

Driving Reduction and Cessation Among Older Drivers: Risk to Health Status?

Student: Danielle Robling

Adviser: Cathleen M Connell

Abstract

The goal of the proposed project is to examine driving reduction and cessation as it relates to health status among older drivers. Assessing the ability to drive and to continue to drive over the lifespan has become a public health concern in most industrialized countries. Although age itself is not a risk factor for unsafe driving, the prevalence of medical conditions that may impair driving and amplify risk increases with age. It is important that older drivers recognize when they need to reduce or stop driving, and necessary that programs and policies be in place to assist them in maintaining their physical and mental health and quality of life. Driving self-regulation is often treated as conceptually distinct from disease self-regulation, but the two overlap on several levels. When an older driver has a chronic condition, or as is often the case, more than one, disease symptoms and/or their treatment may impact driving ability in ways that challenge self-regulation, especially for the uninformed patient. For older adults that are experiencing cognitive impairments, self-regulation may not even be realistic. Once risk reaches a level where an older driver needs to stop driving, the impact of this process on health outcomes continues, as lack of transportation directly affects access to health care and medications, as well as social support and opportunities to engage in optimal health behaviors (e.g., participating in an exercise program at the local YMCA, access to the farmer's market to buy fresh fruits and vegetables) as part of a process of self-regulation. Thus, a model of driving self-regulation that is informed by and linked to the larger literature on chronic disease self-regulation, would prompt review of current programs and policies as they relate to older drivers.