

Engagement of Older Drivers, Families and GP to investigate the safety and mobility needs of an ageing population

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Abstract

Most older people travel by private car and continuing to drive is key to mobility, independence and quality of life. Giving up driving can have serious consequences for their health and well-being. It is also important, however, that older drivers and other road users remain as safe as possible. While older drivers have relatively few crashes, due to frailty they have a high crash fatality rate. The 'Older Driver, Family and GP study' is a multi-faceted approach to address the needs of an ageing population, balancing safety and mobility. This presentation will outline the study rationale, methods, and policy impact.

Research Summary

The maturation of the "baby boom" population, combined with longevity and declining birth rates, is predicted to markedly transform the developed world's demographics [1]. By 2036, it is projected that one in four NZers will be aged 65 years or older. Over this time it is estimated that road related fatalities and injuries among this age group will increase by 71% due to the combination of an ageing population, growth in road traffic, and growth in the number of workers over 65 years [2].

Transport in NZ is largely achieved through private car travel, and driving remains fundamentally important to today's society. It is predicted that driving is likely to remain the main transport option for older NZers, with public transport being used for less than 5% of their trips [3]. This reliance on private vehicle travel is an important safety and health issue for older people, and in many ways is influential in determining their quality of life.

A critical issue for older drivers is the balance between their need for independent mobility, while maintaining their safety, and the safety of other road users. Older drivers have relatively few crashes, but when distance travelled and frailty are factored in they have high rates of serious injury and fatality. This particularly affects those aged 75+, who have the highest crash fatality rate per distance travelled of any age group, except 15-19 year old males [4].

Another critical issue for older drivers is their transition out of licensure and adjustment to life post driving cessation. Ceasing to drive, and the associated loss of independent mobility, can have very serious consequences for older people, including depression, poorer physical functioning and performance, general health decline, social isolation, and early death [5].

Alongside older adults, families have an important role in the driving cessation process and older driver safety is often a difficult issue for both parties. GPs also have an important role in older driver safety. Since 2006, licence renewal in NZ is required at age 75 and involves obtaining a medical certificate from a GP regarding fitness-to-drive. This requirement has placed a greater emphasis on the medical certificate and GPs consultations with their older patients regarding driving issues. It also places greater emphasis on GPs to diagnose medical conditions that may affect the person's ability to drive safely. These legislative changes mean that GPs are key to making decisions about fitness-to-drive and are a pivotal resource for understanding the mobility and safety issues at stake for older drivers.

The Older Driver, Family and GP study will use a mixed methods design to better understand travel patterns, driving behaviours, and fitness-to-drive issues. The findings will help develop evidence-based policy and programmes to address mobility and safety, to 1) maintain independence through driving for as long as safely possible; and 2) identify assistance needed by support networks to manage driving cessation and minimise negative consequences.

References

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