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### **OREGON PUBLIC HEALTH DIVISION • OREGON HEALTH AUTHORITY**

### OLDER DRIVERS AND SAFETY: PUTTING A DENT IN INJURY PREVENTION

Americans will put up with anything provided it doesn't block traffic. ~Dan Rather

Americans are broad-minded people. They'll accept the fact that a person can be an alcoholic, a dope fiend, a wife beater, and even a newspaperman, but if a man doesn't drive, there is something wrong with him.

~Art Buchwald

riving won't keep anyone young, but it helps older adults\* stay independent and mobile. The downside is that the risk of being injured or killed on a public roadway generally increases with age—people ≥85 years had the highest motor vehicle traffic (MVT) fatality and hospitalization rates in Oregon in 2013. At what point should older drivers "retire" from driving? This edition of the CD Summary takes a look at some upsides and downsides of aging behind the wheel.

#### **BACK OVER THE DATA**

Driving has become safer in recent decades: in 1978, the estimated rate of MVT death in Oregon was 29 per 100,000—3.5 times higher than in 2013 (8.2 per 100,000), 35 years later. Nonetheless, about 1 of every 100 deaths in Oregon involves MVT (which includes any death on a public roadway from a crash involving a car, truck, motorcycle, bicycle, walking, etc.). Some may consider those reasonable odds given the options; however, the risk is not equally distributed. The incidence

of severe MVT injury increases with age among those aged ≥55 years, and deaths increase substantially, more so for men than women (Figure).

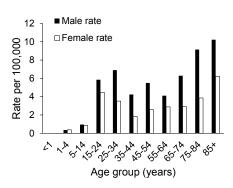
Although older adults are less likely than younger people to have a license, those that do are keeping their licenses longer and are driving more miles than in the past.2 Increased susceptibility to injury among older persons is largely what accounts for increased MVT fatality among older persons, rather than an increased likelihood of getting into MVT crashes.<sup>3</sup> A crash that a younger person may simply walk away from could lead to serious or fatal injuries for an older adult. Nationally, adults aged ≥65 years are the drivers least likely to be responsible for a fatal crash.<sup>4</sup> Despite this fact, age-related declines in health (e.g. cognitive function, medical problems, hearing or vision loss) can and do affect the driving ability of older adults.5 Driving is a complex task that requires attention, judgment, and quick reaction. These are, of course, abilities that we begin to lose with age.

# PREVENTION: REFUSING TO

Despite a general perception that older drivers are less safe, this is largely an unexamined assumption. In fact, older drivers could teach the younger crowd a thing or two about the kinds of safe behaviors that prevent injuries and fatalities. Older drivers have the highest seat belt use rates, the lowest incidence of impaired driving, and tend to drive when conditions are safest (i.e. daytime).6 They also drive fewer miles than younger persons and are less likely to be in crashes that involve speeding.

Older drivers, however, may more commonly make particular kinds of mistakes that lead to crashes, such as failing to yield or stop, misjudging distances needed to turn safely, and are more likely to get into crashes at intersections and merging into traffic.

Figure. MVT occupant annual fatality rate by age and sex, Oregon, 2012-2014



Function, not age, determines driving fitness. In that regard, it is important to assess the function of drivers that family, friends, or health care providers suspect might be increasingly unsafe behind the wheel.

How should family or friends determine when an older driver is unsafe behind the wheel? First, confirm the warning signs.

- Is an older driver having difficulty getting in and out of a car, or do they have problems with scanning over the shoulder or steering wheel?
- Is there evidence of damage to the car, or has the driver experienced recent "near-miss" crash situations? Are they getting lost in places they should be familiar with? Are they having problems with basic driving skills, such as merging?
- Has the older driver had multiple crashes recently, tickets, changes in auto insurance rates?

Any of these signs may indicate that an older driver needs an assessment.‡ Usually, changes in function and driving ability are gradual, so don't expect to see all of these signs at once. In some cases, simple changes (e.g. driving only during the day, driver improvement courses, adapting the vehicle to the older driver) can help the driver stay

<sup>\*</sup> We're referring to folks ≥65 years when we use the term 'older adult'. This cut-point is arbitrary, based on the standard retirement age established by the Committee on Economic Security in 1935 (www.ssa.gov/ history/age65.html)—actual physiological aging results may vary; reader discretion is advised.

<sup>†</sup> Albert Camus considered it the most senseless way to die. Ironically, he died in a MVT crash in 1960 with an unused train ticket in his pocket. Don't be absurd - take the train. It's existentially safer.

<sup>‡</sup> National Safety Council. How to have a discussion about "handing over the keys": https:// s3.amazonaws.com/APreports/NatSaveCouncil-FSH Fall2012 Older+Drivers.pdf

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mobile for as long as possible. Family and friends should seek help from the older driver's health care provider to assess any medical conditions that might contribute to unsafe driving. Some age-related conditions result in functional or cognitive impairment severe enough that drivers with these conditions risk injuring themselves or others if they get behind the wheel.

# HEALTH CARE PROFESSIONALS: IT'S NOT SAFE TO PASS

Health care professionals play a major role in preventing unsafe drivers from getting behind the wheel. In Oregon, some providers are required to refer patients to the DMV when an impairment that affects driving becomes severe and uncontrollable. An Oregon law passed in 2014 confers immunity from civil liability for physicians and health care providers that voluntarily report at-risk drivers to the DMV. Mandatory reporters include:

- Primary care providers, ophthalmologists or optometrists;
- Physician or health care providers providing emergency health care services to a person who does not have a primary care physician;
- Physicians, physician assistants, or nurse practitioners providing ongoing specialist health care services;
- Physicians, physician assistants, or nurse practitioners providing a specialist evaluation or a health care provider providing health care services based on a referral from the person's primary care provider.
   See the DMV At-Risk Program

website (see Resources) for more specific details, including who must report, who to report, and how to

report. A reporting medical professional must be licensed or permitted by law to administer health care in Oregon.

Anyone can refer a driver to the DMV At-Risk Driver Program, which will evaluate reports when there is concern about a driver's ability to drive safely. The program is not age-based, but assesses a driver's physical, cognitive, and medical limitations that may affect driving ability. In addition, the program aims to preserve driver independence, so that mobility can be maintained for as long as safely possible. For many older adults, the ability to drive is a lifeline to social connections and services they cannot do without. Family, friends and health care providers of older drivers should discuss the alternatives to driving before it becomes a crisis. Call the Area Agencies on Aging (800-282-8096) to find out about resources in your area to assist with transportation needs.

There is no clear line to determine when a person should retire from driving, and age alone is certainly not the deciding factor. Family, friends, and health care providers play a big role in helping older drivers transition to life as a non-drivers when the time comes, and that keeps everyone safer on the road.

#### **RESOURCES**

 Oregon Health Authority, Injury and Violence Prevention Program. Injury in Oregon: 2013 Injury Data Report. <a href="http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/Injury%20in%20">http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/Injury%20in%20</a> Oregon V2.2.pdf

- Oregon DMV At-Risk Driving Program: <u>www.oregon.gov/ODOT/DMV/pages/driverid/medical.aspx</u>
- Oregon DMV At-Risk Program for Medical Professionals: <u>www.oregon.gov/ODOT/DMV/pages/at-risk\_program\_index.aspx</u>
- Older Drivers Solutions Center: https://www.caring.com/older-drivers
- National Highway Traffic Safety Administration (NHTSA). How to Understand and Influence Older Drivers: <a href="http://www.nhtsa.gov/people/injury/olddrive/UnderstandOlder-Drivers/">http://www.nhtsa.gov/people/injury/olddrive/UnderstandOlder-Drivers/</a>
- NHTSA. Physicians Guide to Assessing and Counseling Older
   Drivers: <u>www.nhtsa.gov/people/in-jury/olddrive/olderdriversbook/pages/contents.html</u>

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