Project Report

Transitions To Transportation Options: How They Affect Older Adults

January, 2007

A Partnership Project

Beverly Foundation

&

American Public Transportation Association

TABLE OF CONTENTS

CONTENTS	PAGE
EXECUTIVE SUMMARY	2
PART 1: PROJECT PLAN	4
Approach	
Anticipated Outcomes	
PART 2: RESEARCH ON TRANSITIONS	5
Introduction	
Findings of the Study	
PART 3: DISCUSSION OF THE EXPERT GROUP	11
Participant Introductions	
Project Introduction	
Major Discussion Points	
Results of the Discussion	
PART 4: PROJECT RECOMMENDATIONS	16
Research	
Messages	
Images and Services	
Conclusion	
ATTACHMENT 1	20
BACKGROUND PAPER	
Project Purpose	
Losses and New Beginnings	
The Concept of Transitions	
The Transition from the Old	
The Transition to the New	
Assistance with the Transition	
Quantitative and Qualitative Research	
The Next Step	
ATTACHMENT 2	26
THE SENIOR FRIENDLINESS CALCULATOR	
A 5 A's "Senior Friendliness" Evaluation Strategy	
A Senior Friendliness Calculator for Public Transit Services	

EXECUTIVE SUMMARY

The Transitions to Transportation Options project was organized as a cooperative effort of the Beverly Foundation and the American Public Transportation Association. The project was designed with the expectation of developing an understanding of the process older adults experience when they stop driving and make the transition to a transportation option and identifying points of intervention that could ease the transition and promote the use of the full continuum of transportation options.

As the research partner in this project, the Beverly Foundation identified a group of experts in the fields of aging and transportation who could bring their expertise to the project, and prepared a background paper on the subject. All members of the expert group were provided with a book by William Bridges titled *Transitions: Making Sense of Life's Changes*, and the Beverly Foundation's background paper.

A major task of the project also carried out by the Beverly Foundation was to undertake preliminary field research with older adults who no longer drive or have limited their driving and use some form of transportation option. The research method included focus groups, one-on-one interviews, a written survey, and a large group discussion. The research effort was undertaken in Southern California over a two-month period. Several examples of results are provided below:

- 60% indicated that they believed they had stopped driving at the right time.
- 67% had used public transit services prior to their "retirement" from driving.
- 67% rated the transportation they currently used as excellent and 27% rated it pretty good (compared to their transportation when they were driving).
- 87% associated stopping to drive with an event.
- Internal decisions and external requirements were given as reasons for stopping to drive which suggests two target audiences for study and action.
- There was little indication of advance planning for the end of driving and perhaps the reason is that most participants indicated they did not envision the time they would no longer drive.
- Even when theirs was a proactive decision to stop driving, participants generally took what might be called "emergency measures" to locate and learn about options.
- Three possible hypotheses related to transitions and the study of transitions were identified in the course of the study:
  …The longer the time driving, the more traumatic the transition…
  …The more recent the end of driving, the more vivid the transition memory…
  …The more distant the end of driving, the less vivid the transition memory…
- A variety of coping strategies for dealing with transitions were identified, with the most frequent ones related to acceptance, avoidance, and non action.
- While there was limited discussion of social support in stopping to drive, family and friends were identified as helpful in making the transition to options.

- What might be called “keys to making the transition” included actions such as selling the car, knowing the bus schedule, and having a bus schedule. Other more psychological keys included being happy about saving money and getting used to slowing down and having patience.

The research resulted in insights into the difficulty of giving up the keys, a new understanding of the transitions to options, and possible target audiences and intervention strategies that could encourage the use of transportation options. It also resulted in a variety of suggestions for further research. These included studies on:

- how internal decisions versus external requirements that cause people to stop driving affect the magnitude of the transition;
- long term “planning” activities versus the short term “emergency” actions of older adults in anticipation of or in response to giving up their keys;
- intervention points where instrumental assistance (such as information, training, reduced fares and the like) will be most helpful;
- the impact of number of years driving on the transition to the “new beginning”;
- the relation of coping strategies with intervention points for assistance;
- the influence of proactive decisions to stop driving on the degree of satisfaction with options;
- keys to making the transition to transportation options.

The expert group met in January, 2007. The group was composed of researchers, policy makers, administrators in the fields of transportation and aging. The meeting was held in Washington. The group members discussed their own background interests and research activities related to driving cessation, transportation options and transitions. A brief presentation that summarized the results of the research was followed by an energetic discussion of the research findings, related research, and future activities that might be indicated. Major discussion points included planning, transportation options, public transportation services, intervention points, intervention strategies, and marketing messages.

Project recommendations included a number of research initiatives that address transportation transitions and interventions that could assist older adults in making the transition to new options. Recommendations were made regarding the importance of changing the negative nature of messages about the transition from driving and about transportation options. Included were general messages, public service announcements and a campaign to convey the message that most older adults will outlive their ability to drive safely and when they do, transportation options are there and need to be there to enable them to get where they need to go. Finally, recommendations were made regarding the importance of changing the image of public transportation in the eyes of older adults and the value of targeting the appropriate audience of older adults as potential users of public transportation services.

It is expected that transportation transitions will continue to be the subject of further study and intervention as the members of the expert group formed a Transportation Transitions Consortium for future research and action.

PART 1
PROJECT PLAN

In the summer of 2006, the Beverly Foundation and APTA entered into an agreement to study the behavioral transitions from driving to transportation options. The purpose of the project was to undertake an exploratory study of the instrumental and behavioral transitions older adults experience when they move from one stage of mobility to another; to better understand the transition process; to identify any stages that might suggest a continuum; and to explore whether there are coping methods or intervention points that can minimize the trauma and negativity of the transition process. The expected outcome was a better understanding of differences in instrumental and behavioral transitions and the identification of next steps for research.

APPROACH

Five activities were planed for the eight-month study. They included: (1) a literature review on transitions and senior mobility transitions; (2) a review of studies on giving up the keys; (3) qualitative and quantitative data gathering activities with older adults who have been successful in mobility transitions; (4) an expert panel to review data and consider issues and ideas for further study; and (5) production of a brief report on the results. The following chart includes the activity summary and time line for the project.

Phase I	
Organize Project	July
Review Literature (transitions & giving up the keys)	Aug
Identify & Contact Expert Group Members	Sep-Oct
Phase II	
Plan Focus Group Questions & Survey Instrument	Oct
Prepare Background Paper	Nov
Organize Focus Groups & Analyze Results	Dec
Hold Expert Group Meeting	Jan
Prepare Report	Feb

ANTICIPATED OUTCOMES

It was expected that the project would result in an understanding of the importance of the transitions older adults experience when they give up their keys and when they search for a "new beginning" of using a new transportation option. Special emphasis was placed on the transition to a public transportation option. It also was expected that the project would provide direction in ways to increase awareness of how the transition away from driving and to a transportation option impacts on the willingness of seniors to use transportation options; and the identification of possible avenues that researchers might take in further study of the transition subject.

PART 2
RESEARCH ON TRANSITIONS

INTRODUCTION

This research was conducted to test out focus group and survey questions and to gather preliminary information that could provide insight into the notion of transportation transitions for older adults and guidance for further study. The study was conducted during November and December 2006, and January of 2007. It included focus groups (that incorporated open-ended discussion questions with a written survey instrument) and one-on-one interviews.

The study presented two major challenges. The first was that the target audience for the focus groups emphasized older people who have stopped driving and use alternative transportation, primarily public transportation. While it was not difficult to recruit older adults who use volunteer driver programs, it was extremely difficult to recruit older adults who use public transportation. The cooperation of the RTA in Riverside California was crucial to recruitment success, and even the RTA found it difficult to recruit participants. The result is that the participant group was quite small (15 focus group participants and two participants for one-on-one interviews).

The second challenge was that it is difficult to study transitions "away from driving" and "to transportation options". Thus, while the project produced considerable insight into transitions, its real value may be in its identification of coping mechanisms used by people whose lives are disrupted by having to give up the keys, and instrumental actions taken by people who want to give up their keys.

A profile of the study participants is included below.

PROFILE OF FOCUS GROUP PARTICIPANTS

Gender: **53% female**; 47% male
Age: 40% under 64; 20% age 65-74; **33% age 75-84**; 7% age 85+
Education: **64% High School**; 21% College graduated
Marital Status: 21% married; 28% divorced; **36% widowed**; 15% single
Annual Income: 27% below $15,000; **53% $15,000 - $29,999**
Ethnicity: **67% Caucasian**; 26% African American; 7% Hispanic
Years Driving: 14% 1-19 years; 21% 20-39 years; **65% 40 years +**
Driving Status: **87% no longer drive;** 13% limited driving

FINDINGS OF THE STUDY

1. In providing background information beyond their profile, participants indicated the following regarding driving cessation and experience and attitudes toward public transportation:

   60% indicated that they believed they had stopped driving at the right time
   67% had used public transit services prior to their "retirement" from driving
   67% of the participants used public transportation as at least one of their alternatives to driving, and all but two no longer drove
   73% rated the ability to get to their destinations very high for their current transportation option compared to driving their car
   67% rated being able to get out and about as very high
   53% rated having an opportunity to socialize as very high
   53% rated having someone to help them with transportation as very high
   67% rated the transportation they currently used as excellent and 27% rated it pretty good (compared to their transportation when they were driving)

2. Many participants in the study (87%) associated stopping to drive with an event.

   "I had a car accident."
   "I had a knee replacement and the doctor said I shouldn't drive."
   "My car broke down and I didn't have money to fix it."
   "Gas prices increased and we had no money."

   2a. While many participants associated it with an event, their responses suggest that people stop driving for two very different reasons: an internal decision and an external requirement.

Internal (Personal) Decision	*External Requirement*
Car broke down	Couldn't pass the eye test
My own decision	Inability to renew license
Sold the car	Doctor's recommendation
No longer wanted to drive	Couldn't pass the driving test
Had no money for gas	Became disabled
Traffic made me nervous	Couldn't renew my license

3. The study participants did not do a lot of long term planning for the time when they would stop driving. For example only 27% checked the statement "I planned for the time I would stop driving." The responses to similar focus group discussion questions ("I never planned" and "I did not prepare") supported the lack of planning.

   3a. One reason many people don't plan or prepare to stop driving may be that they don't expect that they will ever need to stop driving.

   "I never envisioned a time that I wouldn't drive. It was over before I knew it."
   "I never considered I wouldn't drive. I had driven forever."
   "I didn't think it would ever happen to me."

"Before I stopped driving, I never considered the bus. I had a car, so why would I think about the bus."

3b. Even the participants who wanted to stop driving appeared to wait until it happened to take action, rather than plan ahead.

"I just got the bus schedule from the driver."
"I simply learned how to use other ways to get to shopping and the doctor."
"I knew I could not drive because of DUI's, so I realized I would need to use the bus."
"I got the bus schedule and had no trouble getting around."

If people do not and will not do long term planning, perhaps it would be well to de-emphasize the need for planning and identify intervention points where information will be most helpful.

4. The study participants said it took them between one day and eight years to make the transition from driving to using a transportation option. This would suggest that the transportation transition for older adults is similar to transitions in general as they appear to be unique to the individual.

"It took me three to four months to adjust to not driving."
"It took a year to adjust."
"For 1 ½ years I was out of it. Now I have a better outlook."
"It has been five years and I still miss it."
"It's still tough after six years."
"I will never get over it."

4a. At the same time, there was some indication from the discussion that the number of years driving may affect the magnitude of the transition and that the amount of time that has lapsed since the end of driving can heal the trauma and even dim the memory of the transition. Three hypotheses may be possible subjects for further study of transitions:

…The longer the time driving, the more traumatic the transition…
…The more recent the end of driving, the more vivid the transition memory…
…The more distant the end of driving, the less vivid the transition memory…

5. A number of questions on the written survey addressed coping strategies. A summary of the strategies study participants identified in response to specific questions is included in Attachment 1. In general it indicates that the strategies they used most frequently were: resignation and acceptance, active coping, and restraint coping.

Successful intervention strategies for people who give up their keys because of "internal decisions" may be different from the ones for people who give up their keys because of "external requirements". (See #1 above) Further research on the coping strategies used by people who give up their keys offers the possibility of developing appropriate intervention strategies.

6. When asked what was most helpful in making the transition to transportation options, study participants recalled a number of experiences:

   "Women and family services gave me information about transportation alternatives."
   "Friends and family helped."
   "I had faith in God."
   "My friends helped the most by helping me get where I needed to go."

7. According to the literature, the transition is complete when the person experiences "a new beginning". While some of the study participants suggested that "they had arrived", others had "not arrived" and perhaps never would.

   "I no longer have to worry about how I am going to get there."
   "This is not a new beginning…but a resignation. I am not happy, but I am resigned that "I have to do it this way, so I do what I have to do."

   7a. The response of one study participant to a question about how he might advise others about what to do to make their transition from driver to passenger indicates that, in fact, understanding transitions and developing interventions are extremely important.

   "My advice is to go buy a gun! Seriously, my quality of life is gone! It is so frustrating that I cannot get in the car when I want to and go where I want to go! I have movie passes and I can't get to the movies!"

8. Perhaps one of the most important questions to be answered is if there are any "keys" to making the transition from driving to using transportation alternatives. Several possibilities were identified by the study participants:

   "Selling the car was important to feeling OK about using the bus."
   "I sold the car, no problem."
   "I was happy because I saved money."
   "I got more exercise because I walked to the bus stop."
   "Knowing the bus schedule helped."
   "Having a bus pass made a difference."
   "I had to get used to the fact that it slows me down."
   "Location is important. Now it's harder because I can't walk."

9. Participants who used public transportation, made several suggestions for ensuring its acceptance by people who once drove a car:

   …if it is evident that it saves money and time
   …if riding the bus is less stressful than driving a car
   …if there is a good customer service program at the transit service
   …if bus shelters are covered and clean, with a place for everybody to sit
   …if the bus is clean and safe
   …if there are rules for passengers (no eating, no cell phones)
   …if the bus or shuttle goes where you live and where you want to go

…if drivers are courteous and willing to help passengers
…if the bus runs at night and on weekends

10. The focus group method of combining open-ended questions with a closed ended (multiple choice) written survey not only resulted in rich data, it also indicated that there may be a difference in the initial response to stopping to drive, and the transition experience itself.

Survey Question

Once you decided/were told/realized you would need to stop driving, what was your initial response

Responses Question

I thought it was probably a good thing (47%)
I was happy because I thought I could save money. (33%)

Focus Group Question

What was your experience like after you stopped driving?

Responses to Question

"Devastated" "Depressed" "Dependent" "Disappointed" "Disillusioned"
"I felt sad." "I felt like the world had come to an end." "I lost my best friend."

11. The survey included a number of questions related to coping strategies. The results, by category and ordered by response frequency, are as follows:

Resignation and Acceptance
I decided to make the best of the situation. (67%)
I simply accepted the fact that I would need to use transportation options and began using them. (67%)
I knew I would not need to drive. (27%)
I hoped I would be able to socialize with a driver or other passengers. (20%)
I thought that maybe I would find somebody to help me to the car/van. (20%)
I realized I would no longer need to worry about parking and walking. (13%)
I was hopeful I would be able to save money. (7%)
Active Coping
I kept my license or renewed it "just in case". (53%)
I kept my car "just in case". (27%)
I limited my driving to daytime, to neighborhood etc. (20%)
I tried out one or several new community transportation options. (13%)
"I started walking" and "I sold the car". (7%)
Restraint Coping
I really didn't do anything until I simply had to find an alternative. (47%)
I really didn't do anything about making a transition. (27%)
Planning
I planned for the time I would stop driving. (27%)
Suppress Competing Activities
I withdrew from usual activities (volunteer, bridge club, family visits) to concentrate or focus on finding options. (27%)

Religion
I prayed for guidance and deliverance. (33%)
Venting Emotions
I felt a lot of distress and acted out by venting on family/friends/neighbors. (20%)
Denial
I denied that it was time to move on for a long time. (20%)
Mental Disengagement
I distracted myself mentally by thinking about other things. (20%)
Humor
I made a lot of jokes about not being able to drive. (27%)
I made a lot of jokes about being a rider on the “old folks van. (13%)
Seeking Emotional/Social Support
I talked with neighbors, friends, family about it. (13%)
Behavioral Disengagement or Denial
I ignored the situation and did not make any attempt to make the change. (13%)
Drug Use
I found myself taking a lot of medications. (13%)

The suggestions for future research and action that resulted from the study are included in Part 4: Outcomes of the Project.

PART 3
DISCUSSIONS OF THE EXPERT GROUP

An Expert Group was convened to discuss the conceptual differences between instrumental and behavioral transitions, the transitions process from driving to using transportation options, possible stages that people traverse in making the transition to options, and coping mechanisms people might draw on during their transition. To create a common ground for understanding the concept of transitions as it relates to driving and options, each of the members of the Expert Group received a copy of Bridges' *Transitions: Making Sense of Life's Changes*, and the Beverly Foundation's Transitions Background Paper (included as Attachment 1).

The initial plan was for the group to meet to discuss the concept of transitions, to review related qualitative and qualitative research undertaken during the project, and to identify next steps for research and action related to behavioral transitions to transportation options. The AAA Foundation for Traffic Safety hosted the expert group meeting which was held in Washington, DC on January 25, 2007. The agenda for the meeting included the member introductions, a brief discussion of the background of the project, findings from research, discussion of findings and related topics, and suggestions for additional actions that might be in order. An unexpected result of the meeting was a decision by participants to organize the expert group into a consortium and convene a small task force to prepare and submit two idea papers on transitions to the US Department of Transportation.

PARTICIPANT INTRODUCTIONS

Eleven professionals from the fields of transportation and aging composed the membership of the Expert Group.

Bella Dinh-Zarr, MAKE ROADS SAFE (Washington, DC)
David Eby, University of Michigan (Ann Arbor, MI)
Rosemary Gerty, TranSystems Corporation (Medford, MA)
Joan Harris, DOT (Washington, DC)
Peter Kissinger, AAAFTS (Washington, DC)
Dennis McCarthy, University of Florida (Gainsville, FL)
Lisa Molnar, University of Michigan, (Ann Arbor, MI)
Danielle Sherrets, AAA (Washington, DC)
Nina Silverstein, University of Massachusetts, Boston (Boston, MA)
Richard Smith, Partnership to Preserve Independent Living (Riverside, CA)
Mantill Williams, APTA (Washington, DC)

Technical advisors for the group included Helen Kerschner and Marie-Helene Rousseau of the Beverly Foundation.

The participants brought a broad range of professional expertise and experience to the project. For example, professional areas of study included psychology, public health,

gerontology, business, public administration, education, and public health. Their general areas of professional activity included quantitative and qualitative research, education, communications, marketing, transportation management, social service delivery, disability, policy development, dementia, and senior mobility. Also important were the activities of the participants related to transitions. These included older driver research, older driver training and assessment, travel training and work with a variety of transportation options including public transit, paratransit, human service transit, and senior transit.

The following are general interests expressed by participants in their introductions:

- how to get seniors to stop driving when they no longer drive safely
- how to get the auto industry to do more to accommodate older drivers
- how to get older drivers to use information for taking decisions
- how to better understand the stresses of giving up the keys and the coping mechanisms that are helpful
- how to expand driver assessment services to include transportation options
- how to increase ridership on public transportation services
- how to get more people to use fixed routes because paratransit is so expensive
- how to integrate the full range of transportation options in any community

Many of these interests highlight the fact that the fields of senior mobility and transportation generally are a two-track agenda.

Project Introduction

The discussion began with introductory comments about the partnership project between the Beverly Foundation and APTA as an effort to use the topic of transitions to better understand problems related to older adult cessation from driving and the successful use of transportation options, especially public transportation. It also was mentioned that the topic of transitions has importance as a way of integrating the traditional two-track approach to the subject of older adult transportation. One track addresses older driver safety and the other addresses transportation options for older adults. The study of transitions (from driving and to transportation options) provides a bridge for scholars and practitioners who usually take only one of these two paths to study and develop interventions related to the transition experience of older adults away from driving and to a “new beginning” of using transportation options.

A summary of the results of the study (see Part 2) was provided to the group following these introductory activities.

Major Discussion Points

Comments by members of the expert group addressed the results of research as well as their own observations related to driving, options, and transitions. The following six points summarize the discussion and its relationship to the study.

1. **Planning** Findings from the study indicated that there may be a relationship between stopping to drive and an event; that people stop driving for a variety of reasons including internal proactive reasons and external reactive reasons; and many may not believe that they will ever need to stop driving. Interestingly, whether it is because of an event or proactive decision, the participants in the study said they did not plan or prepare for stopping to drive or for using transportation options.

   Comments by the Experts:

   "Some people say that people don't plan to stop driving because it is such a negative prospect, but in fact they plan for their death. Why wouldn't they plan for giving up their keys?" "It must be because of denial."
   "People do not plan for retirement, why would they plan for not driving?"
   "The fact that older people do not plan is important, because it will help in knowing when to offer information on options."
   "The fact that people do not think they are going to have to stop driving is important. It is a starting ground for how we proceed."

2. **Transportation Options** The study participants were primarily people who no longer drove and who used transportation options, especially public transportation options. All were recruited "as people who viewed themselves as successful transitioners" as defined by the fact that they were happy with their transportation option.

   Comments by the Experts:

   "To stop driving one needs options. Some people might not choose to stop because they don't have options, or they don't see options that are for them. Therefore, some seniors drive without a license."
   "It is important to consider personality issues as an end point for a successful transitioner: Are people happy with their options?"

3. **Public Transportation Services** More than two-thirds of the participants in the study said that they used public transportation services as at least one of their alternatives to driving. Most indicated that they were satisfied with public transportation, but they could understand why many seniors might not be satisfied.

   Comments by the Experts:

   "Public transportation services are beginning to realize that there is a difference between seniors and people with disabilities."
   "One source of friction is caused by costs of using public transportation. People forget the cost related to owning and operating personal cars. When they stop driving, they expect free or very affordable alternative transportation options."
   "Unfortunately, some people cannot pay even $2.00 for a ride. And, even people who used to have cars often do not want to pay for another kind of transportation."
   "Often users of public transportation are stereotyped. People do not see themselves and do not want to be seen as users of public transportation. We need to change these images."

4. **Intervention Points** Findings from the study indicated that perhaps there are several intervention points that could be considered for assisting with the transition away from driving and to a transportation option. These included: identifying people who choose to stop driving, people who have limited their driving, and people who have combined driving with other transportation options.

   Comments by the Experts:

   "Perhaps it would be helpful to focus assistance and support on people who plan for other events in life like retirement or long term care needs."
   "Since AARP teaches people about driving, it might provide an opportunity to introduce the importance of options."
   "Pharmacists, ophthalmologists and other specialists could give information about options to their clients."
   "The ones who are forced to stop driving form a very different group. They also need attention. Many of them might have dementia, or some form of it, which explains why they don't make the decision to stop driving themselves and wait until they are forced to stop."
   "We need to focus on the right people for intervention. People who just recently stopped driving, and who made the choice themselves are probably younger and perhaps even healthier. They may be the ones to target for public transportation. People who were forced to stop driving because of a health or mental limitation are probably older, frailer. They are probably candidates for volunteer options."
   "There is a lot of research on self-regulation… people who recognize their decline. These people offer opportunities for agencies to do screening and to talk about options."
   "People who are limiting their driving often also use public transportation. They are the ones who are really blending their transportation options."

5. **Intervention Strategies** The study suggested a variety of possibilities for interventions such as ensuring that information about options is available, that transportation options could result in financial savings, that good customer service and safety are assured, and that the service goes where people need to go. Interestingly, several of the participants commented on how important it is to be able to talk to a real person when gathering information about options.

   Comments by the Experts:

   "Presentations are made all the time but are too general. There is a need for more specialized presentation of information to senior transitioners."
   "People might stop driving if options existed. We need to be sure there are options and that people know about them."
   "One strategy might be to include questions about the costs of public transportation and show how much cheaper transportation options are compared to operating a car."
   "Perhaps people from the AARP driver safety program could teach people how to use public transportation."
   "Travel training, a buddy program, or a field trip might be useful."

"A peer group approach might be an important strategy. Do older drivers see themselves as the only ones who have to stop driving? What about other people in their social group, peers? Support groups are used for interventions, as instrumental interventions to give information. Perhaps the social structure of one network can explain if it is easy or difficult to stop driving. But we don't know if it is harder for the first person of a group to stop driving (e.g. the first one to go through that difficult stage) or for the last person of a group (no one else is there to give a ride)."

"Counseling can be important in addressing the transition from driving and the transition to options. The target for counseling may be the older person, but in a lot of families it is an issue for everybody."

"It is important for people to be able to get out of neutral or out of the neutral zone. In many programs there is a mobility manager who provides a transit training buddy. Help is out there…but unfortunately not in every community."

"We need to get the private sector more involved; not only with public transportation, but also with private companies. We should start with research."

"We also need to consider both Instrumental (action oriented) and behavioral interventions (process oriented) interventions for assisting with transportation transitions."

6. **Marketing and Messages** The study did not uncover specific marketing strategies, however it did identify a number of ideas that could be used to develop messages that would encourage the transition from driving and the transition to options. These included**:** the importance of selling the car, saving money**,** enjoying a less stressful life by not driving, an opportunity to walk, knowing the bus schedule, having a bus pass, cleanliness of the vehicles, the importance of slowing down and having patience. However, they also had a number of suggestions for making public transportation more user friendly for older adults. For example: good customer service; covered, clean bus shelters; safe clean vehicles; rules for passengers; courteous and willing drivers; and service at nights and weekends and to necessary destinations.

   <u>Comments by the Experts:</u>

   - A more positive message about how transportation options can supplement transportation needs when limiting driving.
   - A message that there is a difference between driving and life expectancy and that most people will outlive their ability to drive safely.
   - A message that asks what have you done lately to use transportation options other than the car.
   - A change in terminology: e.g. from "transportation dependency" to "your new beginning of transportation independence".

Additional comments from the expert group, especially comments related to marketing and messages are included in Part 4: Outcomes of the Project.

PART 4
PROJECT RECOMMENDATIONS

The project produced a number of suggestions for future action. The suggestions below are derived from the Beverly Foundation study and from the discussions of the expert group.

RESEARCH

In addition to the preliminary research undertaken by the Beverly Foundation in conjunction with the Transition Project, project staff and members of the expert group identified many areas for further research. Several of the major topics are summarized below:

Transition Research

1. Research on how internal decisions and external requirements that cause people to stop driving affect the magnitude of the transition from driving to using options.
2. Research on whether the length of time as a driver and status as the primary driver (or co-pilot) influence the transition from driving and/or the transition to transportation options.
3. Research on how the passage of time affects the magnitude of the transition: (1) the longer the time driving, the more traumatic the transition; (2) the more recent the end of driving, the more vivid the transition memory; and (3) the more distant the end of driving, the less vivid the transition memory.
4. Research on how proactive and reactive coping strategies used by people who give up their keys for different reasons affect their transition to options.
5. Research on how personal decisions (selling the car, saving money, getting exercise, being able to get the bus schedule, having a bus pass, living near the bus stop, being able to get where you need to go) influence the transition to a satisfying option.
6. Research into how people decide to stop driving, what makes a good frame of mind to accept the transition to a new option.

Intervention Research

1. Research on long term “planning” activities versus short term “emergency” actions of older adults in anticipation of or in response to giving up their keys.
2. Research on intervention points where assistance (e.g. information, training, reduced fares) will be most helpful.
3. Research on similarities and differences in the type of transitioner (the transitioner by choice versus the transitioner by force) and the willingness or motivations to use public transportation, paratransit, human services transit, or seniors only transit.
4 Research on what happens to people who receive driver assessments or who stop driving since these people may be possible targets for intervention.
5. Research on the links between “keys to making the transition from driving” with the senior friendliness of public transportation services. A Senior Friendliness Calculator is included as Attachment 2.
6. Research on factors that make public transportation acceptable to people who are happy with their new beginning of using a transportation option (or successful

transitioners) as a means of identifying messages that will resonate with older adults who are making the transition from driving.

7. Research on the appropriate senior segment of transportation users (people who are limiting their driving, who decide to stop driving, and the "ponderers", or the people who are thinking about making a change), to know who to target for transit information and assistance.
8. Comparative research in Europe where public transportation options are more socially acceptable and study on ways to make the transition from driving easier for older adults.

Outcomes of the above research initiatives might include: (1) a better understanding of the emergency actions that people take to identify and understand transportation options (since they don't plan for the time they will stop driving); (2) identification of the different audiences for information on transportation options; (3) determination of the type of information most appropriate to each particular audience; (4) identification of appropriate senior rider segment for public transit; (5) development of appropriate intervention strategies; (6) information on methods for providing assistance; (7) information on appropriate messages and ways to convey information about transportation options to older adults.

MESSAGES

The study concluded that many perceptions and messages about transportation options, especially public transportation, are negative. The research and the discussion of experts identified a number of more positive messages or "hooks" that might encourage older adults to make the transition to transportation options, especially public transit. Several of these are included below:

- It saves money.
- It is less stressful than driving.
- The vehicles are clean and safe.
- You will probably outlive your ability to drive safely.
- If you limit your driving you can still get to far away places.
- It can supplement your car.
- Transportation options are available. Try them!
- Call us, you can talk to a real person!

In addition to these messages, several suggestions were made regarding public service announcements and information campaigns. Three of these are identified below.

- A public service effort that asks what have you done lately to use options other than the car. It might soften the issue of giving up keys.
- A publicity campaign that involves health professionals emphasizes the dangers of driving while intoxicated and driving while medicated (DWM) and the advantages of using transportation options.

- A national campaign that conveys the message that most people will outlive their ability to drive safely but that community-based transportation options will enable them to get where they need to go.

Images and Services

In addition to the above messages, both the research and expert group participants suggested messages that could get the attention of public transportation users and actions that could make public transportation services more senior friendly including: rules for passengers (no food, no cell phones), courteous drivers, day and night services, and transportation that takes people where they want to go. Six of their suggestions are included below:

"Perhaps we need to rephrase rules, for they are negative…don't eat food, don't talk to the driver, don't stand while the bus is moving. Perhaps we should explore the development of more positive messages."

"We need to convey the message to providers that if you (public transit services) can make it easy for seniors you can help everybody."

"People say all the time that bus is not for me. We need to make transit attractive. That is how we need to influence people in starting to use public transportation."

"Perhaps there should be a national or local lottery: if you ride public transportation you can win the lottery."

"Since it appears to help older people use public transportation when they know schedules and maps, then we should encourage public transportation agencies to improve their schedules and maps to make them friendlier for seniors."

"We should target travel buddy and travel training programs to older adults who have been proactive about limiting their driving or giving up their keys."

Conclusion

The notion of transitions as a way of joining the two-track approach to senior mobility and transportation resonated with the members of the expert group. Additionally, the term "blending" was used at several points in the discussion in relation to bringing the two approaches together as well as to suggest the need for joining information and action.

"As older Americans are expected to blend and work until at least 67, there also is a need for older adults to blend information and action related to transportation."

The project was valuable on a variety of levels. It addressed a new topic. It undertook preliminary research. It involved experts with a wide range of experience and expertise related to older driver and transportation options for older adults. A comment by a member of the expert group indicates the relationship between the concept of transitions as a new beginning, the work of the project, and the initiation of this new area of research.

"The new beginning in transitions research starts with us."

Finally, it should be mentioned that the members of the expert group were enthusiastic about continuing the discussion of transitions with at least one additional meeting. Additionally, the group identified itself as The Transportation Transitions Consortium; and a small work group of the Consortium prepared and submitted two idea papers on Transportation Transitions to the US Department of Transportation.

End

ATTACHMENT 1
BACKGROUND PAPER ON TRANSITIONS

This background paper provides a brief overview of the purpose of the transitions project and some suggestions on how to appreciate and study the transition of older adults to transportation options. Its contents draw heavily on *Transitions* by William Bridges, "Coping Strategies" by Shelly Taylor, *Seasons of Change* by Carol McClelland, and focus group research on "giving up the keys" and "transitions to options" by the Beverly Foundation.

PROJECT PURPOSE

The project is an exploratory study of the transitions older adults experience when they move from one stage of mobility to another. It addresses the transition away from driving and also the transition to transportation options, and examines how instrumental activities and coping strategies can promote or constrain the transition process. The expected outcome is a better understanding of the transition process and interventions that might minimize the trauma and negativity that it generates.

LOSSES AND NEW BEGINNINGS

As people age, they often experience losses…of family or friends, of a spouse or close relative, of status related to employment, of economic security, of physical capacity. Quantitative and qualitative research informs us that the "giving up the keys" (ceasing to drive) is generally viewed as yet another loss….and one that is very traumatic, for it often means a loss of freedom, of independence, of control. On the other hand, older adults also experience new beginnings…of friendships, of careers, of relocation, of purpose and meaning; and in some instances, new beginnings of mobility.

Much effort has been put into studying the impact of the losses of aging and the process of dealing with those losses. For example, Dr. Elizabeth Kubler Ross identified the process of dying in five stages (denial and isolation, anger, bargaining, depression, and acceptance). (1) On the other hand, Dr. Ken Dychtwald identified stages of emotional retirement (imagination, anticipation, liberation, reorientation, and reconciliation) which include the losses that come along with retirement and also the new beginning of life after retirement. (2)

The time has come to learn about the process older adults go through as they end their life of driving (give up their keys) and move toward their new beginning of mobility (use transportation options).

THE CONCEPT OF TRANSITIONS

Transition often is defined as an act or process of changing from one state, form, activity, or place to another. In other words, transition is about change from the old to the new. In *Seasons of Change,* McClelland suggests that most people are unprepared to cope with

change, and describes several models that include: formulas used, growth which results, and change from the old with a new replacement option that allows us to feel in control. (3) While she also says that change can be a gradual process that occurs over time, she tends to emphasize change as a situational event. On the other hand, in *Transitions*, Bridges emphasizes the psychological aspects of making a change from the old to a new beginning, and presents it as a two-phase process which ends with the acceptance of a new beginning. (4)

Phase I: The process of ending or letting go of the past
Phase II: The process of making the transition to the new

Bridges' premise is that a transition is a process. It is a time of letting go. It is a course of action that prepares one to make a change. It is a moving away from the "internal things" that hold us to (or hold us hostage to) the past. It is a psychological process that starts with an ending and ends with a new beginning. In other words, while change often is viewed as a situational event, the transition to change is viewed as a psychological process that makes change possible.

For example, an older person might experience a change when it is time to replace an old car with a new car. Alternately, that same person might experience a transition that begins with giving up the keys and ends with the new beginning of accepting another transportation option. The change was an external act of exchanging or replacing of something old with something new; while the transition was an internal process of moving from one stage of mobility to the next. Both change and transition can be difficult, but one colleague described the difference in saying, "It isn't the changes that do us in…it is the transitions."

PHASE I: THE TRANSITION FROM THE OLD

We know quite a lot about giving up the keys, and in fact there are considerable qualitative data on the trauma of driving cessation. For example, in surveys and focus groups, seniors who have given up their keys say that they have lost their independence, their control, their freedom, and their dignity. They say that it is the worst thing that has ever happened to them. Some even keep their cars so they can be "carport travelers". Research also provides us considerable information on how and why seniors use transportation options and the service factors that are important to them. Several years ago, the Beverly Foundation identified these factors as the 5 A's of
senior friendly transportation (availability, acceptability, accessibility, adaptability, and affordability). (5)

Giving Up The Keys When older adults talk about their life as drivers they convey a message of happiness and joy. Alternately, when they talk about having to stop driving or about no longer being able to drive, they express it in words and phrases of fear and anguish. Research by the Beverly Foundation on "giving up the keys" provides some insight into their concerns. (6)

"...can't see, can't hear, can't walk, but I have my car..."
"Driving is the key to life"
"No one wants to lose their freedom."

"I am worried about what will happen to me when I can no longer drive."
"To limit your driving is to limit your life."
"I only drive in my neighborhood and never after dark."
"I have macular degeneration and I am worried about what will happen to me when I can no longer drive."
"I don't want to be a burden."
"I don't want to be dependent on people all the time."
"Giving up my keys is the most terrible thing that has ever happened to me."

In recent years, considerable attention and financial support have encouraged older driver safety professionals to undertake research, assessment, and rehabilitation activities. The end result is that today, instrumental assistance in the form of programs that promote safe driving and information about transportation options are available to help older people drive as long as possible and to help them link with transportation options when they can no longer drive. Examples include driver assessment programs, driver training and rehabilitation programs, transportation options information programs, and travel training and buddy programs.

The end of driving, like any end, is an ambiguous process of letting go of the old. During the transition journey, the older driver may receive considerable instrumental assistance and draw on a variety of coping mechanisms to make the experience easier and perhaps even shorter. However, it will not eliminate the need for the journey or the fact that it might be traumatic. Difficult as it may be, letting go of the old is a necessary process that must take place in order to make the passage from the old to the new.

Phase II: The Transition to the New

People concerned about the transportation needs of older adults, especially older adults who no longer drive, make a case for the importance of transportation options. In fact, the delegates to the 2005 White House Conference on Aging elevated transportation from a support service to its own agenda by voting senior transportation options as their third highest resolution. Today, many communities make a menu of transportation options available to older adults. Examples are public and paratransit services, private and specialized transportation services, and senior transportation services called STPs (Supplemental Transportation Programs for seniors). Such services: enable seniors to get where they need to go; offer them what some call "a modicum of independence"; enable them to stay in their homes as long as possible; and make it possible for them to stop driving.

While transportation options for older adults who no longer drive generally are not described as what Bridges calls "a new beginning", the point is often made that it is difficult if not impossible for a person to give up their keys if they do not have transportation options. It is a kind of "if you build it they will come" message that denies the fact that the trip may be difficult. The process can be described as the transition to or acceptance of the new option(s). A better understanding of the process, which Bridges describes as "the neutral zone" could lead to the discovery of methods for easing the transition to what Foley, et al. call "transportation dependence". (7)

The New Beginning of Options Making the transition to a "new beginning" can be just as difficult as being overwhelmed by an ending, for it too can generate apprehension which in many instances is related to reality. Recent research conducted by the Beverly Foundation on the transitions to options provides some insight into concerns.

"There is a lack of user-friendly transportation."
"You have to be gone 3 hours for a 10 minute drive."
"I don't like being dependent on other people all the time.
"I have a knee problem and the van doesn't pull up to the door."
"It's difficult to use because it comes too early or too late."
"I used to get in my car and forget all my troubles."
"it's still tough after six years of not driving."
"I hate to wait. It is so different than a car."
"Time is the only problem."
"I hope to drive again."

The comments suggest that while people might use one or several transportation options, they may not like them, may not have made a transition to them, and may still be holding on to the old. Thus, while the senior friendliness of the option is important, the psychological transition "of letting go of the past" and passing through what Bridges calls "the neutral zone" to reach the "new beginning" are every bit as important. In other words, a difficult transition journey may still lie ahead for many people who have already begun using transportation options.

Assistance With The Transition

Assistance with transition comes in many forms. One is the earlier mentioned instrumental assistance such as information and training. If we look beyond instrumental assistance, what is involved in a letting go and making the transition through the neutral zone? One possibility is related to behavioral and psychological coping strategies that Shelly Taylor says "people employ to master, tolerate, reduce, or minimize stressful events". (8) The 15 strategies below are derived from the COPE scales that include active as well as avoidant coping strategies. (8)

1. Active Coping (taking action or exerting efforts to remove or circumvent the stressor)
2. Planning (thinking about how to confront the stressor, planning one's active coping efforts)
3. Seeking Instrumental Social Support (seeking assistance, information, or advice about what to do)
4. Seeking Emotional Social Support (getting sympathy or emotional support from someone)
5. Suppression of Competing Activities (suppressing one's attention to other activities in which one might engage in order to concentrate more completely on dealing with the stressor)
6. Religion (increased engagement in religious activities)
7. Positive Reinterpretation and Growth (making the best of the situation by growing from it or viewing it in a more favorable light)

8. Restraint Coping (coping passively by holding back one's coping attempts until they can be of use)
9. Resignation/Acceptance (accepting the fact that the stressful event has occurred and is real)
10. Focus on and Venting of Emotions (an increased awareness of one's emotional distress, and a concomitant tendency to ventilate or discharge those feelings)
11. Denial (an attempt to reject the reality of the stressful event)
12. Mental Disengagement (psychological disengagement from the goal with which the stressor is interfering, through daydreaming, sleep, or self-distraction)
13. Behavioral Disengagement (giving up, or withdrawing effort from, the attempt to attain the goal with which the stressor is interfering)
14. Alcohol/Drug Use (turning to the use of alcohol and other drugs as a way of disengaging from the stressor)
15. Humor (making jokes about the stressor)

There undoubtedly are many ways that transitions can be understood and assistance and support can be provided. Instrumental assistance and coping strategies are just two of the resources available to older people when they experience transitions related to stopping to drive and accepting transportation options. Undoubtedly others will be identified by the members of the Expert Group.

Qualitative and Quantitative Research

In an effort to understand transitions, the Beverly Foundation drew on the results from a qualitative research project it undertook with the department of transportation. A glimpse of the results is provided in the section titled Phase I. The Foundation also drew on recent qualitative research undertaken in the winter of 2006. A glimpse of the results is provided in the section titled Phase II.

While most focus groups provide only qualitative data, the Beverly Foundation's focus groups include both qualitative AND quantitative data as they include discussion questions as well as a written survey instrument. The survey instrument includes questions that focus on both instrumental assistance and coping mechanisms. The overall results of these focus groups will be included in the Expert Group discussion.

The Next Step

This project is viewed as a first step in understanding the concept and practice of transitions as they apply to older adult drivers and older adults who use (or need to use) transportation options. The challenge for the Expert Group will be to consider their own research and professional experience, review and comment on the information and ideas introduced in this paper, and develop suggestions and ideas for further study.

References

1. Kubler Ross, Elizabeth (1997). *On Death and Dying*, First Edition 1969, Scribner.
2. Dychtwald, Ken (2005). *The Power Years: A User's Guide to the Rest of Your Life,* John Wiley & Sons Inc., co-written with Daniel J. Kadlec.
3. McClelland, Carol (1998*). Seasons of Change: Using Nature's Wisdom to Grow Through Life's Inevitable Ups and Downs*, Conari Press.
4. Bridges, William (2004). *Transitions. Making Sense of Life's Changes*, 2nd Edition, Lifelong Books.
5. Kerschner, H. & Aizenberg, R. (1999). *Attitudes of drivers, non drivers and caregivers about giving up the keys*: Focus group report, Pasadena, CA: The Beverly Foundation.
6. Beverly Foundation (2001). *Supplemental Transportation Programs for Seniors*, prepared with the AAA Foundation for Traffic Safety, Washington, DC.
7. Foley, Daniel J., Harley K. Heimovitz, Jack M. Guralnik, and Dwight B. Brock (2002). "Driving Life Expectancy of Persons Aged 70 Years and Older in the United States", *American Journal of Public Heath*, 92.
8. Taylor, Shelly (1998), "Coping Strategies", *John D. and Catherine T. MacArthur Research Network on Socioeconomic Status and Health*.
9. Carver, C.S., Scheier, M.Fl, & Weintraub, J.K. (1989). "Assessing coping strategies: A theoretically based approach", *Journal of Personality and Social Psychology*, 56.

ATTACHMENT 2
THE SENIOR FRIENDLINESS CALCULATOR

A *5 A'S* "Senior Friendliness" Evaluation Strategy
for
Public and Paratransit Services

Trends in the past century reveal a growing reliance on community-based services as people age, in part because of the fading networks of extended families and friends that traditionally provided support for the elderly. Community transportation, in particular, can be critical to older adults who have limited their driving or have stopped driving altogether. However, it is the degree of "senior friendliness" of the transportation option that will determine whether transportation enables seniors to experience a sense of independence, to get where they need to go, or to enjoy an acceptable quality of life.

In 2000, following extensive focus group and survey research with senior drivers, seniors who were no longer driving, and caregivers concerned about senior mobility and transportation, the Beverly Foundation identified the "5 A's of Senior Friendly Transportation". Subsequent research conducted by the Foundation and policy and program initiatives of government and non-profit agencies at the national, state, and local level have further defined the 5 A's and have adopted them as criteria for standards in senior transportation. The criteria focus on the five key factors below:

Availability (transportation services that are available to seniors)

Acceptability (transportation services that are acceptable to seniors)

Accessibility (transportation services that seniors can access)

Adaptability (transportation services that can be adapted to senior needs)

Affordability (transportation services that are affordable for seniors and the community)

Adopting this set of criteria can provide a framework for ensuring the "senior friendliness" of a transportation service, regardless of who sponsors it, who supports it, or who acts as the service provider. Such criteria also can serve to establish a baseline for measuring the effectiveness of coordination efforts and can provide benchmarks that help move coordination initiatives forward. Specific factors important to each of the 5 A's are included in the "Senior Friendliness Evaluation Guide" on the back of this page.

Developed by Beverly Foundation (Pasadena, CA) and TRIP (Riverside, CA)
September 2005
© 2006

A Beverly Foundation - APTA Partnership Project

The 5 A's of Senior Friendly Transportation have been refined as criteria for use by transportation services in making a preliminary judgment as to their senior friendliness. To initiate your review, check each of the factors below that are represented within your public or paratransit program. Each check equals one point. When you have completed your review, add up your score and look at the scoring key at the bottom of the page to know where you are on "the road to senior friendliness."

Availability : The Transportation Service….

_____ provides transportation to seniors
_____can be reached by the majority of seniors in the community
_____provides transportation anytime (day, evenings, weekends, 24/7)
_____can take riders to destinations beyond city & county boundaries
_____maintains organizational relationships with human service agencies

Acceptability: The Transportation Service…

_____uses vehicles that are easy for seniors to access
_____offers "demand response" with no advance scheduling requirement
_____provides driver "sensitivity to seniors" training
_____adheres to narrow "window of time" for home and destination pick up
_____ensures cleanliness and maintenance of vehicles

Accessibility: The Transportation Service…

_____can accommodate the needs of a majority of elders in the community
_____has information program for improving senior transportation knowledge
_____can provide "door-thru-door" transportation when needed
_____can provide services to essential and non-essential activities
_____can link seniors with "more appropriate" transportation options

Adaptability: The Transportation Service…

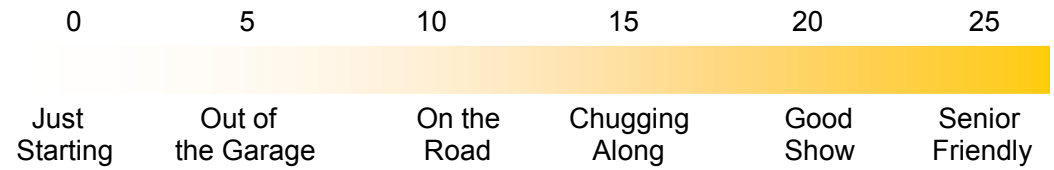
_____will provide transportation escorts when needed
_____can provide multiple stop trips for individual passengers
_____can access vehicles that accommodate wheelchairs and walkers
_____maintains a policy of "adapting the system to meet needs of seniors"
_____undertakes annual senior customer survey for service improvement

Affordability: The Transportation Service…

_____offers reduced fares (or free transportation) to senior passengers
_____secures funding specifically to support senior transit services
_____offers opportunity to purchase monthly pass instead of paying cash
_____offers options for purchasing tickets by mail or the internet
_____uses volunteer drivers to reduce costs for providing "extra" services

Total_____ (Possible Score = 25)

The Road to Senior Friendliness



A Beverly Foundation - APTA Partnership Project