

# We need to talk ...

*Family conversations with older drivers*



# Questions Families Need to Ask About Older Drivers

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Accidents involving older drivers often call attention to the issue of older adults and driving safety. The facts alone may seem confusing. Statistics actually indicate that most older adults are safe drivers, with high safety belt use and few citations for speeding, reckless driving or alcohol-related charges. However, medical conditions, medication usage and reduced physical function can increase the risk of accidents and injury among older adults. Factor in the sense of independence that driving represents for older adults, and you can understand why driving safety for older adults is an emotionally charged topic.

The Hartford Financial Services Group, Inc., and the MIT AgeLab developed this guide to help families initiate productive conversations with older adults about driving safety. These suggestions are based on a nationally representative survey of drivers over the age of 50, focus groups with older adults who have modified their driving, and interviews with family caregivers of persons with dementia.

## **Crafting Caring Conversations**

When families discuss driving issues, they must assess the personality of the older driver, driving record, availability of transportation resources, geographic proximity, and long-term family relationships. The following questions and answers can help you assess your family situation and have meaningful conversations about older driver safety.



## Are older drivers at risk?

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**For older drivers, the rate of fatalities increases slightly after age 65 and significantly after age 75.**

**This higher rate is due to the increased inability to withstand the physical trauma that often occurs with age.**

As a group, older drivers are typically safe. The actual *number* of accidents involving older drivers decreases as age increases. Experts attribute this decline to self-imposed limitations, such as driving fewer miles and avoiding night driving, rush-hour traffic and other difficult conditions. Therefore, sharing the roadways with older drivers poses a relatively low risk to other drivers.

However, older drivers, especially after age 75, have a higher risk of being involved in a collision for every mile they drive. The rate of risk is nearly equal to the risk of younger drivers age 16 to 24. The rate of fatalities increases slightly after age 65 and significantly after age 75. This higher rate is due to the increased inability to withstand the physical trauma that often occurs with age. Although older persons with health issues can be satisfactory drivers, they have a higher risk of injury or death in an accident, regardless of fault.

These statistics can help you see the risk for older drivers; however, the decision to limit driving depends on each individual. Each family must ask, "Is my older relative safe?" Ongoing discussions and objective assessments will help older drivers and their families evaluate the risks in their unique situations.

# Do family conversations make a difference?

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**Of the older adults surveyed who reported that someone had talked to them about their driving, more than half said they listened to and followed the suggestions of others.**

Yes. What you say or don't say influences the decisions of older adults and can make the difference between safety or injury – life or death.

Although unsafe driving may be an uncomfortable subject, these ongoing conversations over time will help older adults weigh decisions and agree to drive less, avoid certain road conditions or stop driving. Of the older adults surveyed who reported that someone had talked with them about their driving, more than half said they followed the suggestions of others. Women generally complied more readily than men.





## When faced with a discussion about driving abilities, with whom do older adults choose to talk?

**Marital status is a significant factor that determines who should have the conversation with the older driver. The top choice of married drivers (50 percent) is to hear about driving concerns first from their spouses.**

Hearing sensitive information from the right person can make a big difference. To increase the chances of success, carefully select the person who will initiate the discussion and have others reinforce decisions about driving. Older adults typically prefer to speak confidentially about driving safety with someone they trust. Often family members can form a united front with doctors and friends to help older drivers make good driving decisions.

When choosing a family member to initiate the discussion, consider the personalities involved and past experience approaching difficult topics. Some families mistakenly assign the most outspoken or authoritative member to deliver their concerns as an ultimatum. Such persons are not ideal to open the early discussions on driving, but may better serve as the enforcer of driving decisions.

The Hartford/MIT survey indicates that older drivers have specific preferences for these conversations that vary based on several factors, such as marital status, gender, health and presence of other supportive individuals. Marital status is a significant factor that determines who should have the conversation with the older driver.

The top choice of married drivers (50 percent) is to hear about driving concerns first from their spouses. Older drivers living alone prefer to have these conversations with their doctors, adult children or a close friend. Let's look more closely at each of these groups.

### **Spouses**

Men prefer to hear from a spouse slightly more than do women. Spouses have the advantage of observing driving over time and in different situations, as well as years of experience in dealing with sensitive topics and each other's limitations. Not all married couples choose their spouses for this conversation. More than 15 percent of older men and women said their spouses were their *last* choice for hearing about driving concerns, reinforcing the importance of assessing individual preferences before having conversations about driving.

### **Doctors**

Outside of the family, the opinions of doctors are often valued by older drivers. About 27 percent of those living with spouses and over 40 percent of those living alone said they want to hear first from their doctor. Many older adults think that physicians can precisely determine their ability to drive safely. And people who have health problems are more likely to listen to the advice of a doctor about driving.

However, not all doctors agree that they are the best source for making decisions about driving. Physicians may not be able to detect driving problems based on office visits and physical examinations alone. They can assess diminished visual, cognitive and motor skills, or refer the driver to an assessment program for evaluation.

This referral may avoid unnecessary conflict when the doctor, family members, and older driver have differing opinions. Family members should work with doctors and share observations about driving behavior and health issues to help older adults make good driving decisions.

### **Adult Children**

Adult children seem to have more influence with parents over 70 than with younger parents in their 50s and 60s. These differences often correlate to health changes and shifts in parent-child relationships later in life. Older drivers also tend to be more open to adult children who live nearby.

Women are generally more receptive than men to the prospect of hearing from their adult children. Men are slightly more inclined to choose sons over daughters, while women are more likely to choose daughters. Among individuals living alone, almost one third said they would prefer to hear about unsafe driving from their adult children, while nearly 15 percent of men and women living alone ranked their children as the *last* ones from whom they want to hear about driving.

### **Other Supportive Helpers**

Persons other than spouses and adult children may influence driving decisions. Some older adults would be open to hearing from a close friend, a sibling, or an adult child's spouse. Approximately 10 percent of older drivers living alone said they would choose a close friend to initiate the driving conversation. These preferences most likely reflect the quality of their relationships.

### **Police Officers**

More than anyone else, older adults *strongly* prefer not to hear about driving concerns from police officers. While some older adults may not welcome families talking about their driving, they still find it preferable than hearing from police. However, police intervention may be necessary in situations where an older driver is unsafe and unwilling to curtail driving.



## How will the older person react to questions about his or her driving?

**Older adults may agree with the assessment of their driving ability but feel depressed at the thought of relinquishing driving privileges.**

Older drivers may express strong emotions when someone talks to them about their driving. Nearly one-fourth of older adults reported feeling sad or depressed as a result of the conversation. Less than 10 percent reported responding with anger. Older adults in poor health are more likely to have negative reactions. They may even agree with the assessment of their driving ability but feel depressed at the thought of relinquishing driving privileges.

Negative reactions are often more about the message than the messenger. Older adults understand the implications of driving cessation:

- Fewer trips outside the home.
- Increased and permanent dependency on others for transportation.
- Becoming a burden to others.
- Fewer social opportunities.

Families also experience strong emotions. Sometimes family members themselves become angry and frustrated, while others feel guilty for depriving their loved one of the freedom of driving. A calm response will ensure a productive discussion and defuse negative emotions about the topic. Do not postpone the conversation because of fear or guilt. Be prepared to have several conversations to achieve your goal. It is more important to avoid accidents or death than to avoid unpleasant topics.

# When is it a good time to begin talking about driving?

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**Early, occasional and candid conversations establish a pattern of open dialogue and can reinforce driving safety issues without the strain of asking someone to change his or her driving behaviors.**

Ideally, the first conversations about safety should occur long before driving becomes a problem.

Early, occasional and candid conversations establish a pattern of open dialogue and can reinforce driving safety issues without the strain of asking someone to change his or her driving behaviors. Discussion at this point allows time for the older adult to consider his or her driving skills and make appropriate modifications. Here are some conversation openers:

*“Health and safety first.”*

When driving is placed within the larger context of other safety concerns, it may take the personal edge off the conversation.

*“Driving isn’t what it used to be.”*

Family members of any age can find common ground by talking about road conditions, such as faster, heavier traffic that make driving more stressful. Restricting driving in order to compensate for worsening driving conditions makes sense for everyone, not just someone who may need to compensate for declining abilities.

*“Did you hear about the car accident in the news today?”*

Use news reports to inform, not scare, older persons. Headline news about accidents that involve older and younger drivers can provide an opportunity to explore your family member’s attitudes about unfit drivers and the question of who is responsible for helping them decide when to relinquish the keys.

*“How did Granddad stop driving?”*

This opener may provide an opportunity to reveal personal feelings about driving and family intervention.



## What circumstances create opportunities for conversations about driving restrictions?

**According to our survey, car accidents, near misses, self-regulation of driving, and health changes provide opportunities to talk about driving skills.**

According to our survey, car accidents, near misses, self-regulation of driving, and health changes provide opportunities to talk about driving skills. Many older adults think that family members *should* talk to them when a potential problem arises. Here are suggestions for starting frank discussions without sensationalizing difficult circumstances:

*“I’m glad that you’ve cut down on night driving. I would never want you to drive when you’re not comfortable or feel that it’s too risky.”*

When adults modify their driving in small ways without guidance from others, families should praise self-regulation as a positive step and not discourage the driver’s actions. For example, don’t dismiss the older adult as a worrier and discourage the driver who is limiting night-driving by leaving a family gathering before dark. Be supportive and express your willingness to support their transportation needs.

*“Have you asked your doctor about the effects of your new medication on your driving?”*

Many medications have sedative effects that can prevent a person from processing

information quickly. About 75 percent of older adults think that a significant change in their health is a legitimate reason to have a discussion about driving.

*“That was a close call yesterday. I worry about your safety on the road.”*

Fifty percent of older adults said that having a serious accident is an opportunity to start a conversation, while about 33 percent said a minor accident or narrowly avoiding an accident should trigger a conversation. In situations where the older driver was not at fault, families might want to discuss diminishing ability to drive defensively. In all cases, these discussions are more productive if they are *not* held at the accident scene.

*“I’m worried about your getting lost.”*

Almost 70 percent of older adults say that getting lost while driving could be cause for conversation. Getting lost in a *familiar* place may suggest potentially serious cognitive health issues that could affect driving skills. This may also be a good time to get a doctor involved in the discussion.

# How do I prepare for serious conversations about limiting or stopping driving?

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**Learn about the warning signs of driving problems, observe the older driver behind the wheel over time, discuss your concerns with a doctor, investigate alternative transportation, and be supportive of the older driver.**

Do your homework before you ask a family member to significantly restrict or stop driving.

**Get the facts.** Learn about the warning signs of driving problems, observe your relative's driving, and look for patterns of warning signs of future problems. In focus groups, people reported being more willing to listen to those who had driven with them. See the Warning Signs for Older Drivers on page 16.

**Observe the older driver** behind the wheel over time. Has the driver expressed personal concerns about driving safety? Is the older driver limiting where and when he or she drives?

**Discuss your concerns with a doctor** and determine what information you need to provide, given your relative's medical condition. Some doctors may take an active role in assessing a driver's skills and rendering an opinion; others will refer a concerned patient to a driving rehabilitation specialist for assessment.

**Investigate the alternatives** for helping an older driver adjust to driving limitations. Consider how to satisfy social and transportation needs when the older adult curtails or ceases driving. The "Getting There" Worksheet on page 17 can help you assess driving alternatives so that the older adult is not left house-bound. The Transportation Cost Worksheet on page 19 can help you calculate the current amount being spent on transportation. Relatives may need to set aside time each week to meet the transportation needs of an older relative. Consider increasing the frequency of visits, outings, phone calls, letters, and e-mails.

**Be Supportive.** The transition from driver to passenger is not always easy or smooth. Your support and understanding is necessary before, during and after driving changes are made.

Expect to have several conversations to achieve a balance between safety and independence. Men may require more repeat conversations than women. Don't be dissuaded by initial negative reactions. During each conversation, share your genuine safety concerns and desire to protect the driver's best interests.

# How can I encourage an older adult to plan for and use alternative transportation?

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**Effective conversations encourage future planning and show respect for the older adult's ability to make appropriate decisions.**

Effective conversations encourage future planning and show respect for the older adult's ability to make appropriate decisions. When you observe the older person modifying his or her driving habits, use these opportunities to explore transportation options together to give the older adult time to adjust to them.

*"If you don't want to drive at night, we can arrange for someone to pick you up."* Commend the older driver for being cautious and help arrange transportation.

*"Let's take the bus so we don't have to deal with the parking downtown."* Practice using public transportation together before it becomes a necessity. Remember that public transportation may be difficult or impossible to use for some older adults with physical or cognitive difficulties who must limit their driving. In these cases, families are often the first and only alternative transportation.

*"You could save hundreds of dollars if you sold your car."* Insurance, maintenance, depreciation, and gasoline costs make owning and operating a car expensive. Even taxi services, which provide door-to-door service, can be more economical. Refer to the Transportation Cost Worksheet on page 19 to understand the costs of driving alternatives.

*"What if something happened and you couldn't drive? What would you do?"* Ask what-if questions to encourage advance planning.



## What if an older driver doesn't realize that his or her driving is a serious problem?

**If driving skills continue to deteriorate after self-imposed restrictions, it is necessary to have follow-up conversations. Additional conversations with family members, doctors or law enforcement officials may be necessary.**

If driving skills continue to deteriorate after self-imposed restrictions, it is necessary to have follow-up conversations. Additional conversations with family members, doctors or law enforcement officials may be necessary. Here are some more direct appeals to help persuade a high-risk driver:

*“Even if you were not at fault in a collision, you could be seriously injured or die.”*

Regardless of who is at fault, older adults are more likely to be injured or killed because they have less capacity to endure the physical trauma of an accident. Pre-existing medical conditions may complicate recovery or result in death.

*“I know you would feel terrible if someone was hurt when you were driving.”*

Concern for others is often a stronger motivation than concern for self. In addition to

physical harm to others, an accident can pose enormous financial and legal risks. Families should tactfully mention this possibility, but not dramatize the point.

*“I’m afraid to let the grandchildren ride with you.”*

An older relative may realize the degree of concern when family members will not ride with them. Protecting lives is more important than protecting feelings.

*“Let’s talk with your doctor about this.”*

Blame the poor health, not the driver. Preferably, find out the doctor’s opinion before suggesting this step. The doctor might not agree with the family’s assessment nor want to assume the role of determining who should drive.



## Is there a test that can determine if someone is a safe driver?

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**There are tests for reflexes, vision, flexibility, and visual attention – all critical skills for driving. Some older adults prefer assessments that give them tips on being a better, safer driver.**

There is no single, simple test to determine if someone is a safe driver. However, there are tests for reflexes, vision, flexibility, and visual attention – all critical skills for driving. A doctor may refer the driver to a qualified specialist for an assessment of driving skills. These tests last several hours and often include a road test with an evaluator present.

Administered by rehabilitation centers, hospitals, and Veterans Administration Medical Centers, these tests can cost from \$200 to \$1,000 and are seldom covered by insurance or Medicare. The Veterans Administration may offer free tests for eligible veterans.

A formal assessment may seem threatening to an older driver, especially if it is either pass or fail. Some older adults prefer assessments that give them tips on being a better, safer driver.

Drivers who pass the test will receive recommendations on improving skills, avoiding certain driving situations, useful equipment (e.g., wide range mirrors, pedal extensions), and an interval for re-testing. The results are shared with the driver and possibly with the driver's physician, if requested. Results are not shared with a licensing authority unless so ordered by the court.

# What if the driver has dementia?

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**Families should be vigilant about observing driving behavior.**

Some persons in early stages of dementia may have sufficient insight into their driving abilities to make adjustments. They should be given the opportunity to make decisions about driving, if safety is not compromised.

**Firsthand knowledge of driving behavior will help families know if and when they need to intervene.**

Over time, such individuals will become incapable of accurately assessing their driving skills. In progressive dementia, the disease will eventually rob the driver of skills necessary for safe driving. In these cases, families and doctors must collaborate to protect the individual and may need to take immediate unilateral action.

Families of persons with dementia may not realize that getting lost in familiar places is a serious warning sign. Persons who are confused and forgetful may also lack the ability to respond appropriately to ever-changing road conditions.

Families should be vigilant about observing driving behavior. Firsthand knowledge of driving behavior will help families know if and when they need to intervene. For more information on this topic, see *At the Crossroads: A Guide to Alzheimer's Disease, Dementia and Driving* ([www.thehartford.com/alzheimers](http://www.thehartford.com/alzheimers)).





## What if a high-risk driver refuses to stop driving?

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**You may have to consider disabling the car, filing down the keys, or removing the car, and speaking with the driver's doctor to schedule a formal driving assessment.**

Some older drivers will not respond to constructive conversation. You may have to consider disabling the car, filing down the keys, or taking away the car. Some older drivers, however, find ways to work around these actions, such as calling a mechanic and having a disabled car repaired. Strategies, such as not renewing a driver's license, or canceling registration or insurance, alone may be ineffective. Remember, drivers may continue to drive without a driver's license, car registration or insurance coverage.

If you have not yet done so, speak with the older driver's doctor or schedule a formal driving assessment. Call your state licensing agency or consult the Insurance Institute for Highway Safety Web site ([www.hwysafety.org](http://www.hwysafety.org)) to learn about testing in your state.

# Start the conversations today.

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**With sensitivity toward the feelings of older drivers, families can help the older driver make safe driving decisions and ensure peace of mind for the entire family.**

Limiting or giving up driving is a difficult decision for older adults. Families can help individuals make these difficult decisions by having periodic, frank discussions about driving safety and health. Ideally, the transition from driver to passenger will happen gradually over time, allowing all family members to adjust to new circumstances. Successful family conversations begin with good preparation and caring communication.

With sensitivity toward the feelings of older drivers, families can help the older driver make safe driving decisions and ensure peace of mind for the entire family.



## Warning Signs for Older Drivers

The driving behaviors listed below could cause safety problems. They are ranked from minor to serious. Many of the less serious issues may be overcome with changes in driving behavior or physical fitness, while the more serious behaviors may require your immediate action. Since driving ability seldom changes drastically in a short time, you should be able to track changes over time to get a clear picture of overall driving ability.

Here's how to use this list.

- Observe driving over time, keeping notes to help you understand **changes** in driving ability.
- Look for a **pattern** of warning signs and for an increase in the frequency of occurrence.

Driving Behavior Warning Signs – When Noticed, How Often	
1. Decrease in confidence while driving.	16. Uses a “copilot.”
2. Difficulty turning to see when backing up.	17. Bad judgment on making left hand turns.
3. Riding the brake.	18. Near misses.
4. Easily distracted while driving.	19. Delayed response to unexpected situations.
5. Other drivers often honk horns.	20. Moving into wrong lane.
6. Incorrect signaling.	21. Difficulty maintaining lane position.
7. Parking inappropriately.	22. Confusion at exits.
8. Hitting curbs.	23. Ticketed moving violations or warnings.
9. Scrapes or dents on the car, mailbox or garage.	24. Getting lost in familiar places.
10. Increased agitation or irritation when driving.	25. Car accident.
11. Failure to notice important activity on the side of the road.	26. Failure to stop at stop sign or red light.
12. Failure to notice traffic signs.	27. Confusing the gas and brake pedals.
13. Trouble navigating turns.	28. Stopping in traffic for no apparent reason.
14. Driving at inappropriate speeds.	29. Other signs:
15. Not anticipating potential dangerous situations.	



# “Getting There” Worksheet

Prior to talking to an older driver about limiting or stopping driving, thought should be given to ways the driver can remain engaged in life’s activities. No single method of transportation is likely to meet all needs. This worksheet is designed to help you identify available transportation alternatives in your area.

## Family/Friends

Family and friends are the top alternative to driving for older adults. This mode of transportation may seem more familiar, comfortable and social to many older adults. That said, there may be conflicting feelings of burdening or inconveniencing others. Some older adults may want to do something in exchange for the ride.

### Questions to Ask

1. Are people available to provide rides at the times required?
2. To what extent are family or friends able or willing to provide rides.
3. Do people provide the rides willingly or do they resent having to adjust their schedules?
4. Is there something the older adult can “trade” for a ride (making dinner, taking the driver to lunch, paying for gas)?

Notes:

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## Local Programs that Offer Rides

These are locally developed programs, often sponsored by faith-based or non-profit organizations, which provide rides for older adults. They may charge nominal fees or accept donations and often operate with the help of volunteer drivers.

### Questions to Ask

1. What programs are available in my area?
2. Is there a cost?
3. What hours and days of the week does the service run?
4. What are the routes or areas of service?
5. Are there limits to the number of rides in a given time period?
6. Is there any assistance available to people with physical or other health constraints?
7. Is there assistance for people with bags, etc.?
8. Is pre-registration with the service required?
9. Are wheelchair lifts available?

Notes:

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## Demand-Responsive Services or Paratransit

Often referred to as the Dial-a-Ride or Elderly and Disabled Transportation Service, these programs are almost always subsidized by government funds and provide door-to-door service and offer rides by appointment. Fees or donations are common. Many use vans and offer accessible services for riders with special needs.

### Questions to Ask

1. Is there a minimum age or other physical or cognitive criteria for using the service?
2. How much does it cost?
3. Can an account be set up in advance with the service?
4. How far in advance do reservations need to be made?

*continued*



# “Getting There” Worksheet (cont.)

## Private Program Services

Services such as adult day centers, housing programs, stores, malls, or other businesses may offer transportation for program participants or customers.

### Questions to Ask

1. What ride destinations are provided?
2. Is there a cost?
3. What hours does the service run?
4. What are the routes?
5. Is there any assistance available to people with physical or other health constraints?
6. Is there assistance for people with bags, etc.?
7. Is pre-registration with the service required?
8. Are wheelchair lifts available?

Notes:

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## Taxi/Car Service

These private services offer flexible scheduling and charge a fee. Many older adults may perceive these services as “expensive” or “a luxury” but they can cost much less than owning and maintaining a car. Some taxi/car services may be willing to set up accounts that allow other family members to pay for services.

### Questions to Ask

1. How much does it cost?
2. How is the cost calculated?
3. How long in advance should I call for a ride?
4. Do you offer any guarantee on response time?
5. Are there geographic limits to where you provide service?
6. Can an account be set up in advance with the service?
7. How are tips handled with an account system?

8. Will drivers provide assistance with bags, packages, etc.?
9. Can the service accommodate wheelchairs?

Notes:

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## Mass Transit

Public transportation, where available, can be an affordable option for some older adults.

### Questions to Ask

1. How much does it cost?
2. Are there discounts for older/disabled people?
3. Can an account be set up in advance with the service? Or are there monthly passes?
4. What hours does the service run?
5. What geographic area does the service cover?
6. Will drivers provide assistance with bags, packages, etc.?
7. Can companions accompany the person on the service?
8. Are wheelchair lifts available?
9. Does the older adult have cognitive or physical limitations that prevent him or her from using this mode of transportation?

Notes:

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# Transportation Cost Worksheet

Owning and operating a vehicle can be more expensive than you think! By writing down your actual expenses, you can get an idea of how much money could be available for alternative transportation if you were to stop driving.

To determine the annual expense to own and operate a car, list all the related expenses below. Don't forget to multiply by 12 for monthly expenses, or by 52 for weekly expenses. For less frequent expenses, such as tires, estimate the cost and divide by the number of years between expenses. Once you have the annual expense for owning and operating the vehicle, you can get a better idea of how much you are already spending on transportation.

Vehicle Cost Per Year	Annual Cost
<b>Car/Lease Payment</b>	
<b>Regular Operating Expenses</b>	
• Gas.....	
• Washer Fluid .....	
• Parking .....	
• Tolls.....	
• Other.....	
<b>Regular Maintenance</b>	
• Oil Changes .....	
• Minor Tune-ups .....	
• Wiper Blades .....	
• Lights .....	
• Car Wash/Wax.....	
• Other.....	
<b>Long-Term Maintenance</b> <i>(estimate the cost and divide by the number of years between expenses)</i>	
• Tires .....	
• Brakes .....	
• Major Tune-ups .....	
• Repair/Replace Parts .....	
• Other.....	
<b>Insurance – Annual Cost</b>	
<b>Motor Club/Roadside Assistance</b>	
<b>Registration/License Plate Fees</b>	
<b>License Fees</b>	
<b>Vehicle Inspection/Emissions Fees</b>	
<b>Total Cost Per Year</b>	<b>\$</b>

## Web Resources

**Hartford/MIT *At the Crossroads: A Guide to Alzheimer's Disease, Dementia & Driving***  
[www.thehartford.com/alzheimers](http://www.thehartford.com/alzheimers)

**MIT AgeLab**  
[web.mit.edu/agelab](http://web.mit.edu/agelab)

**AARP Driver Safety Program**  
[www.aarp.org/drive](http://www.aarp.org/drive)  
1-888-227-7669

**National Highway Traffic Safety Administration**  
[www.nhtsa.gov](http://www.nhtsa.gov)

**National Safety Council**  
[www.nsc.org](http://www.nsc.org)  
[www.TheDefensiveDrivingSchool.com](http://www.TheDefensiveDrivingSchool.com)

**Certified Driver Rehabilitation Specialists**  
[www.driver-ed.org](http://www.driver-ed.org)

**Eldercare Locator**  
[www.eldercare.gov](http://www.eldercare.gov)

**Insurance Institute for Highway Safety**  
[www.hwysafety.org](http://www.hwysafety.org)

**American Medical Association Guidelines for Older Drivers**  
[www.ama-assn.org/ama/pub/category/8925.html](http://www.ama-assn.org/ama/pub/category/8925.html)

**American Occupational Therapy Association**  
[www.aota.org](http://www.aota.org)

## Survey Data Collection

In Spring 2002, we sent written questionnaires to a sample of 7,200 home-dwelling adults aged 50 and older living in the United States. The sample was stratified by age and was selected from a pool of participants in an ongoing consumer marketing panel about whom we had some preliminary demographic information. For the purposes of this study, drivers were considered to be people who were licensed to drive and had driven an automobile at least once in the previous 12 months. Participants were offered a \$1 incentive to complete the questionnaire. Of the total questionnaires sent, we had 3,824 returned for a 53 percent response rate.

To correct for some of the differences between the sample and the population as a whole, the data are weighted to 2001 Current Population Study quotas on gender, age, region, household designation, and household size. More precisely, the sample is representative of adult drivers aged 50 and older who live in households headed by someone 50 or older. Results reported here are based on the weighted data.

## The Hartford/MIT AgeLab Partnership



In 1999, The Hartford became a founding sponsor of the MIT AgeLab, creating the Safe Driving for a Lifetime partnership. Dr. Joseph Coughlin of MIT and the Corporate Gerontology Group at The Hartford are committed to producing original research that can expand the understanding of older drivers and their families as they deal with changes in driving abilities. Through professional meetings and public education, the Hartford/MIT AgeLab partnership has successfully reached millions of people in the United States and across the globe with high-quality, meaningful information to guide important decisions about safe driving.

You can also visit us on the Web at:  
[www.thehartford.com/talkwitholderdrivers](http://www.thehartford.com/talkwitholderdrivers)

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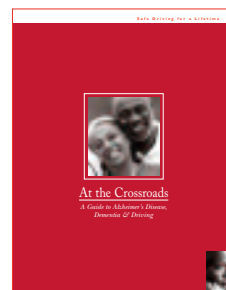
To obtain additional copies of this free brochure, use the convenient order form on the Web site, or write to:

The Hartford  
Family Conversations with  
Older Drivers  
200 Executive Boulevard  
Southington, CT 06489



For information on dementia and driving, visit [www.thehartford.com/alzheimers](http://www.thehartford.com/alzheimers). To obtain a free copy of the *At the Crossroads: A Guide to Alzheimer's Disease, Dementia & Driving* brochure, use the convenient order form on the Web site, or write to:

The Hartford  
At the Crossroads  
200 Executive Boulevard  
Southington, CT 06489



Both Web sites and both publications are also available in Spanish.

This guide is designed to educate readers and assist them in analyzing older driver safety. It is not intended to be an exhaustive source or to relate to any particular driving situation. Readers are advised to consult the necessary professionals to assist them in analyzing their driving situation and to refer to the sources identified in the section entitled "Web Resources" for additional information.

**The Hartford is the proud recipient of the  
2005 American Society on Aging Business  
and Aging Award for *We Need to Talk ...  
Family Conversations with Older Drivers.***



*Always thinking ahead.®*

