a lifetime of driving, first-time participants usually come away surprised that they learned so much. Kentucky law mandates that insurance companies provide a discount to older adults whom attend this course, which can be a strong incentive to attend. Class must be repeated every 5 years to keep the discount.



**55 Alive (AARP)
1-502/484-5825
*More in the Resource Section***

“USE IT OR LOSE IT”

A driver needs “seat time” to maintain confidence and driving skill. That old adage about “using it or losing it” holds true for driving. While the tendency in older age is to drive less, there is a genuine need for an older driver to get enough time behind the wheel to keep judgment, skills and confidence from diminishing.



Driving Safely While Aging Gracefully
www.nhtsa.dot.gov/people/injury/olddrive/Driving%20Safely%20Aging%20Web/index.html
National Highway Traffic Safety Administration's online booklet

DRIVER FITNESS

Both AARP and the AAA Foundation for Traffic Safety have excellent information about driver fitness and what a person can do to remain up to the physical challenges of driving. So do occupational therapists, physical therapists and driver rehabilitation specialists.

AAA Cincinnati
513/762-3446

www.aaacincinnati.com



AARP
800/424-3410

www.aarp.org/55alive

VEHICLE EQUIPMENT

The right vehicle when properly equipped can significantly enhance a driver's safety. If vehicle replacement is an option for your driver, check that the new(er) vehicle has the following:

- Automatic transmission
- Power brakes and steering.
- If console gear selector, check selector button release pressure (if too difficult to press sometimes it can be changed to a softer spring).
- Adjustable pedals.
- Power seat. Power seats often have additional range adjustment allowing for a better fit behind the wheel. Driver should sit high enough to see the road and be positioned to easily operate the controls. If vehicle is equipped with a steering wheel air bag, driver must sit at least 10 inches from bag cover.
- Whether an existing vehicle or brand new, your driver's vehicle needs to be in sound mechanical shape. Make sure they have safe and properly inflated tires, good brakes, proper alignment, working directional signals, brake lights, and wipers which actually clean the windshield. It is important to give the vehicle a regular safety check and test drive.

Fit in a new or existing vehicle can also be improved with seat cushions, pads or sometimes a seat change. Adjustable pedals, pedal extenders and pedal blocks also improve fit and provide the clearances needed for air bag equipped vehicles. Air bags save lives. But they can kill or injure a driver who is too close.

Drivers with impairment such as hearing loss or arthritis or a disability can also be accommodated by the addition of special equipment. Here are *some* examples of the kinds of adaptive vehicle equipment available:

- Seat belt adapters to make belts easy to reach, improve fit and make release buttons easier to operate by arthritic hands. Special torso restraints to hold driver upright.
- Full view inside mirrors and side "spot" mirrors to minimize blind spots for those who can't easily turn their neck.

- Steering wheel spinners, turning devices, and reduced effort power steering, helpful to drivers who have use of one arm only.
- Directional signal crossovers to shift operation of directionals to other side or to foot.
- Extra loud turn signal “clickers” or relocated/brighter turn signal indicator for hearing impairment.
Left foot accelerator for those with limited or no use of the right foot.
- Touch pads or voice scan activation systems for car controls and electronic joystick controls for steering, gas and brake.



Van Stop, Inc.
513/869-5438
American Bus &
Accessories
513/821-3220

***See the Resources
for more***

LEAVING THE WHEEL: DISCUSSIONS and INTERVENTIONS

“The driver was a 68 year old female. She left her residence on a Monday morning enroute to the local Wal-Mart just 2 miles away. By Monday night she had not returned and her family reported her missing to the local authority. On Wednesday morning she was found over 100 miles away. Local police found her after receiving several calls about a vehicle driving on the wrong side of the road and striking the guardrail several times. She was confused about where she was and what time it was. Follow up with family revealed she was in early stage Alzheimer’s. They had not done anything about it yet. They were both lucky this time.”

ACCEPTING THE EVIDENCE

The process of addressing an unsafe driving situation begins with accepting the evidence that your loved one is at-risk or unsafe behind the wheel. Where does the evidence come from?

As recommended on page 5, you or a professional has observed that the older driver:

Driving safety concerns

- Doesn’t obey traffic signs
- Drives too aggressively or too slowly
- Gets lost routinely
- Doesn’t pay attention to other vehicles, bicyclists, pedestrians, road hazards
- Doesn’t stay in lane when turning and driving straight
- Has had an increase in accidents or traffic violations

Medical and behavioral concerns

- Vision and/or hearing problems
- Memory loss
- Problems with judgment and indecisiveness
- Disorientation, dizziness or confusion
- Dismobility (loss of coordination)
- Recent severe medical problem

Any of these listed items, or repeated comments from others about close calls, near misses, or unsafe driving should trigger you to action.

HOW TO PREPARE FOR A DISCUSSION

A discussion about leaving the wheel is a serious event. If your loved one is capable of understanding the seriousness of the driving behavior and/or medical condition of concern, you will want to do the following:

- Put together a list of your safety, medical and behavioral concerns.
- Discuss your concerns, the implications of continued driving, and ramifications of a crash with your family members.
- Get physicians and other professional “no drive” recommendations in writing.
- Find out what the pharmaceutical printouts say about driving for all medications (including over-the counter medications) your driver is taking.
- Have some transportation arrangements worked out for the driver.



**Ask your pharmacist or call
PrimeWise and request
“MedTips” for all medications
859/578-5999**

http://216.68.156.42/regions/northern_kentucky/content/drug_encyclopedia.asp

ENLIST HELP FROM THESE INDIVIDUALS

- Family members
- Friends
- Clergy
- Driver’s physician
- Eye care provider
- Family attorney (implications of crash on driver’s estate)
- Family insurance agent (increase in premiums and possible cancellation of insurance)
- Residence advisor, senior center director
- Case manager from local area agency on aging
- Professional driving instructor

WHO SHOULD LEAD THE DISCUSSION WITH THE DRIVER

Usually it is the person the driver responds to best. This is the person who has the “tug” with the driver. But there are exceptions. Family hierarchy concerns can also dictate who speaks to mom or dad about their driving. They may listen to one of the children over another.

THE DISCUSSION

1. State valid reasons for giving up driving
 - Safety concerns
 - Medical concerns
 - Behavioral concerns
2. Present the following
 - Crash reports
 - Physicians recommendations
 - Driving assessment reports
 - “No Drive” information related to medications driver is taking
3. Suggest alternative means of transportation and ways they can remain independent.
4. Emphasize with your loved one about how difficult giving up the keys really is.



SSNK
859/292-7945
More in the Resource Section

DISCUSSION STYLES

Discussion styles vary according to the receptivity of the driver and the urgency of the situation. Your approach as well, will be predicated upon these and other factors.

- FRANK AND TO THE POINT – “Stop now before you have an accident and kill someone.”
- DEFLECTIVE OR DECEPTIVE * - “We told her the car was no longer safe.”
- REASONING AND COMPASSIONATE – “I told him I loved him and I would be available to take him shopping, to the bank, the barber, wherever he needed to go.”

* Deceptive – Families do not like being deceptive. However, sometime families find it necessary to have to say what the driver can comprehend in order to keep the person safe. In those cases, often the person is incapable of understanding or the “truth” is no longer relevant.

SIGNIFICANCE OF A DRIVERS LICENSE

“It is the loss of the license that is more upsetting than actually giving up driving.”

The Department of Drivers License reports a surprising number of older persons who religiously renew their licenses even though they have sold their cars and given up driving! The reason is a Drivers license is more than just an authorization to drive a motor vehicle. It also signifies they are still part of society and/or that they are not impaired.

For this reason, keeping a license should not be an issue if the person agrees to give up driving. They may prefer to let their license expire rather than to surrender it.

THE DEPARTMENT OF DRIVERS LICENSE NON-DRIVER PHOTO IDENTIFICATION CARD

In Kentucky, the Department of Drivers License offers residents without a license, or those surrendering a Drivers license, a non-driver identification card for a small fee. A “non- driver photo ID card” is legal identification for check cashing and other purposes. This non-driver ID card can be obtained at the same place drivers licenses are issued.

INTERVENTIONS

You will know it is time to intervene when your discussions do not or can not work. Here is a look at *some* of the actions you can take.

- Seek an immediate license suspension. Have the driver’s physician file a “no drive” medical condition report with the Department of Drivers License. Eye care providers can do the same thing.
- File a request with the Department of Drivers License for the Drivers license to be revoked.
- Take the keys away from the driver.
- Disable the vehicle.
- Remove the car.

NON-CONFRONTATIONAL INTERVENTIONS

Non confrontational interventions have the best success when conditions such as mounting traffic, limited parking and a lack of confidence makes driving a chore for your loved one. Here are some examples of non-confrontational interventions.

- Arrange for groceries to be delivered.
- Provide transportation so the driver will not have to use his car.
- Take the person out during the week to satisfy their need “ to just go for a drive”
- Jump in the car first and say, “I’ll drive.”
- Say to your driver, “ I noticed you haven’t been driving in a while, would it be better if I drove?”
- Tell your driver, “I’ve arranged a cab for you tomorrow afternoon. It will take you wherever you need to go.”

FAILED INTERVENTIONS

Nothing is more upsetting and frightening than taking action to protect the driver and then finding the person is back out behind the wheel. The following are some possible reasons interventions can fail.

- The driver has hidden a set of keys and continues to get them duplicated.
- The driver has a locksmith make new keys.
- Driver requests a duplicate license.
- Driver rents a vehicle.
- Driver calls mechanic to fix disabled car.
- Friends let driver use their car.

WHAT DO YOU DO IF YOUR DRIVER IS IN IMMEDIATE DANGER?

If your driver insists on driving but is so impaired, dazed, confused, and/or disoriented as to be an immediate danger of causing loss of life or damage to property, you have a situation that requires emergency action. **CALL THE POLICE** immediately. Try to do it before the driver gets on the road. Explain the situation to the dispatcher. The police will come and investigate.

If your driver is clearly impaired the police will attempt to convince them not to drive and if necessary arrange for transportation to a medical facility for examination.

If the driver is taken to a medical facility and the examining physician agrees they should not drive, the doctor can report the medical condition to the Kentucky Department of Drivers License by mail, e-mail or fax.

WORDS OF ADVICE

- Continue to intervene.
- Be firm, kind and persistent.
- Do not delay.
- Observe, listen and be gentle.

Remember, what goes around comes around. How you treat your family member will often set the stage for how your family may treat you when your driving becomes a concern!

COPING

"I was married for over 50 years when my spouse died. I eventually got over that loss. But I have not gotten over the loss of my Drivers License."

DEALING WITH LOSS AND CHANGE

Leaving the wheel represents the end of a unique form of individual freedom; a freedom the driver may have known and counted on for most of his or her life.

Now seemingly overnight, that freedom and all it means is gone forever. It is a loss, which can be as deeply felt and as significant as any major life-event loss.

What are some of the reactions I might anticipate?

- Congenial – "He was resigned to not driving and also relieved."
- Agreeable – "She agreed to the sale of the car."
- Anger – "She vehemently protested, was negative, sarcastic, got angry and cried."
- Denial – "He said there was nothing wrong with his driving."
- Acceptance – "He has reluctantly accepted."
- Depression – "There has been withdrawal and
- loss of interest in activities."

What do I say if my driver is in denial or angry?

- Hear them out. Allow the person to express their anger and hostility.
- Affirm their concerns where appropriate.
- Where appropriate, go over the reasons and the evidence of why driving is now dangerous.
- Review the likely outcomes of continuing to drive.
- Affirm your desire to help them with transportation since they have stopped driving.

If your loved one doesn't come to an acceptance of giving up their driving, is sad and irritable, has lost interest or pleasure in their usual activities, experiences loss of sleep or appetite, complains of fatigue and unusual physical pain it is important to seek help. These can be signs of physical problems but also can be signs of depression. Free depression screenings are available from your local Mental Health Association.



**Mental Health Association of
Northern Kentucky
859/431-1077**

More in the Resource Section

MOBILITY FOR LIFE

“Both of my folks outlived their ability to drive. Fortunately, they lived in a perfect location: within walking distance of most of the things they needed to stay independent. It worked fine for them. With family genetics what they are, it has occurred to me that I too, may outlive my ability to drive. That very notion has suddenly given new meaning to that old real estate mantra about what to look for in a house: Location. Location. Location.”

MOBILITY PLANNING

What if you woke up tomorrow and could no longer drive? You might be able to get rides for a few days, but after that, what would you do? How would you get to the grocery store, work, religious and medical services?

What kind of transportation would allow you to do the important things in your now car-less life? What kind of transportation services should be available, at the very minimum? What would be especially helpful now?

WHAT YOU CAN DO NOW

- Take your responses to the above questions and share them with your local municipal, state and congressional officials.
- Tell your public transportation provider where you (and likely others, too) need to go and what you would like to see available to help with your transportation needs.
- Where possible, support public transportation programs, at hearings and forums.
- Encourage the development of volunteer driver programs.
- Educate local municipal planning and zoning boards to permit “in-law apartments” and to strive to keep the businesses people use, where people live.
- Encourage stores and shops to collectively provide senior shopping van services. Some grocery stores do this already. See if it can be expanded to other stores.
- Encourage government and community service organizations to put public transportation directions on their informational brochures and handouts. (“Our office can be reached by taking bus #6 or 21” or by taking the shuttle service.)

- Make up a “just in case” alternative transportation list of carriers, friends, relatives and other potential sources of help to take you where you need to go.
- Involve college and university urban planners in educating your zoning boards and elected officials.
- Encourage the development of “livable communities” and “smart growth” programs.
- Involve college and university urban planners in educating your zoning boards and elected officials.



“Community Transportation Resource Worksheet”
A helpful tool to catalogue your local transportation options.
www.aarp.org/55alive/resources.html

FINAL THOUGHTS

You are not going to be able to drive your car to the cemetery, hand over the keys and step down into the box! More likely, you’ll be fortunate enough to live a long life and in the process simply outlive your ability to drive.

Not a bad deal when you consider the alternative!

RESOURCES

Where to Look for Help in Northern Kentucky

DRIVING ASSESSMENT

ADED: The Association for Driver Rehabilitation Specialists

PO Box 49
Edgerton, WI 53534
608/884-8833
www.driver-ed.org

- Driver rehabilitation specialist directory by state.

Drake Center

151 W. Galbraith Road
Cincinnati, OH 45216
513/948-2500

- Physician order required for evaluation.

Good Samaritan Hospital – Driver Assessment Program

375 Dixmyth
Cincinnati, OH 45220
513/569-6602

- Physician order required for the comprehensive evaluation which includes both a clinical and driving evaluation - there is a cost.
- Without physician order can pay for Rehab Driver Fitness Screening which is a clinical evaluation of reflexes, vision, etc. – evaluation provided.

DRIVER EDUCATION

Local Driving School

- Driving instructors can provide evaluations and re-training for older adults. Strongly recommend drivers education for older adult at risk of losing license.

DRIVER EDUCATION (cont.)

PrimeWise at St. Elizabeth

1 Medical Village Drive
Edgewood, KY 41017
859/578-5999
www.stelizabeth.com

- 55 Alive Mature Driving Course.

Senior Care Preferred

The Health Alliance Business Center
3200 Burnet Avenue
Cincinnati, OH 45229
513/585-6462

www.health-alliance.com/SENIORS

- 55 Alive Mature Driving Course.

TRANSPORTATION

Senior Services of Northern Kentucky

1032 Madison Avenue
Covington, KY 41011
859/292-7945

www.seniorservicesnky.org

- Transportation that accommodates seniors with wheelchairs available in the eight counties of Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton counties.
- Provides medical transportation for Medicaid beneficiaries in all eight counties. Pre-scheduled hospital, medical and out-of-county visits require one week to 10 days notice.
- To and from senior center for meals. One day notice. Check with Senior Center for specific times and scheduled trips.
- Limited transportation to Cincinnati areas for medical purposes.

RESOURCES

Where to Look for Help in Northern Kentucky

TRANSPORTATION (cont.)

TANK (Transit Authority of Northern Kentucky)

3375 Madison Pike
Ft. Wright, KY 41017
859/331-TANK (8265)

www.tankbus.org

- 24 hour service - Senior Citizens Card available for a one time charge of \$1. Passes available each Wednesday from 10:30am – 12:30pm at TANK.
- **RAMP** – (Regional Access Mobility Program) **859/578-6949** - curbside service for those unable to ride TANK buses. \$0.75 each way. Limited service area.
- **TANK Day Tripper Program** – **859/578-6949** – Door-to-door transportation available for those traveling within Boone, Campbell and Kenton counties not currently served by fixed bus route service. Operates 8am – 5pm daily. Senior citizens and persons with disabilities may ride for \$0.35 with the TANK ID card.

VEHICLE MODIFICATIONS

ADED: The Association for Driver Rehabilitation Specialists

PO Box 49
Edgerton, WI 53534
608/884-8833

www.driver-ed.org

- Sources for vehicle modification by state

VEHICLE MODIFICATIONS (cont.)

American Bus & Accessories

123 City Center Drive
Cincinnati, OH 45216
513/821-3220

Van Stop, Inc.

2 Cinchris Drive
Fairfield, OH 45014
513/860-5438

HEALTH CARE PROFESSIONALS

Hearing Care Specialist

Ask your loved one's primary care physician for a referral to an otolaryngologist or the Audiology department of a local hospital if there are concerns about hearing loss. These professionals can tell you if there is any loss and whether it interferes with driving ability.

Primary Care Physicians

Contact your loved one's primary care physician. Depending on where you are in the evaluation process, you can request:

- an appointment to evaluate your loved one's complete health – including medication
- a referral for a driving assessment
- assistance in communicating with your loved one the need to stop driving

Vision Care Specialist

Contact your loved one's eye care provider (ophthalmologist or optometrist) if you have concerns about their vision. These professionals can tell you if there is any loss and whether it interferes with driving ability.

RESOURCES

Where to Look for Help in Northern Kentucky

POLICE/LEGAL ACTIONS

County Driver Licensing Bureau

- Boone County Circuit Court Clerk
859/334-2220
- Campbell County Circuit Court Clerk
859/292-6311
- Carroll County Circuit Court Clerk
1-502/732-4305
- Gallatin County Circuit Court Clerk
1-859/567-2388
- Grant County Circuit Court Clerk
859/823-5251
- Kenton County Circuit Court Clerk
859/292-6579
- Owen County Circuit Court Clerk
1-502/484-2232
- Pendleton County Circuit Court Clerk
859/654-3347

Call to obtain an affidavit for re-certification.

KY Crime Prevention Coalition

P.O. Box 18442
Erlanger, KY 41018
859/727-2678

- Prevention information and material on Older Driving.

KY Division of Drivers Licensing

Medical Review Board
501 High Street
Frankfort, KY 40622
502/564-6800 Ext. 2550

- Completed affidavit for re-certification is returned to the above address.
- Review and decision making authority to continue to issue a valid Drivers License.

POLICE/LEGAL ACTIONS (cont.)

Kentucky State Department of Driver Licensing

1-502/564-5384

- Agency may deny or revoke any person's driver's license, with cause.
- Call for more information and to obtain an affidavit for re-certification.

KY State Police Driver Testing

645 Stevenson Road
Erlanger, KY 41018
859/727-8100

- Call to obtain affidavit for re-certification.
- Re-test driver if ordered by Department of Driver Licensing.

Legal Aid Society

302 Greenup Street
Covington, KY 41011
859/431-8200

- Provides services for citizens over 60.
- No cost to clients.

GENERAL INFORMATION

AAA Cincinnati

15 West Central Parkway
Cincinnati, OH 45202
513/762-3446

www.aaacincinnati.com

- Check list for drivers 55+ to check own driving performance
- Driver improvement manual
- Safety information

RESOURCES

Where to Look for Help in Northern Kentucky

GENERAL INFORMATION (cont.)

AARP

601 E Street, NW
Washington, DC 20049
1-800/424-3410

www.aarp.org

- In-depth information on a variety of topics.
- Mature driver information (55 Alive).
- Caregiver references –
www.aarp.org/confacts/caregive/

Northern Kentucky Area Development District

22 Spiral Drive
Florence, KY 41042
859/283-1885

www.nkadd.org

Area Agency on Aging for eight counties of Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton.

Services include:

- Case Management (859/282-2700)
- Information and Assistance
- Family Caregiver Program

Senior Services of Northern Kentucky

1032 Madison Avenue
Covington, KY 41011
859/491-0522

1-800/255-7265

www.seniorservicesnky.org

Advocate for older adult independence.

Services include:

- Transportation
- Home Delivered Meals
- Information and Assistance
- Social Services Safeguarding Seniors
- Senior Centers
- Caregiver Resources

COMMUNITY RESOURCES

Catholic Social Services of Northern Kentucky

3629 Church Street
Covington, KY 41015
859/581-8974

www.cssnky.org

- Family consultation and counseling around issues that concern elderly family members for example caregiver needs and problem solving.
- Caregiver Support Group – The responsibility of caregiving can lead to stress for caregivers.
- Intake and referral – helps clarify service needs and provide appropriate referrals.

Family Service of Northern Kentucky

513 Madison Avenue
Covington, KY 41011
859/291-1121

859/515-2602

- Family treatment and counseling on a case by case basis for several things including driving issues.
- Individual and family counseling.

ALZHEIMER'S AND DEMENTIA

Alzheimer's Disease Association of Greater Cincinnati

644 Linn Street, Suite 1026
Cincinnati, Ohio 45203
513/721-4284

www.alz.org/grtrcinc/

- Information on driving and dementia.
- Resources for all concerns about dementia.

RESOURCES

Where to Look for Help in Northern Kentucky

DEPRESSION/MENTAL HEALTH

Mental Health Association of Northern Kentucky

605 Madison Avenue
Covington, KY 41011

859/431-1077

- Mental health and depression screening.
- Information and referral.
- Education and training.

NorthKey

502 Farrell Drive
Covington, KY 41012

859/578-3200

www.northkey.org

- Community based mental health services.
- Older adult depression evaluations.

Senior Adult Behavioral Program St. Elizabeth Medical Center

200 Medical Village Drive
Edgewood, KY 41017

859/578-5966

859/578-5929

- Inpatient and outpatient mental health treatment.

Visiting Nurse Association of Greater Cincinnati and Northern Kentucky

2220 Grandview Drive, Suite 260
Ft. Mitchell, KY 41017

859/344-1661

- In-home depression screening.
- In-home medication management.
- In-home geriatric counseling.

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PrimeWISE

Linking Adults 50+
to Health & Wellness



St. Elizabeth
Medical Center

(859) 578-5999

www.stelizabeth.com

Northern Kentucky Highway Safety Initiative

www.nkyhighwaysafety.com

Northern Kentucky Police Chiefs Association

*Utilizing Education and Enforcement in
Building Safe Communities and Ensuring
Traffic Safety for ALL of Northern Kentucky*

First Security Trust Bank

7135 Houston Road
Florence, KY 41042
Banking Made Simple