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TRANSPORTATION IN AN AGING SOCIETY

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FOCUS GROUP PROJECT

[News](#)**November 1999**[Find](#)**Helen Kerschner & Rhonda Aizenberg**

This project was funded by the AAA Foundation for Traffic Safety and The Beverly Foundation, and conducted as part of a national initiative spearheaded by the National Highway Traffic Safety Administration, US Department of Transportation.

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Executive Summary

Introduction

This report summarizes the findings of a senior transportation focus group project that was undertaken by The Beverly Foundation. The project was implemented in collaboration with the National Highway Traffic Safety Administration, the US Department of Transportation; the AAA Foundation for Traffic Safety; and the Eno Transportation Foundation. It was conducted during the nine-month period from March through November 1999.

The project was implemented as part of a national initiative called "Transportation in an Aging Society." The purpose of the initiative is to ensure the safe transportation of older adults. Importantly, it recognizes that as the baby boom generation ages there will be a swelling in the numbers and proportions of older adults and that the transportation system must be prepared to accommodate the needs of this population.

The initiative involved three key components: the identification of research needs, the determination of priority transportation actions, and the development of a national agenda and strategic plan.

Two key activities were undertaken to determine priority transportation actions. One involved community forums that were held in selected states in the US, where input and recommendations were obtained from transportation authorities, professionals and practitioners. The second activity involved the focus groups that were conducted as part of this project with seniors and concerned family and friends (who were often lay caregivers) to obtain their opinions and views about transportation and what actions they believed would be most beneficial for seniors. The focus groups were held in selected sites in California, Florida and Michigan. The input and recommendations that resulted from the community forums and the focus groups are being used (by the US Department of Transportation and the Eno Transportation Foundation) to develop a national agenda and strategic plan for improving transportation in the new millennium.

This report includes background information on the project, a description of the methodology, highlights of the key themes, and a detailed summary of the focus group discussions and the responses participants provided on a written survey. Results are organized by the three target groups: transportation-rich seniors, transportation

- deprived seniors, and transportation•concerned family and friends.

An Appendix is available which presents the results of the focus groups by state. Information is presented for each of the target groups within each state. Also included are the results of the written surveys that were completed by participants. The recruitment screeners, focus group discussion questions, and written surveys are contained in the Appendix as well.

Project Partners and Roles

The Beverly Foundation was asked by the National Highway Traffic Safety Administration to undertake the focus group project. The Foundation's role was to plan and implement the focus groups. It also provided substantial in-kind support and made small contributions to several community organizations that were involved in the project. The US Department of Transportation provided technical consultation and advice on project scope and design, and remained involved throughout project implementation. The AAA Foundation for Traffic Safety provided financial resources and technical input for the project.

The project also involved other partners. The Eno Transportation Foundation was an important technical resource in assisting with questionnaire content. Several state and community organizations and universities also were involved. Their primary role was to draw upon their local networks to recruit participants for the focus groups and to host the focus sessions. In California, the host organizations included: University of Southern California, Ethel Andrus Percy Gerontology Center, Volunteer Program; Huntington Memorial Hospital, Senior Care Network; Pasadena Senior Center; Pasadena/Altadena Interfaith Action Project; and T.R.I.P. Program, Riverside County Department on Aging. Host organizations in Florida included: Florida Atlantic University, College of Nursing, Safe Communities Project; Tampa Bay Area Agency on Aging; and Morton Plant Mease Health Care, Florida Geriatric Research Program. In Michigan, host organizations included: Michigan Department on Aging, Detroit Area Agency on Aging, Focus Hope (Detroit), Brighton Senior Citizens Center, Shepherds' Center (Kalamazoo), Lenawee County Department on Aging, Hudson Senior Center, and Dundee Senior Center.

Purpose

The focus group project recognized the importance of extending the national dialogue on how to improve the transportation system beyond the professional community. It was designed to provide seniors and their lay caregivers a voice in determining how the transportation system can better meet the needs of older adults.

The specific objectives of the project were threefold:

- (1) Obtain opinion data from seniors and their concerned family and friends about driving and transportation issues that are relevant for today, the short-term and the long-term;
- (2) Determine the extent to which seniors and their concerned family and friends support recommendations for action that professionals and practitioners have proposed, and identify new ideas on how to better address the transportation needs of seniors; and
- (3) Send the message that the concerns and opinions of seniors are of great importance and that what they say will be used in developing a national agenda and strategic plan on transportation in an aging society.

Methodology

The focus groups were conducted with three target audiences:

- (1) Transportation-rich seniors, defined as people aged 65 and over who live in areas known to have access to transportation at least six days of the week within one mile of their home;
- (2) Transportation-deprived seniors, also aged 65 and over, but who live in areas known not to have access to transportation at least six days of the week within one mile of their home; and
- (3) Family and friends who are concerned about an older person's driving or ability to get around.

The focus groups were held in selected sites in California, Florida, and Michigan. The selection of sites purposively centered around communities in the US where organizations and groups had been working in the area of senior transportation. All three states had

previously conducted community forums with local transportation professionals and practitioners to identify recommendations for priority action. By conducting focus groups and forums in the same locations, it was possible to explore public support for the ideas and recommendations that were advanced by local authorities. Also, all three states that were selected had organizations and groups that were very interested in, and supportive of; the project and were willing to take the lead in recruiting participants and hosting focus groups. The organizations were visible and well-positioned in the community, and had immediate access to a network from which focus group participants could be drawn.

The methodology involved the collection of qualitative and quantitative data. Each focus group began with 12 to 15 open-ended statements or questions that participants could answer. This was followed by a written survey of 25, mostly close-ended, questions. During the final phase, there was a post survey discussion, when participants could vote on specific transportation actions that they believed should have priority for seniors.

Focus Group Profiles

A total of 22 focus groups were conducted with seniors and transportation-concerned family and friends. Seven of the groups were held in California, ten in Florida, and five in Michigan. (One additional focus group was held in Florida with professionals that work with seniors, but the results are not presented in this report.)

Nine focus groups targeted transportation-rich seniors, seven targeted transportation-deprived seniors, and six targeted transportation-concerned family and friends. Most of the participants of the transportation-concerned groups were lay caregivers. A total of 203 men and women participated.

Overall Themes from the Focus Groups

Several themes appeared consistently and repeatedly in the focus groups. Similar to previous research studies, the findings emphasize the dominance of the private automobile as a mode of transportation for seniors as well as the perceived and real inadequacies of transportation options. Further, while it seems that many seniors at least say they will do just about anything to continue to drive, there

is a lack of awareness and limited understanding of how to compensate for driving limitations and how driver assessment might help.

Moreover, the results of the focus groups suggest that there is a serious lack of planning for transportation needs in the later years and that this has important adverse affects on the quality of life of seniors. Importantly, not all seniors can get to the essential places they need to go. The transportation-deprived usually can get to church, but may have difficulty getting to medical appointments and grocery stores (especially if it requires travel outside of the immediate community). Even transportation-rich seniors, who can typically access the essential places, commonly have difficulty, or have completely given up, getting to the fun places, unless they are still driving without limitations. This was a sad and depressing reality for many seniors in the focus groups, and they repeatedly expressed a longing to participate in the "fun things in life."

The focus group findings suggest that if people have stopped driving, especially because of health and functional limitations, they usually are not active walkers. While they may walk short distances for exercise and fitness, they typically don't walk for errands and have major difficulties accessing public transit. Family and friends are a critical transportation resource for seniors. They can wear many hats and can be involved in many ways: one-on-one assistance, provider to many persons, transitional or "career" provider, informal program provider, organized volunteer program provider, and transportation coordinator. They provide assistance to seniors in the community as well as in group facilities.

Emerging from this study is an understanding of the features that seniors and their concerned family and friends think should have priority in designing an effective, usable transportation system. These form the "Five A's" of transportation, which include: availability, accessibility, affordability, acceptability and adaptability.

The key themes that emerged from the focus groups are described more fully below.

Driving is the Key to Quality of Life

* Not surprisingly, and consistent with previous research, participants

highlighted the importance that the private automobile has as a method of transportation for seniors.

* Continuing to drive is often a top priority•there is the strong perception that as long as you drive you don't have major transportation problems.

* The common perception is that people who limit their driving or who no longer drive at all may be able to get to the places they need to go, but not to the places they want to go. From this point of view, not driving could prevent you from being able to maintain the fullness of life, to do the fun things, to maintain an independent lifestyle, and may force dependency on others.

Transportation Options

* The use of public and paratransit by seniors is seriously impeded by health and functional problems as well as by shortcomings in vehicle design. Also restricting public transit use is the absence of (or poorly designed) transit shelters, adverse climate conditions, long waits and walking distances to transit stops, and the lack of awareness and information about existing options.

* Seniors who no longer drive often identify user•friendly options to include rides with family and friends, church volunteers, neighbors, and shuttle services.

* Especially where family and friends are not available to provide rides, informal volunteer transportation systems can be the sole source of transportation and may make the difference between a senior living in the community and being institutionalized.

* The absence of public and paratransit during evenings and weekends makes it impossible for many seniors to access the fun places and even some essential places.

The Five A's of Transportation

Seniors tend to look at transportation from what might be called the "Five A's": Availability, Accessibility, Affordability, Acceptability, and Adaptability.

- * Availability refers not just to the mere existence of transportation, but to whether it is available when needed (e.g., evenings, weekends, specific days of the week.)
- * Accessibility means that transportation can be reached and used. It commonly relates to, for example, whether the stairs on the bus can be negotiated, whether the seats are high enough, whether the van comes to the door, and whether the bus stop is within walking distance.
- * Affordability deals with costs and specifically relates to whether the fee is affordable, how it relates to driving expenses, and whether vouchers or coupons are available to defray out-of-pocket expenses.
- * Acceptability deals with standards relating to, for example, cleanliness (e.g., is the bus clean?); safety (e.g., are the bus stops located in unsafe areas?); and user-friendliness (e.g., are the transit operators courteous and helpful?).
- * Adaptability refers to whether transportation can be modified or adjusted to meet special needs (e.g., is there room for a wheelchair? is it possible to handle multiple errands on the same trip?).

Pedestrian Safety

- * Seniors who stopped driving as a result of functional limitations are usually not able to walk far to access public transportation.
- * Older adults who need help with transportation are often too functionally impaired to be active pedestrians.
- * Few seniors are identified as active walkers, and when they walk it is usually for pleasure and exercise rather than as a mode of transportation for errands.
- * In addition to health and functional limitations, traffic volume, safety concerns, inadequate timing of traffic signals, poor road conditions, and cars turning right on red were considered hazards for senior pedestrians.

Indicators of Unsafe Driving

- * Many of the indicators that are used to detect unsafe senior drivers are general in nature and apply to all drivers, regardless of age.
- * Some indicators are more age-specific and refer to physical and cognitive decrements that tend to accompany the aging process.

Driver Assessment

- * There is a lack of awareness of what driver assessment is, and the term itself may be a "turn off"
- * Even when there is recognition that driver assessment may have value, there is no consensus on who should be assessed (i.e., seniors versus drivers of all ages), what should be assessed, who should do the assessment, and where it should occur.
- * Seniors often worry about being tested "at their age."
- * Even when they understood the intent of driver assessment and can appreciate its value, many seniors still worry that its purpose is to get them off the road.

Transportation Planning

- * People are either aging in place or relocating when they are still mobile. Generally, they fail to consider and ensure that transportation options are available and accessible for the time when they may no longer drive.
- * Seniors often find themselves in geographic locations that have limited, if any, transportation choices other than the use of the private automobile.
- * Those who have planned for transportation might be living in a "community," such as a mobile park, gated community, or retirement community, which provides residents with local transportation.
- * Concerns about future transportation needs, and recognition of the need to plan appropriately, may be heightened among family and friends who have assisted seniors with transportation.

- * People seem unaware of how to plan for their future transportation needs. They don't know where to go for information and are not aware of what information even may be available.

Triggers for Involvement

- * Family and friends may provide transportation because a person stops driving, becomes ill or moves, or because they perceive a lack or absence of options.

- * For many family and friends, providing transportation is the first step in the caregiving process. For others, it's an extension of their preexisting caregiving role.

Types of Transportation Providers

- * The transportation concerned can be characterized as one-on-one transportation providers or multiple person providers.

- * Some are progressive or "career" providers in that they have a pattern of assisting one or several individuals until they die and then go on to help others.

- * The transportation concerned also can be part of an informal or formal transportation program and serve as voluntary drivers through a church or senior citizen center program.

- * Many family and friends may be transportation coordinators in lieu of, or in addition to, providing rides themselves.

Highlights of Written Survey Responses

Following the initial focus group discussion, participants completed a written survey. Included in the survey were a series of questions that asked participants to identify their top preferences for priority transportation actions that would most benefit seniors. The actions from which they could choose were recommendations that were developed by transportation authorities and practitioners who attended community forums. Focus group participants also had the opportunity to add new ideas and suggestions. After participants recorded their preferences in writing on the survey instrument, they had the opportunity to "cast their vote" during a post survey

discussion. While some variation in responses existed across the three target groups, there was surprising consistency both across groups and across states.

Overall results were as follows:

[Click to view Table 1.](#)

Of all the recommendations that were considered, participants thought that alternative transportation actions were most needed. The need for transportation specialists that provide "one•call•does•it•all" information received the relatively greatest level of support.

The written survey also examined participants' perceptions of their current transportation system. They were presented with 20 words/phrases and were asked to select the top four that would best describe their community's transportation system today. Their choices included the following "positive" words: clean, safe, efficient, interlinked, convenient, user•friendly, energy efficient, state•of•the•art, economical, accessible, and comfortable. Also included were "negative" words: outdated, uncomfortable, inaccessible, inconvenient, inefficient, dirty, disjointed and unsafe.

The most popular words that participants selected to describe their current transportation system were all "negative" choices: inconvenient, inaccessible, inefficient and outdated.

By contrast, when asked to describe what they want their transportation system to be like in the future, their top four choices were "positive" words: convenient, efficient, safe and accessible.

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Category	Choice 1	%	Choice 2	%	Choice 3	%
<u>Automobile and Highway Actions</u>	Larger and better illuminated traffic signs	75%	Reflective signs and road edge markings	68%	Dedicated lanes and signal cycles for left turns	53%
<u>Driver Assessment Actions</u>	Periodic reexamination of driving by driver licensing agency	67%	Special senior driver assessment programs	58%	Periodic reassessment for vision and cognitive ability	57%
<u>Pedestrian Safely Actions</u>	Visible crosswalks and safer intersections	80%	Change timing of traffic signals to allow more time for "WALK" cycle	70%	Add sensors to extend "WALK" cycle when pedestrians are present	58%
<u>Alternative Transportation Actions</u>	Transportation specialists that provide "one•call•does•it•all" information	64%	Personalized subscription transportation services using vans	54%	Special kits on how to use public transportation, map routes, free passes	50%

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I. Introduction

Background

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The project was implemented as part of a national initiative called "Transportation in an Aging Society." The purpose of the initiative is to ensure the safe transportation of older adults. Importantly, it recognizes that as the baby boom generation ages there will be a swelling in the numbers and proportions of older adults and that the transportation system must be prepared to accommodate the needs of this population.

The initiative involved three key components: the identification of research needs, the determination of priority transportation actions, and the development of a national agenda and strategic plan.

Two key activities were undertaken to determine priority transportation actions. One involved community forums that were held in selected states in the US, where input and recommendations were obtained from transportation authorities, professionals and practitioners. The second activity involved the focus groups that were conducted as part of this project with seniors and concerned family and friends (who were often lay caregivers) to obtain their opinions and views about transportation and what actions they believed would be most beneficial for seniors. The focus groups were held in selected sites in California, Florida and Michigan. The input and recommendations that resulted from the community forums and the focus groups are being used (by the US Department of Transportation and the Eno Transportation Foundation) to develop a national agenda and strategic plan for improving transportation in the new millennium.

This report includes background information on the project, a description of the methodology, highlights of the key themes, and a detailed summary of the focus group discussions and responses participants provided on a written survey. Results are organized by the three target groups: transportation•rich seniors, transportation •deprived seniors, and transportation•concerned family and friends.

An Appendix is available which presents the results of the focus groups by state. Information is presented for each of the target groups within each state. Also included are the results of the written surveys that were completed by participants. The recruitment screeners, focus group discussion questions, and written surveys are contained in the Appendix as well.

Project Partners and Roles

The Beverly Foundation was asked by the National Highway Traffic Safety Administration to undertake the focus group project. The Foundation's role was to plan and implement the focus groups. It also provided substantial in•kind support and made small contributions to several community organizations that were involved in the project. The US Department of Transportation provided technical consultation

and advice on project scope and design, and remained involved throughout project implementation. The AAA Foundation for Traffic Safety provided financial resources and technical input for the project.

The project also involved other partners. The Eno Transportation Foundation was an important technical resource in assisting with questionnaire content. Several state and community organizations and universities also were involved. Their primary role was to draw upon their local networks to recruit participants for the focus groups and to host the focus sessions. In California, the host organizations included: University of Southern California, Ethel Andrus Percy Gerontology Center, Volunteer Program; Huntington Memorial Hospital, Senior Care Network; Pasadena Senior Center; Pasadena/Altadena Interfaith Action Project; and T.R.I.P. Program, Riverside County Department on Aging. Host organizations in Florida included: Florida Atlantic University, College of Nursing, Safe Communities Project; Tampa Bay Area Agency on Aging; and Morton Plant Mease Health Care, Florida Geriatric Research Program. In Michigan, host organizations included: Michigan Department on Aging, Detroit Area Agency on Aging, Focus Hope (Detroit), Brighton Senior Citizens Center, Shepherds' Center (Kalamazoo), Lenawee County Department on Aging, Hudson Senior Center, and Dundee Senior Center.

Purpose

The focus group project recognized the importance of extending the national dialogue on how to improve the transportation system beyond the professional community. It was designed to provide seniors and their lay caregivers a voice in determining how the transportation system can better meet the needs of older adults.

The specific objectives of the project were threefold:

- (1) Obtain opinion data from seniors and their concerned family and friends about driving and transportation issues that are relevant for today, the short-term and the long-term,
- (2) Determine the extent to which seniors and their concerned family and friends support recommendations for action that professionals and practitioners have proposed and identify new ideas on how to

better address the transportation needs of seniors, and

(3) Send the message that the concerns and opinions of seniors are of great importance and that what they say will be used in developing a national agenda and strategic plan on transportation in an aging society.

Project Activities

The focus group project encompassed the nine-month period from March through November 1999. During the course of the project, The Beverly Foundation undertook the following activities:

(1) Identified Focus Group Sites and Defined Target Audiences.

During the first three months of the project, Foundation staff worked with the Department of Transportation to identify focus group sites and, together with participating organizations in Florida, defined target audiences for participation in the focus groups. Three target audiences were identified: transportation-rich seniors, transportation-deprived seniors, and family and friends concerned about an older person's driving or ability to get around. Working with these other organizations, specific selection criteria were developed.

(2) Developed Screeners for Recruiting Participants. The three target audiences required three separate recruitment screeners. The purpose of the screeners was to enable organizations that were hosting the focus groups to identify and recruit participants for each focus group. The rule of thumb for recruitment is that it is necessary to recruit 12-13 people for a group that includes 8-10 participants (to allow for no-shows). It was especially important to include a mix of participants who represented specific demographic and personal characteristics. The selection screeners for participants were developed along with a recruitment selection matrix that recruiters and hosts could use in assessing the appropriateness of the mix of participants who were screened.

(3) Contacted Local Community Hosts. Local community groups and organizations were identified that had experience and/or interest in senior transportation issues and had access to a potential network from which they could recruit focus group participants. They were supplied information about the project and materials that would help in the identification and selection of focus group participants.

(4) Developed Focus Group Discussion Questions and Written Survey Instruments. Two discussion guides were developed: one for both the transportation•rich and transportation•deprived senior groups and a second for the transportation•concerned family and friends groups, Written survey instruments also were developed in an effort to supplement the qualitative data from the discussions with quantitative data. Two questionnaires were prepared. The transportation rich and transportation•deprived groups received identical questionnaires. A modified version was administered to the transportation•concerned family and friends.

(5) Conducted Focus Groups. Twenty•two focus groups were conducted with seniors and concerned family and friends in selected sites in California, Florida and Michigan. (One additional focus group was held with professionals in Florida that work with seniors, but results are not presented in this report). The focus groups were conducted at some point after the community forums wit professionals and practitioners. Each focus group required approximately two hours to complete. The same professional facilitator was used for each focus group. Observers were present from the host organizations and, in many cases, from the US Department of Transportation. Local media also attended some focus groups. The focus groups were conducted in a variety of community venues, including hospitals, senior centers, an Area Agency on Aging facility, an interfaith facility, a foundation, retirement homes, restaurants, and a university.

(6) Reviewed and Analyzed Data. Qualitative data for all focus groups were input into computer files and responses to the written surveys were entered into a SPSS database. All data were reviewed and analyzed. The data were aggregated and reviewed for the three target audiences across and within the three states.

(7) Prepared Final Report. The final report is comprised of the current document and an Appendix that includes supplementary analyses and related project materials.

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II. Methodology

Introduction

The initial planning effort was undertaken during a three•month period, from March•May 1999. Throughout this stage, The Beverly Foundation worked closely with the US Department of Transportation, the Eno Transportation Foundation and several of the host organizations to define and operationalize the project. Major activities included the definition of the three target audiences; the selection of focus group sites; and the development of participant recruitment screeners, focus group discussion questions and guides, and written surveys for each of the target audiences. The focus groups were conducted during the three•month period from June•August 1999.

The following summarizes key highlights of these activities.

Definition of Target Groups

Recognizing the significance that transportation availability/access

would have to the experiences and views that seniors had about driving and their ability to get around, two groups of seniors were targeted for this project.

Transportation•Rich Seniors: persons 65 years or older who live in areas known to have access to transportation services within a mile of their home at least six days a week.

Transportation•Deprived Seniors: persons 65 years or older who live in areas known nor to have access to transportation services within a mile of their home at least six days a week.

A third target group was included as follows:

Transportation•Concerned Family and Friends: family and friends who are concerned about an older person's driving or ability to get around.

Most of the participants in this third target group were lay caregivers and were providing transportation assistance to seniors. It was important to obtain their input on this project since they often are well•positioned to observe and/or influence the driving and transportation decisions of seniors.

Selection of Focus Group Sites

The focus groups were held in Los Angeles and Riverside Counties, California; in South Palm Beach, Pinellas and Pasco Counties, Florida; and in Detroit, Brighton, Kalamazoo, Hudson and Dundee, Michigan. The selection of focus group sites purposively centered around communities in the US where organizations and groups had been working in the area of senior transportation. All three states had previously conducted community forums wit local professionals and practitioners to identify recommendations for priority action to improve senior transportation. By conducting focus groups and forums in the same locations, it was possible to explore public support for the ideas and recommendations that were being advanced in that community by local authorities. Also, all three states had organizations and groups that were very interested and supportive of the project and were willing to take the lead in recruiting participants and hosting the focus groups. The organizations were visible and well•positioned in the community, and

had immediate access to a network from which focus group participants could be drawn.

Development of Recruitment Screeners

Three recruitment screeners were developed to assist host organizations identify potential participants for the three target groups. (See Appendix, Section V) The screeners were identical for the transportation•rich and transportation•deprived groups, with the exception of one variable that related to transportation access. Seniors who lived in areas that were known to have access to transportation within one mile of their home at least six days of the week were eligible to be screened for the transportation•rich groups. Their counterparts who lived in areas that were known not to have regular access to transportation within a mile of their home could be screened for the transportation•deprived groups. A separate screener was prepared for recruiting transportation•concerned family and friends. The screeners were designed to result in a mix of participants who represented specific demographic and personal characteristics. A recruitment selection matrix also was developed to help recruiters assess the appropriateness of the mix of participants who were being screened.

Recruitment Process

Participants for the focus groups were recruited by the host organizations. All host organizations were provided with copies of the recruitment screeners and selection matrices. In most cases, though, the screeners and matrices were used only as a "guide" for recruitment and participants were selected by convenience sampling. Consequently, the ultimate composition of the focus groups deviated from the intended composition.

Also, some host organizations decided to compensate participants and others did not. Where compensation was provided, it did not exceed \$20 per participant. Participants in several of the focus groups in Florida and in one of the groups in Michigan were compensated. To help defray costs and in appreciation for their involvement, The Beverly Foundation provided a small financial contribution to several of the nonprofit organizations that hosted the focus groups. In cases where this occurred, the information was shared with participants at the conclusion of the focus groups so that they would know that their

involvement made the contribution possible and could feel a sense of satisfaction.

Development of Discussion Questions

A series of 12•15 open•ended questions/statements were developed for the initial question/response phase of the focus sessions. (See Appendix, Section VI) The questions were identical for the transportation•rich and transportation•deprived groups. The transportation•concerned groups were asked similar questions, but in relation to their senior relative or friend. The questions covered the following ten general areas:

1. General views on transportation
2. Senior transportation priorities
3. General problems about senior transportation
4. Pedestrian problems for seniors
5. Public transit use problems for seniors
6. Driver problems for seniors
7. Driving limitation and cessation
8. Indicators of unsafe driving
9. License renewal and driver assessment
10. Transportation options

The following were additional areas of inquiry that were pursued with the transportation• concerned groups:

1. Transportation and caregiving roles
2. Triggers of involvement
3. Concerns about being involved

4. Concerns about their own transportation in the future

Development of Written Survey Instruments

The methodology used in this project included the collection of qualitative as well as quantitative data. Quantitative data were collected through the use of a written survey that included 25 items, most of which were close-ended (see Appendix, Section VII). As with the initial discussion phase, transportation-rich and transportation-deprived seniors responded to the same set of questions. The transportation-concerned groups were asked similar questions, but in relation to their senior friend or relative. For comparability purposes, some of the questions that were included on the written surveys came from a national survey that was being conducted for the US Department of Transportation.

The questions on the written survey dealt with the following key areas:

1. Transportation concerns
2. Driving assistance
3. Reasons for driving cessation
4. Transportation patterns and preferences
5. Trip patterns
6. Transportation responsibilities
7. Information needs, sources and preferred terminology
8. Current and future perceptions of the transportation system
9. Priority transportation issues

Data Gathering Process

Each focus group required approximately two hours to complete. Helen Kerschner, a professional facilitator, facilitated all the focus

groups. Throughout the process, a recorder wrote participants' detailed responses on a flip chart, letting participants know that we were closely listening to what they said. All focus groups also were audiotaped.

In addition to the participants, observers who were "back benchers" attended some of the focus groups. Usually, representatives from the host organizations were present and representatives from the US Department of Transportation attended many of the groups. Local media also attended some focus groups.

The focus groups were conducted in a variety of community venues, including hospitals, senior centers, an Area Agency on Aging facility, an interfaith facility, a foundation, retirement homes, restaurants, and a university.

Each group began with the host organization providing welcoming remarks. Following this introduction, the facilitator briefly discussed the purpose of the focus groups; the "rules" of participation; and the process, which involved the question/response cycle, the written survey, and a post-survey discussion.

During the post survey discussion, participants had the opportunity to vote on the transportation actions that they believed should have priority for seniors. (These questions corresponded to the last set of questions in the written survey.) In addition to being able to vote on recommendations that resulted from the community forums that were held with professionals and practitioners, participants had the chance to suggest new ideas on how to better address the transportation needs of seniors. Participants identified their top three priorities for action in each of the following four areas:

1. Automobile and highway
2. Driver assessment
3. Pedestrian safety
4. Alternative transportation

As a final question, participants were asked what they believed was the "key to healthy aging."

The three-stage data gathering process that was used in this focus group project provided the opportunity for participants to express opinions in a group as well as in the privacy of their pencil. Further, the planned redundancy within the three methods offered a way to assess the consistency of responses and to obtain qualitative and quantitative data.

Because the questions on the written survey are structured in a way that allows for quantitative analysis, there may be the tendency to generalize the data. Importantly, though, the participant selection process and very small sample sizes preclude the generalizability of the results.

Project Outcomes

In summary, the activities that were undertaken during the course of this nine-month project included:

- * Preparation of participant screeners
- * Preparation of discussion guides
- * Development of written surveys
- * Development of informational materials for host sites
- * Communications and consultation with host organizations
- * Conduct of 22 focus groups with seniors and lay caregivers (plus one with professionals)
- * Review of audiotapes
- * Processing, organization and analysis of flip chart data
- * Processing, organization and analysis of written survey data
- * Development of final report

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III. Summary of Overall Results

Focus Group Profile

Of the 22 focus groups that were conducted with seniors and transportation-concerned family and friends, seven occurred in California, ten in Florida, and five in Michigan. (An additional focus group was held in Florida with professionals that work with seniors.)

Of the 22 focus groups, nine targeted transportation•rich seniors, seven targeted transportation•deprived seniors, and six targeted concerned family and friends, who were mostly lay caregivers.

In California, four of the groups involved transportation•rich seniors; one involved transportation•deprived seniors, and two involved concerned family and friends. The corresponding breakdown in Florida was four with transportation•rich seniors, three with transportation•deprived seniors, and three with concerned family and friends. In Michigan, the breakdown was one transportation•rich group, three transportation•deprived groups, and one transportation

- concerned family and friend group.

Participant Profile

A total of 203 men and women participated in the focus groups. About half were involved in the focus sessions in Florida; 28% in California; and 23% in Michigan. (The characteristics of these participants by state are presented in the Appendix).

Of all participants, 41% were seniors in the transportation•rich groups; 35% were seniors in the transportation•deprived groups; and 24% were concerned family and friends. Specific background characteristics of these participants are presented below in the summary of results for the three different groups.

Overall, 69% of the participants were female and over half (54%) were age 75 or over. About one in every two participants (49%) had graduated college.

Overall Themes from Focus Groups

Several themes appeared consistently and repeatedly in the focus groups. Similar to previous research studies, the findings emphasize the dominance of the private automobile as a mode of transportation for seniors, and the perceived and real inadequacies of transportation options. Further, while it seems that many seniors at least say they will do just about anything to continue to drive, there is a lack of awareness and limited understanding of how to compensate for driving limitations and how driver assessment might help.

Moreover, the results of the focus groups suggest that there is a serious lack of planning for transportation needs in the later years and that this has important adverse affects on the quality of life of seniors. Importantly, not all seniors can get to the essential places they need to go. The transportation•deprived usually can get to church, but may have difficulty getting to medical appointments and grocery stores (especially if it requires travel outside of the immediate community). Even transportation•rich seniors, who can typically access the essential places, commonly have difficulty, or have completely given up, getting to the fun places, unless they are still driving without limitations. This was a sad and depressing reality for many seniors in the focus groups, and they repeatedly expressed

a longing to participate in the "fun things in life."

The focus group findings suggest that if people have stopped driving, especially because of health and functional limitations, they usually are not active walkers. While they may walk short distances for exercise and fitness, they typically don't walk for errands and have major difficulties accessing public transit. Family and friends are a critical transportation resource for seniors. They can wear many hats and can be involved in many ways: one-on-one assistance, provider to many persons, transitional or "career" provider, informal program provider, organized volunteer program provider, and transportation coordinator. They provide assistance to seniors in the community as well as in group facilities.

Emerging from this study is an understanding of the features that seniors and their concerned family and friends think should have priority in designing an effective, usable transportation system. These form the "Five A's" of transportation, which include: availability, accessibility, affordability, acceptability and adaptability.

The key themes that emerged from the focus groups are described more fully below.

Driving is the Key to Quality of Life

Not surprisingly, and consistent with previous research, participants highlighted the importance that the private automobile has as a method of transportation for seniors.

Continuing to drive is often a top priority•there is the strong perception that as long as you drive you don't have major transportation problems.

The common perception is that people who limit their driving or who no longer drive at all may be able to get to the places they need to go, but not to the places they want to go. From this point of view, not driving could prevent you from being able to maintain the fullness of life, to do the fun things, to maintain an independent lifestyle, and may force dependency on others.

Transportation Options. The use of public and paratransit by seniors is seriously impeded by health and functional problems as well as by

shortcomings in vehicle design. Also restricting public transit use is the absence of (or poorly designed) transit shelters, adverse climate conditions, long waits and walking distances to transit stops, and the lack of awareness and information about existing options.

Seniors who no longer drive often identify user•friendly options to include rides with family and friends, church volunteers, neighbors, and shuttle services.

Especially where family and friends are not available to provide rides, informal volunteer transportation systems can be the sole source of transportation and may make the difference between a senior living in the community and being institutionalized.

The absence of public and paratransit during evenings and weekends makes it impossible for many seniors to access the fun places and even some essential places.

The Five A's of Transportation Seniors tend to look at transportation from what might be called the "Five A's": Availability, Accessibility, Affordability, Acceptability, and Adaptability.

Availability refers not just to the mere existence of transportation, but to whether it is available when needed (e.g., evenings, weekends, specific days of the week.)

Accessibility means that transportation can be reached and used. It commonly relates to, for example, whether the stairs on the bus can be negotiated, whether the seats are high enough, whether the van comes to the door, and whether the bus stop is within walking distance.

Affordability deals with costs and specifically relates to whether the fee is affordable, how it relates to driving expenses, and whether vouchers or coupons are available to defray out•of•pocket expenses.

Acceptability deals with standards relating to, for example, cleanliness (e.g., is the bus clean?); safety (e.g., are the bus stops located in unsafe areas?); and user•friendliness (e.g., are the transit operators courteous and helpful?).

Adaptability refers to whether transportation can be modified or

adjusted to meet special needs (e.g., is there room for a wheelchair? is it possible to handle multiple errands on the same trip?).

Pedestrian Safety Seniors who stopped driving as a result of functional limitations are usually not able to walk far to access public transportation.

Older adults who need help with transportation are often too functionally impaired to be active pedestrians.

Few seniors are identified as active walkers, and when they walk it is usually for pleasure and exercise rather than as a mode of transportation for errands.

In addition to health and functional limitations, traffic volume, safety concerns, inadequate timing of traffic signals, poor road conditions, and cars turning right on red were considered hazards for senior pedestrians.

Indicators of Unsafe Driving

Many of the indicators that are used to detect unsafe senior drivers are general in nature and apply to all drivers, regardless of age.

Some indicators are more age-specific and refer to physical and cognitive decrements that tend to accompany the aging process.

Driver Assessment

There is a lack of awareness of what driver assessment is, and the term itself may be a "turn off."

Even when there is recognition that driver assessment may have value there is no consensus on who should be assessed (i.e., seniors versus drivers of all ages), what should be assessed, who should do the assessment, and where it should occur.

Seniors often worry about being tested "at their age."

Even when they understood the intent of driver assessment and can appreciate its value, many seniors still worry that its purpose is to get them off the road.

Transportation Planning

People are either aging in place or relocating when they are still mobile. Generally, they fail to consider and ensure that transportation options are available and accessible for the time when they may no longer drive.

Seniors often find themselves in geographic locations that have limited, if any, transportation choices other than the use of the private automobile.

Those who have planned for transportation might be living in a "community" such as a mobile park, gated community, or retirement community, which provides residents with local transportation.

Concerns about future transportation needs, and recognition of the need to plan appropriately, may be heightened among family and friends who have assisted seniors with transportation.

People seem unaware of how to plan for their future transportation needs. They don't know where to go for information and are not aware of what information even may be available.

Triggers for Involvement Family and friends may provide transportation because a person stops driving, becomes ill or moves, or because they perceive a lack or absence of options.

For many family and friends, providing transportation is the first step in the caregiving process. For others, it's an extension of their preexisting caregiving role.

Types of Transportation Providers

The transportation•concerned can be characterized as one•on•one transportation providers or multiple person providers.

Some are progressive or career" providers in that they have a pattern of assisting one or several individuals until they die and then go on to help others.

The transportation•concerned also can be part of an informal or

formal transportation program and serve as voluntary drivers through a church or senior citizen center program.

Many family and friends may be transportation coordinators in lieu of, or in addition to, providing rides themselves.

Highlights of Written Survey Responses

Following the initial focus group discussion, participants completed a written survey. Included in the survey were a series of questions that asked participants to identify their top preferences for priority transportation actions that would most benefit seniors. The actions from which they could choose were recommendations that were developed by transportation authorities and practitioners who attended community forums. Focus group participants also had the opportunity to add new ideas and suggestions. After participants recorded their preferences in writing on the survey instrument, they had the opportunity to "cast their vote" during a post survey discussion. While some variation in responses existed across the three target groups, there was surprising consistency both across groups and across states.

Overall results were as follows:

Automobile and Highway Actions

Top three choices.

Larger and better illuminated traffic signs (75%)

Reflective signs and road edge markings (68%)

Dedicated lanes and signal cycles for left turns (53%)

Driver Assessment Actions

Top three choices.

Periodic reexamination of driving by driver licensing agency (67%)

Special senior driver assessment programs (58%)

Periodic reassessment for vision and cognitive ability (57%)

Pedestrian Safety Actions

Top three choices

Visible crosswalks and safer intersections (80%)

Change timing of traffic signals to allow more time for "WALK" cycle (70%)

Add sensors to extend "WALK" cycle when pedestrians are present (58%)

Alternative Transportation Actions

Top three choices

Transportation specialists that provide "one•call•does•it•all" information (64%)

Personalized subscription transportation services using vans (54%)

Special kits on how to use public transportation, map routes, free passes (50%)

Of all the recommendations that were considered, participants thought that alternative transportation actions were most needed. The need for transportation specialists that provide "one•call•does•it•all" information received the relatively greatest level of support.

The written survey also examined participants' perceptions of their current transportation system. They were presented with twenty words/phrases and were asked to select the top four that would best describe their community's transportation system today. Their choices included the following "positive" words: clean, safe, efficient, interlinked, convenient, user•friendly, energy efficient, state•of•the•art, economical, accessible, and comfortable. Also included were "negative" words: outdated, uncomfortable, inaccessible, inconvenient, inefficient, dirty, disjointed and unsafe.

The most popular words that participants selected to describe their

current transportation system were all "negative" choices: inconvenient, inaccessible, inefficient and outdated.

By contrast, when asked to describe what they want their transportation system to be like in the future, their top four choices were "positive" words: convenient, efficient, safe and accessible.

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IV. Conclusions

Introduction

The focus groups addressed a variety of issues relating to transportation in general, driver problems, driver limitation and cessation, driver assessment, pedestrian safety, transit use, and transportation options. The discussions with transportation•concerned family and friends addressed additional issues relating to transportation and caregiver roles, triggers for involvement, concerns of the concerned and futures of the concerned.

The following are key conclusions for the three target audiences.

Overall Transportation Issues

Transportation•Rich

The transportation•rich lamented the fact that driving could be so difficult and that continuing to drive could be equally difficult. They

expressed concern that even when public transportation was good, it was frustrating and time consuming. They saw their lives limited because they could not do the things they wanted to do, when they wanted to do them. They were clear that while life could be difficult if one had to limit driving, stopping to drive could have a terrible impact on the ability to get around and on life in general.

Transportation-Deprived

The transportation•deprived expressed enormous concern about the need for a car and the problems they had when they were unable to drive. They tended to drive as long as possible and stopped driving mainly because of functional limitations. These health conditions not only made it difficult or impossible to drive, but also made it difficult or impossible to access available public transportation services. Thus, those who were still driving did not consider themselves to be transportation•deprived even if transportation services were unavailable. Conversely, those who limited their driving or had stopped driving altogether, were likely to consider themselves, and actually were likely to be, transportation deprived.

Transportation•Concerned

From the point of view of the transportation•concerned, there appears to be a continuum of independence for seniors depending upon their driving status. Basically, those who drive are more independent than their counterparts who don't drive. Moreover, transportation is easy for those who drive, but not easy for those who do not drive. Driving is seen as the key to independence for seniors. When seniors did not drive, they faced major problems because they were often unable to use public transportation services and unwilling to ask for help. The transportation•concerned felt that many seniors who did not drive and would not ask for help were faced with the choice of staying in their homes or moving to a place that provided transportation.

Transportation Priorities

Transportation•Rich

Clearly, they considered the automobile to be the most "user•friendly" mode of transportation. They believed that those who

limited their driving, or who no longer drive at all, may be able to get to the places they need to go, but not to the places they want to go. From their point of view, driver limitation and cessation can prevent you from maintaining the fullness of life, to do the things, to maintain an independent lifestyle, and forces dependency on others. They believed that the priorities for those who could no longer drive were for transportation that is not only available and adequate, but importantly, also is accessible, acceptable, affordable, and adaptable.

Transportation•Deprived

The priority of those who drove was to continue driving. Those who no longer drove needed transportation that was not only available, but accessible (regardless of health or functional condition), affordable and adaptable (so that they could take care of the essentials and engage in the fun things in life).

Problems Seniors Face in Getting Around

Transportation•Rich

Transportation•rich seniors thought the need to drive was very important. However, they recognized that seniors who drive may face many problems navigating their cars (at night, in unfamiliar places, in heavy traffic, and on freeways) and in organizing their driving schedules to compensate for their limitations. Many of the transportation•rich were fearful because they lacked self confidence (especially on highways) and were not always able to find their way. They said it would be even more difficult for them to drive if they did not drive defensively because of the way others drove. The need to be a defensive driver was expressed by at least one person in almost every focus group. They also described many difficulties using (or thinking about using) public and paratransit because of their physical inability to access it, because of the treatment they received from the transit operators, and because of its limited availability (especially at nights and on weekends). Finally, they had a desire to get where they wanted to go easily and on time.

Transportation•Deprived

They believed and demonstrated that drivers and nondrivers have different problems. Drivers had special problems when they did not

drive at night, in heavy traffic, or in unfamiliar places. Nondrivers had special problems because public transportation is time consuming and inflexible, and informal transportation programs require you to depend on the kindness of others. It was their opinion and experience that both groups can have problems getting to the 1km places.

Transportation•Concerned

Almost invariably they were concerned about their family members' and friends' ability to get around and recognized the close connection that functional status had to mobility and transportation access. Several participants were transportation providers to multiple persons and were concerned about the lack of informal supports that were available to many seniors. For the most part, they did not and could not see the seniors that they were concerned about being public transit users. While some participants applauded transit drivers, most identified an array of problems and shortcomings with the public transit system that precluded its usage by seniors, particularly given their health and mobility restrictions. Common impediments to usage were design limitations (vehicle and environmental), long waits, long walking distances, long transit times, heat, the need to make advance appointments, gaps in service, and information voids. The perception also existed that many seniors thought public transportation was beneath them. In most cases, when it was used, public transit was seen as a method of getting to only essential places as opposed to discretionary places for time. or entertainment.

Senior Pedestrian Problems

Transportation•Rich

Few identified themselves as pedestrians, except for recreation. Traffic volume, safety concerns, inadequate traffic signals and timing for crossing, and cars turning right on red were considered major hazards to walking. One solution that was suggested is to be a "defensive walker." It should be noted that since very few of the transportation•rich seniors were pedestrians, many of their comments related to other people as opposed to their personal experiences.

Transportation•Deprived

Very few identified themselves as pedestrians beyond walking for exercise or pleasure. They discussed a number of personal reasons for their limited walking, primarily health and functional limitations. Other obstacles that they identified were traffic conditions, threatening drivers, infrastructure problems, and crime. As they saw it, the solutions were in the enforcement of laws, improvement of roads and traffic signals, and education. That so few of the participants walked was not surprising. That they did not really seem to care if they walked was somewhat surprising.

Transportation•Concerned

Most of the seniors they were concerned about were not seen as active pedestrians. While some walked for exercise, problems with health and functional status, traffic lights and signals, and road conditions prevented many from walking for any distance or purpose. Traffic and street crossing, particularly at intersections, were considered the major problems senior pedestrians faced.

Senior Driver Problems

Transportation•Rich

Transportation•rich seniors indicated that they personally faced a variety of problems as drivers. While they believed some were related to seniors themselves, they also believed that many of the problems were caused by other drivers on the road.

Transportation-Deprived

They associated many senior driver problems with bad drivers, busy roads, poor road designs, and personal difficulties relating to health and functional limitations. They also emphasized the need for seniors to be defensive drivers. Perhaps the most interesting part of their discussion was their comments about the fact that the real transportation problems for seniors are not necessarily related to their driving, but rather to when they stop driving.

Transportation•Concerned

While they were aware that their senior relatives and friends may be experiencing health and functional status decrements and associated

declines in driving performance, they had little hope of getting the person, especially a parent, to give up driving.

Driving Limitation and Cessation

Transportation-Rich

The transportation-rich appeared to know when it is necessary to stop driving at night. They also appeared willing to limit their driving, even though it tended to limit their activities. When they talked about limiting their driving, they also talked about their fear of not being able to drive at all. In general, they had an intense desire to drive as long as possible, a fear of not being able to drive, and many concerns about what they would do when they no longer could drive. These may be some of the reasons that they did little planning for when they stopped driving. What happened when they had to stop? Some retained their license or car for some time afterward.

Transportation-Deprived

They did not think most seniors limited or stopped driving on their own accord, perhaps because it can be so traumatic and also because their transportation options were likely slim or none. They did not have positive opinions about being able to get others to stop driving by talking to them or by mandatory age-based testing. Many of them expressed the opinion that if somebody is going to intervene, it should be the Department of Motor Vehicles (DMV). Their opinions were mixed about the feasibility of self-regulation as a way for seniors to stop driving.

Transportation-Concerned

While concern was expressed about the absence of an age-restriction for being eligible to receive a license renewal by mail, there was recognition that age-based testing could be perceived as discriminatory of Seniors. The topic of license renewal prompted considerable discussion about how important it is to not just design an effective relicensing program, but to think about how to support people when they can no longer drive. While some participants indicated that they would not hesitate to take the keys away from a parent, others said that they would not want their own children to do so to them.

Driver Assessment

Transportation • Rich

'Assessment' was not a concept or term with which many were familiar. However, when assessment was explained, transportation •rich seniors often said that age •based testing (including a behind the wheel component) might be a good idea, especially for "other people." At the same time, they had difficulties identifying what should be tested and disagreed on who should be involved and where it should take place. They also worried about having to take tests "at their age." Even when they were better informed about assessment, many still worried that its real purpose was to get seniors off the road and expressed the opinion that seniors should be self motivated to stop driving.

Transportation • Deprived

They had very limited familiarity with the term 'driver assessment' and tended to either associate it with the AARP or the AAA senior driver improvement programs. They also thought it might have the intent of taking licenses away from seniors rather than being a method to prolong safe driving. They were not enthusiastic about promoting assessments with friends or family, nor were they interested in going in for an assessment themselves. Many of them indicated that their greatest fear was that they would fail. They had mixed views about the role that different professionals (such as physicians) and organizations (such as the DMV and insurance companies) might have in performing driver assessments.

Transportation • Concerned

Few were familiar with the term 'driver assessment' or what it involved, but when the concept was explained, most thought it was not a bad idea. There was concern about the word 'assessment' and that it could be perceived negatively. Other terms, such as evaluation, diagnosis and review, were suggested. Additionally, phrases such as "skills test" and 'check •up and tune •up' were perceived more positively. Further, many of the transportation •concerned thought that everybody should be assessed (i.e., that it should not be age •based) and that it should be voluntary. Where

should the assessment take place? The DMV was identified as a primary location, although there was concern whether seniors might wonder about its motives. Other locations included community service agencies, educational institutions, and insurance companies. The physician and eye doctor were identified as key professionals who should be involved in conducting the assessment. Most participants could not imagine taking or getting a parent, or any senior, to go for an assessment.

Transportation Options

Transportation•Rich

Not surprisingly, the transportation•rich believed that the automobile was the most user•friendly form of transportation. While other options might be available, there was a general dissatisfaction with them. The perception was that when people limit their driving, they may be able to do the necessities in life, but not the bin things, especially when they no longer drive at night. Informal transportation systems (church volunteer groups, sharing rides with neighbors) were viewed fairly positively. So was transportation `just for seniors." The motivators for using public transportation were: to save money, to save time, and to be able to get to where you want to go.

Transportation•Deprived

The transportation•deprived believed that the most user•friendly option was the personal automobile, but they recognized that even drivers had transportation difficulties if they did not drive at night. For those who did not drive, families, friends, and volunteers were identified as possible sources for providing user•friendly service. Public and paratransit could be made even more user•friendly by enhancing their availability, accessibility, adaptability and affordability.

The following additional conclusions refer to transportation•concerned families and friends.

Triggers of Involvement

The transportation•concerned provided transportation for many reasons, mainly because their senior relation ceased driving, became

ill, moved and/or they did not consider other transportation options to be available or accessible.

Transportation and Caregivers Role

Some provided transportation to only one person; others to more than one person. Some started out providing transportation to one person, but when that person died, continued this role with other people. Others provided transportation through an affiliation with an informal or formal volunteer group from church or the senior center. Some provided transportation information and coordination in addition to, or in lieu of, providing rides themselves. Some began their assistance to an older person by providing transportation. Others began by providing another kind of care and progressed to transportation. Some provided transportation assistance to seniors in the community and/or to those in group facilities.

Concerns of the Concerned

The transportation•concerned faced a variety of logistical concerns as well as psychological and personal difficulties. Many had their own health and emotional problems that constrained their ability to assist. Nevertheless, many participants felt joy and fulfillment from being able to help, while others were unhappy and felt burdened by the responsibility. Teaming with someone (a spouse or friend) seemed to ease some of the burden. Other solutions were to organize time and logistics better.

Futures of the Concerned

The experience of being a transportation provider seemed to promote many concerns (isolation, not being able to get around, having to give up the fun things, having to change lifestyle, finding others to help) about their own future. There was a general feeling that you either have to drive or have help when you are an older person. The things that the transportation•concerned thought would help them when they were older were to: (1) stay independent, (2) teach others to help, (3) be willing to ask for help, (4) cultivate friends and family, and (5) live where there is access to transportation.

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V. Focus Group Discussion Summaries

A. Transportation•Rich Seniors

Introduction

This section summarizes the results of the eight focus group discussions that were held with transportation•rich seniors. Three of the groups were conducted in California, four in Florida, and one in Michigan.

A total of 84 people participated in the transportation•rich focus groups. Most were long• term residents of their states. The average length of residence was 31 years in California, 21 years in Florida, and 59 years in Michigan.

Two in three participants (67%) were female. Forty•two percent were under age 75; an additional 42% were 75•84 years; and 17% were aged at least 85. Twenty•nine percent were married; 38% were widowed; 19% were divorced/separated; and 14% were never

married. About 40% attended or graduated high school, about one quarter (24%) graduated college, and over one third (35%) attended graduate school. The median annual household income was between \$15,001 and \$30,000. Fully 62% reported themselves to be in at least good health; 32% considered themselves to be in fair health; and 5% in poor health. More than one in three (36%) were no longer driving; one in three (33%) were driving but with limitations; and 29% were driving with no limitations.

Themes

The following themes provide a glimpse at the opinions and concerns that participants in the transportation•rich focus groups had about getting around, about being a pedestrian, about driving and not driving, about supporting seniors to drive longer and the use of driver assessments, and about transportation options.

General Views about Transportation

* The people who don't drive are often the ones who have real problems because they have to use public transportation.

Senior Transportation Priorities

* Continuing to drive is often a top priority for seniors who are transportation•rich because they feel that as long as they drive they do not have major transportation problems.

* When seniors can no longer drive, their priorities are to have transportation that is available, accessible, affordable, acceptable and adaptable.

General Problems in Getting Around

* People who drive without limitations tend to admit to few problems in getting around other than fear of traffic and confusion in unfamiliar places.

* People who have limited their driving typically have difficulties getting around because they may not drive at night, on freeways, or in unfamiliar places.

* People who use public transportation may have difficulties getting around because of health problems (especially when they have to walk) and because of problems related to the transit system itself (concerns about security, lack of information, and dissatisfaction with transit operators).

* Even seniors who are transportation-rich may have concerns about dependency and being a burden because of difficulties with transportation.

* City dwellers may not have problems getting information about (and may be more informed about) public transportation options because they may have been using the system for many years and not just in their older ages.

Pedestrian Problems

* Being a pedestrian can be difficult as well as hazardous for older people. Health and functional limitations can make it difficult to cross intersections and to avoid drivers turning right on red, thus making it difficult to get around in the community.

* Walking is often not a common mode of transportation for transportation-rich seniors. Those who do walk limit themselves to short distances.

* Senior pedestrians may face major problems with cars and trucks that go fast and won't stop. Traffic lights are too quick for the disabled, especially those in wheelchairs.

Driver Problems

* The need for defensive driving is often a top priority, particularly because of poor signage.

* It is common to worry about the way others drive (too fast, too slow, blowing horns, being rude), as well as about personal driving performance (due to the use of medications, mobility problems, and confusion).

Driving Limitation and Cessation

- * Health and vision problems often lead to driver cessation.
- * Many seniors who have stopped driving have had a discussion with, or were urged by, a doctor.
- * Senior drivers commonly have fears about what will happen to them when they can no longer drive.
- * Although most people may not plan for when they can no longer drive, some may, even to the point of moving to a mobile park, a high rise community, a gated community, or a retirement community, where transportation is provided.
- * Seniors often see driving cessation as an issue for someone else, and may not want family, friends, doctors, or the DMV to become involved in their driving decision.
- * Not driving at night has a profound impact on people's lives, and especially limits their opportunities to access and participate in the fun things in life.
- * When people do not drive at all, they typically experience a limitation of activities, especially in terms of their involvements in evening and fun events.

Driver Assessment

- * There is little understanding and even awareness of the term "senior driver assessment." Often it is equated with the AARP 55 Alive Program or the AAA mature driver improvement program. However, after it is described, people tend to view it as a positive for other people but not necessarily for themselves.
- * While seniors may have a positive view about the value of driver assessment, they are unsure of what should be assessed, who should do the assessment, whether it should be for seniors only, and where it should occur.

Transportation Options

- * Not surprisingly, the automobile is typically considered the most user•friendly form of transportation.

- * Cost savings, flexibility, and accessibility may be the biggest motivators for using public transportation.
- * Door•to•door service may make it easier to use public transportation, especially for those who are disabled or have difficulties accessing the bus.
- * Seniors often believe that public transportation does not allow them to do "fun" things since it usually does not operate during the evening when many social activities are scheduled.
- * Seniors may have considerable interest in transportation options which are just for seniors.
- * In some communities, seniors have access to a variety of informal transportation options, including family and friends, neighbors and volunteer groups.
- * Even when people have children in the area, they may not (and often can not) depend on them to provide transportation because the children are busy and/or the parents do not want to be a burden.
- * The disabled tend to have special problems that compound the difficulties involved in using public transit.

General Views about Transportation

As part of their introduction, participants in the transportation•rich focus groups were asked to comment about transportation in their community. In Florida, many of the responses were negative. In California and Michigan they were, for the most part, positive. Several comments were made about the high volume of traffic and the necessity of continuing to drive. Although many of those who drove were happy with their situation, they also described difficulties they faced, including congestion and the need to be a defensive driver.

Those who had limited their driving or did not drive, expressed a variety of frustrations and concerns with public transportation. Their comments frequently related to the lack of options and schedule shortcomings.

"Transportation in Florida is sick."

"I have lived in many other states where transportation was available. There is nothing here, especially for elderly people to go short distances."

"There is a lack of user•friendly transportation."

"There is a long wait for buses and problems with scheduling."

It was clear from their comments that participants believed that, while they encountered problems as drivers, they did not have major transportation problems as long as they continued to drive. Indeed, some of those who had to stop driving indicated it was a continuing, traumatic experience.

"I still drive, so I really don't have problems."

"I have macular degeneration and restrict myself. I am worried what will happen when I can no longer drive."

"I have macular degeneration and cataracts are forming. I have to renew my license every two years. It is a tough transition from driving."

"I have not driven for two years. It is the most terrible thing that has ever happened to me."

Participants frequently perceived the public transit system to be disorganized and fragmented. They were often frustrated that it did not allow them to engage in evening and weekend activities, things they considered to be "the fun things in life."

"I use public transportation or Dial•A•Ride and it is very frustrating. They tell you it will take 10•40 minutes and it takes 40 minutes, not ten. You have to wait for them on the street, otherwise they take off. You have to be gone three hours for what would be a ten minute drive with a car."

"It is difficult to use public transportation because it either comes too early or too late."

"I moved from the East to West Side. I catch the bus every day. It takes three transfers each way so I take six buses a day."

"I am able to use public transit, but it is very poor. Recently I needed to wait four hours and then four buses come at once."

"I have used Access Services for a year and a half, but my blood pressure goes up every time I need to call them."

"The wait for buses is very long on weekends."

"I use shuttles and Dial•A•Ride. I have to take three buses to get to the doctor."

"I want to go places for entertainment and recreation, but don't find it easy at night."

However, some participants who were dependent on public transportation seemed very satisfied.

"I walk and use public transportation and find the bus system impressive."

"I am legally blind, partially crippled, and handicapped. I use Metro Lift. You call and tell them what time you need to be at your appointment. They provide door to door service. It's safe and beautiful. Transportation with Metro Lift is 100%."

"I use CAUSE transportation. It is door•to•door. It takes you to the doctor's and shopping. The fee is a good•will offer, not a fee."

Transportation Priorities

Participants identified the need to drive as a top priority. Interestingly, though, they did not identify ways to keep senior drivers on the road. If a senior could no longer drive, participants believed they needed transportation that was available, adequate, accessible, affordable, acceptable and adaptable to their needs.

"We need adequate transportation, both public and private."

"Next to health, adequate transportation is the most important thing."

"I want to have access to good transportation.. .runs on time, convenient, goes where you want to go."

"Transportation needs to be available and reliable at a reasonable cost."

"It is important to have transportation you can afford and that is good."

"It needs to be convenient and fast, have a safe night time schedule, and be adaptable in an urgent situation."

Participants also expressed the need for multiple transportation options (taxis, trains, buses, vans, and informal programs) as well as specific services with:

(1) bus and shuttle stops near by so you can easily walk to them;

(2) an organized approach so people do not have to make multiple transfers;

(3) safe, convenient and courteous services; and

(4) the flexibility to allow for freedom and fun.

"If you have no car, you need to rely on taxis.

"I need public transportation, not just a bus. I need services that would get into my mobile park. Maybe shuttle buses would help."

"I need something that goes to my house. I have lots of problems carrying loads when I use public transportation."

"We need certain people from within the community who can get paid to drive others. People would feel safe with this."

"I'm concerned about security on public transportation.

"I want door•to•door service that is safe."

"I want to have the freedom to go about•shopping, visiting friends, going to doctors, recreational facilities."

"Having fun is extremely important. It is therapeutic. Public transportation does not allow you to do the fun things."

In addition to wanting better transportation options, participants also voiced the desire for improved service, especially in terms of transit operator performance.

"I want transit workers that are patient and courteous with seniors. Receptionists and transit operators need to be kinder."

"Some bus drivers are very rude with seniors."

"Bus drivers have no compassion, especially for seniors."

"Some buses have the numbers on the windshield but it can't be seen because of the glare. I can hardly see it till the bus stops and then the driver looks at me like something is wrong with me. It is embarrassing."

"The driver is not as courteous as he should be. They will pull out before you're seated."

"In Hawaii, teens are ordered by bus drivers to go in back of the bus."

Several comments were made about being able to maintain independence and dignity, regardless of the type of transportation used, but especially when depending upon family and friends for rides.

"I don't want to be dependent on people all the time. It feels like an imposition."

"I don't want to be a burden."

General Problems in Getting Around

Participants who still drove expressed many concerns about driving. They found it difficult to drive at night, to get to unfamiliar places, to get directions, to drive long distances, and to drive on crowded roadways and freeways. They said that in order to drive, they needed to organize their lives so as to avoid rush hour traffic and that they needed to plan activities during the day rather than the evening. They indicated that a major problem was the way others drive, which they described in terms of "terrible," "no manners," "not complying with the rules," "zipping in and out of lanes," and "not using signals."

"I stay within the speed limit and let people pass. So, I stay in the slow lane."

"I lack self confidence on major highways."

"I have a lot of fear...of youngsters speeding and oldsters looking for addresses and street signs."

"People are always driving beyond the speed limit. Traffic control and enforcement is nonexistent."

Participants also talked about the difficulty in getting around in strange areas. Of particular concern were inconsistent Street Signs and addresses and inadequate traffic signs and signals. In Florida, especially, they said that street signs and addresses were very difficult to see from a distance; that they were not always posted on the same side of the street; that street names changed from area to area; that there was no progressive, coordinated light system; and that crosswalks were not properly marked. As one participant noted, "It's not easy to get around. Maps aren't accurate. Road names change and landmarks change."

Three frequently identified solutions were:

- (1) to limit driving (especially avoiding night driving),
- (2) to drive defensively, and/or
- (3) to take a defensive driving course.

However, in some instances, participants felt that their defensive driving might even make them unsafe drivers.

Of those participants who no longer drove, some said that they were able to get around by taking public transportation, and others by getting rides with their families or friends. Some indicated that they walked, although more for exercise than for going shopping or to the doctor. A few participants indicated, "I just stay home."

Those who used public transportation cited many problems in getting around. They had concerns about having to physically get to the vehicle (and to get on it), and about not being able to travel at night. They also said that they had problems because of transportation schedules and locations of transit stops. Participants with physical limitations were especially likely to comment on access difficulties.

"There is no close public transportation and I have to walk several blocks and need to take lots of transfers."

"My husband has a problem walking and we can't walk to the bus stop."

"I have limited walking ability and am not able to use public transit."

"The handicapped have a problem."

"Drivers get a little miffed when handicapped get on the bus. They don't wait for the handicapped senior to be seated before they start the bus. There is not enough sensitivity to the handicapped."

"I have a knee problem and the van doesn't pull up to the curb."

"For those people in the community who are disabled, getting to where they need to go is expensive, and they need a special vehicle to get places."

"It is difficult to step up on the bus."

"Schedules with buses and vans don't mesh."

"We need more buses going on community streets as well as on main streets."

"I can't travel at night."

"I can get places but can't get home at night."

Even though there was a lot of concern about public transportation, it should be mentioned that some participants, especially in Michigan, reported a high level of satisfaction with their transportation options.

"I can go everywhere in the immediate area."

"A special bus takes you on trips, and I like that."

"I have no problems at all."

"Metro Lift is number one."

"At the (senior) center, you can put your name on a list to go to different places."

Pedestrian Problems

Did participants walk many places? Some did, although usually for pleasure or exercise rather than for errands. Others didn't do much walking. As one participant shared, "I don't walk because I drive."

A number of factors impeded the ability to walk. Driver behaviors were a primary concern. One person commented that, "Drivers are just not trained to acknowledge the existence of pedestrians." Another summed it up in saying, "You need to be a defensive walker."

Particularly concerning were drivers running red lights and turning right on red. While curbs and sidewalks presented a physical difficulty, the greatest problem seemed to be getting across the street. Many participants indicated that traffic signals were a major obstacle to walking. They were especially concerned about the short duration of stop lights and the limited time available to cross the street.

"I don't walk because I can't see the cars when I am crossing the street."

"Drivers don't look out for pedestrians. They think they have the right

•of•way."

"Somebody needs to make photos of people running yellow and red lights."

"Red light runners need to be reported."

"My greatest problems are with cars turning right on red."

"The traffic signals aren't synchronized and you have to be careful of fast drivers and red•light runners."

"It's dangerous to walk down the street today."

"Sidewalks are messing up in my community. If I go for walk it's in the mall."

"Bicyclists need to have paths to protect pedestrians because pedestrians can't walk on bike paths."

"Signals and signs need to be simplified."

"Traffic lights are too quick for wheelchairs and seniors."

"Cars won't stop. I need to cross the street before the light changes."

Also important were functional problems, weather conditions, and safety concerns (especially at night). As one participant shared, "I can barely make it to the john." Others said:

"I have bad knees and can't walk far."

"The distance is too far to walk to church."

"I walk to the grocery store, but don't carry much."

"It's SO hot, it's not conducive to walking."

"I'm not a pedestrian after six."

It should be noted that several participants (particularly those that

still drove) believed that many pedestrian problems were caused by pedestrians themselves.

"Pedestrians need to be more aware."

"Pedestrians don't adhere to signs. They get in the way.

"Pedestrians need to cross at intersections."

"Pedestrians don't pay attention to signals."

"Most people don't understand walk signs and don't know to continue when the 'Don't Walk' sign is activated."

"Pedestrians walking in the street are a problem for drivers."

Driver Problems and Indicators of Unsafe Driving

When asked if they knew anyone (especially an older person) who was an unsafe driver, most participants indicated that they did. They identified a number of general indicators they used to detect unsafe driving: making unsafe U•turns, driving too fast and too close, not braking, drinking and driving, not paying attention, not using turn signals, always getting tickets, using the telephone, changing lanes too fast, being overly cautious, and road rage.

None of the participants admitted that they demonstrated any of these behaviors, and many recognized that these indicators had general application and were not specific to seniors. The statement was made more than once that, "Young drivers are unsafe too."

Participants did identify driving problems that might be considered age•specific, such as vision impairments, extra slow driving, slow reflexes, and forgetfulness. Some even indicated that age alone was an indicator.

When they were asked if they worried about their own driving, many participants admitted that they were and provided a variety of reasons for their concern.

"I don't feel the same every day."

"I am taking medications."

"I'm not as alert as I could be."

"I'm apprehensive and not confident in the car."

"My reaction to slowing down is to slow down."

"I have a neck problem, and my flexibility is restricted."

Even though they expressed a variety of concerns about their own driving, they seemed more concerned about the lack of courtesy and safety among other drivers. One participant identified it as "purposeful disobedience of the law." Others said:

"Trucks are a problem and motorcycles zip around."

"Truck drivers are dumber than they used to be."

"People here drive too fast."

"Drivers cut you off. They're rude. We need larger cars."

"There's a 'get out of my way, the world belongs to me' attitude."

"Driving is obstructed by fog and fast drivers."

"Some older people are not careful enough, not fit enough."

Participants' comments underscored the need to pay attention to other drivers and to drive defensively.

"I don't like horn blowers, and now I use the slow lane."

"No one obeys the speed limit. Everyone exceeds it, so I pull over."

"It's important to think about and anticipate actions of other drivers. ~ ~"

"I am apprehensive of drivers around me."

"I am always expecting the worst."

"I am always looking at drivers behind me."

"I am worried about other people."

"In Florida, I'm a good defensive driver."

Driving Limitation and Cessation

Many participants said that they had limited their driving. The most frequent limitation was avoiding nighttime driving. For many, not driving at night limited the activities in which they could participate. Usually, it was the step that preceded driving cessation.

"I continue to take lot of sightseeing trips, but long trips are out."

"I don't drive over the bridge to get to Tampa any more."

"I don't go to sporting events. I can't park at major events. It's confusing."

"I don't drive at night as often as I used to. I especially don't go to (certain streets) at night."

"Two years before I stopped driving completely, I stopped driving at night."

Interestingly, those who said they continued to drive at night indicated that they did not drive as far, as fast, or as often. However, one person indicated that he preferred to drive at night because there was less traffic and it was safer.

Why did participants stop driving? Often it had to do with visual impairments and sometimes with collision involvement

"I stopped 14 years ago because of vision. My optometrist asked me whether I was still driving, but I made my own decision."

"I had a fender•bender and decided myself to stop driving."

When they stopped driving, what did they do? Some sold their cars, others gave them away. Interestingly, some retained their license for an emergency. Most said that it was a major adjustment not to drive their car.

"The doctor said to stop driving. I sold my car awhile later."

"I made the decision to stop driving. I gave my car to my sister."

"I stopped driving three months ago. I still have my license."

"I stopped driving four years ago. I had hearing and sight problems. The doctor advised me to stop. I sold my car after I stopped driving, but I still have a license in case of emergency."

Getting people to stop driving presented a very big dilemma. When asked the best way to get seniors who should not be driving to stop, many participants said that the responsibility should be with others, including family, especially children, peers, and doctors. Several said that the best method was to "take the keys away." Others suggested that the DMV might assume responsibility or that testing might solve the problem. While some participants suggested self-regulation, the discussion generally emphasized the need for encouragement from someone else, particularly an authoritative figure.

"I hope that they recognize it internally."

"People should admit to themselves that they should stop driving."

"Testing might help."

"We should demand testing on license renewal."

"The DMV should take their license away."

"If they fail the DMV test, make it the law that they can't drive."

"The government should take their car away."

"Report them to the DMV anonymously."

"Peer pressure from neighbors and friends."

"Family pressures will work."

"They should go to a physician. The family can't do it."

"I called my mother's eye doctor and asked him to discuss with her whether she should be driving."

"They need someone in authority."

"Get doctors or someone official who they respect to tell them."

When asked if they would say anything to someone who they believed was an unsafe driver, participants expressed considerable hesitation.

"It depends. Yes for a husband, no for a friend."

"I would be hesitant. I wouldn't want to hurt their feelings and they might tell me I shouldn't drive."

"I'd be afraid to."

"I would hint. I might say, `Let's go together and I'll do the driving.'"

"I wouldn't say anything."

"I think I might. I would be direct with the person."

When asked how they would respond to their own children advising them to stop driving, participants' reactions were mixed.

"I don't know if I'd pay attention."

"I'd slap them."

"It sounds good, but doesn't work."

"Families understand that you have to get yourself around and it's not easy."

"I respect the opinion of my daughter. She is smart."

"I trust my son's judgment."

Had they thought about what they would do if they could no longer drive? Several said they had not thought about it; others had and had planned their lives accordingly (even to the point of moving to a place that was more transportation•friendly).

"I haven't got to the point that I have thought about it."

"We live in a condo and would resort to a cab if we had to, but everything is within walking distance. We have planned for this time."
<

"The church organization's main job is to give me transportation to and from church and other places, so they have their own vans."

"I would return to Washington. I would have family and would make use of transportation there."

Perhaps their reluctance to talk to others, or even listen to others, about stopping to drive was related to their desire to continue driving as long as possible and to their concerns about what happens to people when they can no longer drive.

"I hate to think of the time when I couldn't drive."

"I'm always going to drive my car."

"It's a terrible thing not being able to drive."

"If I didn't drive, I would miss living."

"Being able to drive is your avenue to independence."

"Crippled, blind, deaf, whatever, I will always drive."

Supporting Seniors to Drive Longer

Participants shared several ways that they deal with the difficulties

they face as senior drivers. Most frequently these involved limiting their driving to certain roads and to certain times of the day.

"I take only certain routes at certain times."

"I have narrowed my driving to avoid freeways."

"I try to avoid driving when school is out."

"I used to always be on the fast lane. Now, I have settled down."

"I know someone who shouldn't be driving, but they do everything to reduce their risk. They will go to shop at 5 am to avoid traffic."

Participants also referred to the value of taking a driver refresher program, testing, and safe vehicle design.

"Take a driving course, such as the AARP course."

"Testing."

"Give them safer cars. The government and public should force manufacturers to make safer cars."

Driver Assessment

When asked if they were familiar with the notion of 'senior driver assessment,' many participants indicated they were not. Often the term was linked to the AARP 55 Alive Driver Program. Several participants had positive comments to share about the AARP Program and indicated that it made them more aware of changes in their reflexes and vision. Most linked it to decreases in their insurance premiums and some noted that it did not include a behind-the-wheel evaluation.

Initially, participants thought of 'assessment' as something that would be done to get drivers off the road, not to help them continue driving as long as possible. Many suggested that rather than having an assessment, seniors should be self-motivated to stop driving.

"People need to recognize their own limitations."

"I quit driving because I owe it to the public."

One participant advised that "The results should not be binding. People would be reluctant to go in." Another said, "There are lots of habitual offenders driving without licenses. Assessment is not the answer."

Several participants were more supportive of driver assessment, and some even suggested ways to make it more acceptable to seniors.

"Physical assessment is very important."

"You should popularize driver assessment so people would want to do it to be able to take better care of themselves."

"Assessment should be introduced into culture gradually."

"There should be an insurance discount for taking an assessment."

"It should be voluntary."

Should age be a factor? Most participants were strongly opposed to age-based assessments.

"Every year, people should be given a driving and eye test."

"Everyone, regardless of age, should be assessed."

"It should not be just seniors, but all groups should be assessed."

"When the license is up, people need to go to the license bureau and get eye test and reflex test."

"Age is not a criterion. There are some good older drivers."

"People should have their eyesight checked annually."

However, others supported special assessments for seniors. As one participant argued, "The legislation is all wrong. More strict legislative regulations need to be developed for seniors."

Few suggestions were made about what should be assessed. Some references were made to physical capabilities (e.g., vision, reflexes, and reaction time) and mental alertness.

There were many comments made, and strong concerns expressed, about who should do the assessment. The physician was seen by many as critical to the process, but by some as difficult to get involved. One participant said that he thought the role should be given to seniors: "Have seniors do it. There should be a panel and it should include a qualified instructor." Insurance companies, driving schools and senior centers also were recommended. Many suggestions were made about where the assessment might take place. One person even said that the assessment should take place in a "special area located somewhere like the smog testing."

"Physicians should take a stronger role. I think it should be reported by a doctor. They should put fear of the devil in you, like a DUI."

"The doctor is an authority and should have a role."

"The physician knows about your particular case, but they don't have time to do it."

"A group of people, not just medical, but lots of health people should be involved."

"Doctors won't get involved. They will refer to the DMV"

"Insurance companies should be the focal point for assessment."

"It should be the insurance company, but you can't ask insurance company to get into the health field."

"Driving schools should do the assessments."

"The senior center would be convenient."

"People need to hear feedback from multiple sources. It is very important to drive. If it comes from authority, it might work."

"It is the state's responsibility. All 50 states should be under a national uniform program."

"The government should appoint a commission."

The role of the DMV was of special interest to participants, although there was no agreement on how good of a job they could do.

"The DMV should do it. People go there for the driving test.. .may as well go there for other types of assessment."

"Bring back (retired) state people to do testing."

"Create a senior DMV"

"The DMV used to be the place, but I'm not sure now."

"Not the DMV They're so callused; they're too young."

"The DMV is too crowded. They are only set up for their own administration."

Some participants thought license renewal should be tied to some kind of assessment. However, many participants recognized how convenient it was for seniors to get their license renewal by mail. Others thought that the mail renewal process presented problems in getting unsafe drivers off the road.

"I think license renewal by mail, no matter what age, is ridiculous," said one participant.

When asked if they would personally go for an assessment, many participants indicated that they would because, as one participant suggested, "it protects everyone." However, several participants qualified their responses.

"I'm losing confidence in my driving and I pay a lot of attention. I would like to drive at least three more years. I would be interested in going to a driver assessment. I would want to know if I'm still a good driver."

"I would need to be sure of the real motive for assessment."

It needs to be an honest assessment."

"A driving test is scary."

One participant summed up in saying, "I think self assessment is great, but I think it's awful to ask an old person to take a driving test. It's terrible. I haven't had a driving test since I was 12 years old."

Several participants expressed concerns about the licensing outcomes of an assessment, particularly in terms of the transportation consequences. As one person noted, "Lots of drivers shouldn't be driving, but there would be no one to drive them around." Another participant argued that "If you take a license away, you must offer other transportation."

Transportation Options

How do seniors get to where they want to go? Most participants agreed that the most user•friendly form of transportation was the automobile. When asked about options other than the car, they suggested alternatives such as:

- * getting round with children, friends and neighbors who may provide mutual help
- * buses, although costs and problems with high steps and low seats were obstacles to usage
- * special services for seniors, such as taxi coupons and vouchers
- * the trolley
- * Metro Access, especially when drivers are trained and carry groceries inside the home.

Other alternatives that were suggested included Metro Link, the free shuttle, Dial•A•Ride, church volunteer drivers, shuffle services, and limousines. Some participants did not believe these were especially useful. As one man said, "There is no such animal (user•friendly transportation) unless you live in a retirement community."

When participants were asked if there were places that they were unable to get to because of transportation difficulties, they generally

cited problems getting to what might be seen as non•essential" or "fun" trips. These included night events; visiting the sick, museums and the senior center; participating in volunteer work; attending church and church meetings, and cultural events. This was particularly the case for participants who did not drive and were relying upon public transportation, or were driving, but with limitations. As one participant indicated, "It is difficult to attend church meetings because the bus doesn't run on weekends or after 8:00 p.m. Even so, it is a two•hour trip. I have to depend on friends or can't go, and I can never go to late afternoon and evening events." However, the problem did not relate only to the lack of available transportation, but in some cases, to the lack of awareness of transportation options and, in other cases, to the lack of accessible transportation.

While it is often assumed that older adults who have children nearby will receive transportation assistance from them, many participants said this was not their experience.

"Work interferes with children's availability. I can't depend on them."

"My children will want to know how long I'll be. I don't want to be a burden. Besides that, my children take too long to get me."

"My daughter says, `I have my life to live.'"

Although there was interest in informal transportation systems and private options that operated on a fee•for•service basis, the discussion was limited to organized programs.

"Neighbors will pay a small fee for an informal transportation system."

"Some cities will help the driver in financing a bus and, in return, he'll perform well because it's a personal investment."

"Our local senior center provides friendly transportation for \$11 a trip to the doctor's office."

"Neighborly senior services have vans and pick up people with doctors' appointments. However, you need to make appointments in advance."

Participants had difficulty identifying what they would describe as user•friendly transportation. However, they had some interest in the concept of senior•only services and they wanted transportation to be affordable and available within as well as between communities.

Finally, while the lack of a car and the availability of options were key factors in determining whether participants would use public or alternative transportation, the most frequently discussed motivators were accessible, acceptable, affordable, and adaptable transportation choices.

"I will do it if my car dies."

"If door•to•door transportation is available."

"I would use transportation to get to major events."

"If gas were too expensive."

"You need to do a financial analysis of the cost of taking a cab versus using a personal car."

"Some would do it if it is cheaper than the car."

"If the bus rotation were more frequent and I didn't have to wait."

**[NEXT >> V.\(B\) Focus Group Discussion Summaries:
Transportation-Deprived Seniors](#)**

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V. Focus Group Discussion Summaries

B. Transportation•Deprived Seniors

Introduction

This section summarizes the results of the seven focus group discussions that were held with transportation•deprived seniors. One group was conducted in California, thee in Florida, and an additional three in Michigan.

A total of 70 people participated in the transportation•deprived focus groups. Almost all were long•term residents of their states. The average length of residence was 19 years in California, 24 years in Florida, and 31 years in Michigan.

Two in three participants (67%) were female. Twenty•two percent were under age 75; an additional 53% were 75•84 years; and 20% were aged at least 85. Twenty•three percent were married; 59% were widowed; 11% were divorced/separated; and only 1% were

never married. Forty•four percent graduated high school, 7% were college graduates and close to one•fifth (19%) attended graduate school. Fully 44% had an annual household below \$15,000. Close to half (47%) reported themselves to be in excellent or good health; 36% considered themselves to be in fair health; and 13% in poor health. More than one in thee (3 6%) indicated that they no longer drove; a similar proportion (3 7%) drove with limitations; and 20% drove with no limitations.

Themes

The following themes provide a glimpse at the opinions and concerns that participants in the transportation•deprived focus groups had about getting around, about being a pedestrian, about driving and not driving, about supporting seniors to drive longer and the use of driver assessments, and about transportation priorities.

Senior Transportation Priorities

* Access to transportation is as important for older people as availability.

General Problems in Getting Around

* Having transportation is having peace of mind. Seniors find it difficult (and therefore are reluctant) to ask friends and neighbors to help them get to where they need to go.

* Non-drivers in rural areas have major problems with transportation when they have no family or friends nearby who will drive them.

* Transportation•deprived participants have few positive things to say about transportation. In some areas, they sound almost desperate in talking about their transportation problems.

* Nondrivers can get where they need to go, but not where they want to go.

Pedestrian Problems

* If you are too disabled to drive, it is highly unlikely that you will be able to walk to access transportation services or to walk just for

pleasure.

* Nondrivers usually do not walk for their transportation due to functional limitations, safety concerns, and infrastructure inadequacies.

Driver Problems

* Seniors have difficulties continuing to drive because of other bad drivers on the road, congestion, poor road and traffic engineering designs, and personal health and functional limitations.

Driving Limitation and Cessation

* Drivers can not imagine what they would do if they did not drive. Likely, they would need to move.

* Stopping driving is a very traumatic experience for older people and it continues to be so for some time after the event. Older people can feel that they are losing part of themselves.

* Stopping driving is a limiting experience for older adults, especially in their access to evening and weekend events.

* If seniors limit their driving, they have special transportation problems at night.

Driver Assessment

* Assessment is not really an issue for older adults, and even when prodded, there is a dilemma about who should be assessed, what should be assessed, who should do the assessment, and where it should occur.

Transportation Options

* Health and mobility conditions limit a person's ability to utilize public as well as paratransit.

* In a transportation•deprived area, it can be difficult to find transportation to accomplish all essential tasks that need to be done, never mind the fun things.

- * Public and paratransit are OK if they are available. But they are limited because they do not operate in the evening and on weekends in most locations.
- * There is a lack of user•friendly transportation options.
- * Transportation would be more user•friendly if it operated at night, on weekends, and in emergencies.
- * People who do not drive identify multiple transportation options (family, friends, DOA vans, public transit) which seem to meet many of their needs.
- * Seniors who do not have family members to take them places mostly rely on volunteers and formal transportation programs to get around.
- * For those who depend solely on public transportation, they must stay at home when the transportation is not available.
- * Health, mobility problems and traffic make it very difficult for many older people to use public transportation or even paratransit that does not provide door to door and escort services.
- * The T.R.I.P. program in California, which is based on reimbursement for mileage for the transportation providers, does not appeal to everybody, especially to providers who do not need or want the money.
- * Many people, especially in rural areas, are not optimistic that people in the community would volunteer to provide transportation to seniors.
- * Many people see public transportation as an option of last resort.

General Views on Transportation

As part of their introduction, participants were asked to make comments about their communities and their views of transportation within the community. They shared many positive feelings about their communities in general, but expressed numerous concerns about

transportation. They talked about their health problems and their difficulties in getting around. They talked about the people who helped them with transportation as well as their reluctance to ask people to help them, and they talked about why they stopped driving.

"I have a hereditary disease that makes it hard to get around. I don't have transportation to the store, doctors, etc., and my housekeeper is prevented from driving me places by company policy."

"I have cancer. My wife was a good driver with no accidents but she didn't pass the driving test and is no longer driving."

"I have been legally blind for seven years. I need transportation and find it hard to find someone to take me on a regular basis to doctors.

"I have glaucoma and diminished vision in one eye and no sight in the second eye. I gave up my license in 1992. I have two wonderful and good-hearted people to take me where I want to go.

"I have not driven since 1994 when I discovered I was legally blind. I realized I couldn't see and never drove again. I have trouble asking people to do things for me."

When they were asked what they liked about transportation in their communities, they generally indicated that they liked their ability to drive or to be transported in a car. They expressed concern about the time when they could no longer drive and their inability to use public transportation. The widespread perception was that without the automobile they would have serious transportation problems, either because of the lack of available or adequate alternatives, difficulties in accessing the options that do exist, and the lack of family to provide rides. In some cases, the absence of an automobile would necessitate a residential change.

"My sister still drives, it isn't a problem; she drives me around."

"My wife drives me so it's not a problem."

"I am still driving so it's not a problem."

"I drive locally and would hate to have to ride buses."

"I'd be lost without a car because I'm a volunteer worker."

"I don't know what I'd do without a car. I have no family and my neighbors have children and aren't available."

"I am close to everything, but I need a car."

"In larger communities you are dependent on a car."

"You need a car for everything."

"If you want to get to a specified place to shop, you need to have your own transportation."

"I don't know what I'd do if I didn't drive. I have two metal knees and a short leg. I can't step up on a bus; I need a boost."

"I drive and drive my friends. I need help getting my wheelchair out of my car. I would have a problem getting into a bus."

"My wheels are my independence. I can't physically go on a bus."

"I am considering giving up driving, but want to postpone as long as possible. I am considering moving to another community."

"I still drive, but will have to give up driving pretty soon. I'm afraid there is not adequate transportation."

Most of those who still drove indicated that they had limited their driving in heavy traffic and in unfamiliar areas, especially at night.

"I do all the transportation for the family in the daytime. I don't drive at night. My family will pick me up at night."

"I drive only during the day. Friends drive me in the evening."

"I know my limits of driving, so I don't drive at night."

"I don't drive at night, in traffic, or in unfamiliar areas."

"I can't drive at night so I can't go anywhere in the evening."

"I don't drive at night.. .hope it (the van) will be available when I need it."

"I don't drive in the morning or evenings when people are going or coming from work."

"I have some limitations on my driving. I have limited how far I drive and won't drive beyond a certain point since it gets congested."

"I still drive to the senior center which is four miles from my home."

"I'm the primary driver in my family. We still drive where I want to go and some places my husband wants to."

"I never would drive in Detroit. I drive in town here or where I know where I'm going."

Those who no longer drove expressed few positive feelings about transportation (except in Michigan). They also made a variety of negative comments about accessing public transportation and the costs of using public transit.

"I can go anywhere for fifty cents since I can buy a bus pass. But there isn't adequate bus service."

"Public transportation is available only on the highway. It is hard to walk to where you need to catch bus."

"People have to depend on their own car to even get to the bus stop."

"Small vans should be used because they run more frequently. Buses are too costly."

"Taxis are expensive."

"We need transportation."

"When I left St. Pete I didn't realize there were no buses here."

Those who used public transportation said that they wanted to be able to get to the doctor and to the grocery store, make short trips

and have transportation for emergencies and in the late afternoon. They were concerned about having to wait long periods of time for pick up and delivery.

"I only need transportation for doctors and groceries."

"What I want is short•area transportation to stores and doctors."

"I can't drive. I want short trip transportation."

"Dial•A•Ride is good for a lot of people, but you can't call them after four. It is limited."

"In Monroe, they have buses circulating all the time. In Dundee, if they pick you up in the morning you have to wait until the afternoon to get picked up."

"Waiting for a bus for two to two and a half hours can be a problem."

"I like it that we can take a bus that picks us up at the house and brings us back, but I need to wait at the place they take me for three hours until they return."

"I wish the bus would come more often."

Participants in several communities in Michigan were especially appreciative and complimentary of the Department on Aging (DOA) and other community transportation systems.

"I have been in surgery 13 times. I don't know what I'd do without DOA drivers. Chances are I would have been dead. They have been emergency drivers for me as well."

"My children are scattered. My friends go to Florida in the wintertime. I have problems with my legs and eyes and am dependent on the Department on Aging for transportation to go to the doctor. If it wasn't for the DOA I don't know what I'd do."

"When I going to see friends and grocery shopping, I use transit. Lake Erie completely meets my needs."

"I depend totally on the senior center van. That's my salvation."

"Transportation is a pain for me. I depend on DOA."

"DOA provides transportation, but I need to let them know ahead of time."

While intra•community transportation might be available, participants indicated great difficulty getting to other communities, even if they were able to drive.

"The problem with our transportation is that you need to call in advance and the van doesn't cross the county boundary."

"It's hard to get outside of the community for medical appointments. My son in Seattle had to come out to take me to my doctor's appointment for a head condition."

"I would like to arrange for medical appointments (in another community) but our van doesn't do it. I don't know how to get there."

"I can drive here, but I have to go to the doctor (in another community), and that is a problem. My son and daughter in•law work and can't take me."

Many comments were made about the importance of "informal" transportation providers, including children, friends, and community volunteers.

"The lack of availability of transportation is critical. I have limited sight and don't drive, so I depend on volunteer drivers."

"My daughter lives outside of town and helps out with transportation."

"I have a daughter and son in the state but they're working and can't always be there. In emergencies they're there. I always get rides from friends."

"I have a friend who picks me up to go to the senior center, but a lot of friends don't want to take me."

"My daughter is not working now and insists on taking me around. She doesn't have a job. Unfortunately, I can't afford the gas."

"I live with my niece and nephew, and they are my transportation."

"I have good friends who drive me. I also use Dial•A•Ride. I get along real well, but friends are my primary transportation providers."

"I live with my daughter and she carts me everywhere I want to go."

"I am legally blind; I can't drive. It's difficult to get transportation. I will go any place as long as you can get me there. I get around through Catholic Services." "I don't depend on public transportation; I have my family."

"It's good to have friends."

"Public transportation is unavailable in my area. Thank G•d for volunteerism."

"I always had my own car and there is no problem. I have a family clan to help me if it ever comes to that."

Since T.R.I.P. was the cosponsor of the focus group in Riverside County, California, a special question was asked of participants in that group about what they thought about the program. Their comments revealed the difficulties they had in even identifying a potential volunteer driver, in asking for help with rides, and in offering and having the provider accept reimbursement for services.

"I find it difficult to ask people to help and don't know if paying them would make it easier."

"My friend doesn't like to accept money."

"If I have to pay for gas up front, it could be a problem."

One person, in particular, was very concerned about repeatedly asking her friend for a ride since her friend wouldn't accept travel reimbursement. After some discussion, the group suggested the solution of donating the money to her friend's pet project, which was a church food bank. This was received very well by the participant

and she indicated that she would now be more willing to call upon her friend for assistance.

Finally, a special comment should be made about the diverse meanings that the term "community" had for participants. To many, it meant their immediate residential area "the park" (i.e., mobile park), the housing project, or the gated community. To others, it meant the larger geographic area their local neighborhood or town.

Especially for those who interpreted "community" to mean their immediate residential area, comments about transportation were very positive if formal and informal transportation systems operated within their developments.

"We have our own buses that will take you to the mall and other places."

"Transportation is available in our village."

"In communities, we have better transportation with bus stops inside the area."

"Our community has developed a seniors•assisting•seniors program where friends provide transportation to each other."

"A lot of children put their parents in retirement communities because of the internal transportation resources."

Nonetheless, some participants who lived in these communities were concerned about transportation, particularly when it came to getting from their immediate residential area to the >outside world.' This was especially true when their local transportation service(s) did not interface with the transportation system of the larger community.

Transportation Priorities

When participants discussed their transportation priorities, they tended to use words and phrases like "peace of mind," "not having to ask," "flexibility," "independence," and ``more complete."

Being able to drive was a major priority. Participants who drove lamented how they would be lost without their cars. Their concerns

were reinforced by comments from participants who did not drive. In discussing their transportation priorities, nondrivers described the problems they face in getting to the essential places (shopping and doctor appointments) and in meeting emergencies. As one participant shared, "Emergency transportation is very important. I don't want to call an ambulance. I lost my wife because I couldn't get her to the right place at the right time." A second participant shared her frustration with using public transit by saying, "I have no friends with a car. I'm completely on my own. I live on the bus line. My days are Wednesday and Friday. I can't go to the movies with my friend since her days are Tuesday and Thursday." Or as a third participant noted, "The bus is OK to go to the mall but not good to get to doctor visits. You have to call two weeks ahead and they want to know how long you'll be at the doctors. I can't tell them how long I'll be there. The problem is not scheduling for me but scheduling for them. The other day I spent \$1.05 holding on trying to reach the tram. My blood pressure hit 600."

The possibility of being isolated also was a major concern. As one participant shared, "We don't have transportation in our town. Seniors there just stay at home."

Participants repeatedly commented about how public transportation, and even informal transportation options, can limit personal flexibility and independence, and cause them to miss out on the fun things. As one participant imagined, "It would be so wonderful to go by yourself to the mall, to look and go into stores without having to coordinate with others. It would give you confidence in being able to do things on your own."

Others had similar misgivings:

"It is difficult having to be dependent on others for transportation.

"My priority would be not to have to ask somebody."

"I would like to be independent."

"To use only public transportation limits your life. They need to extend bus hours, especially to Saturday and Sunday."

"You have to schedule DART in advance. You're not able to access it

quickly."

Understandably, some participants wanted it all.

"I want to be able to get to essential places and fun things, exercise, parties."

"I would like to see some transportation options at night. I can't go to a show at night or to bingo. I can't do the fun things."

Participants indicated that having transportation gives you peace of mind. Their comments also emphasized the need for more accessible and adaptable options.

"Having a way to get around gives you peace of mind. It's boring to sit home."

"Transportation is important for my morale; I enjoy going to the grocery store."

"Having a way to get outside home is important."

"It would be nice to have door•to•door transportation."

"Taxis need to be scheduled in advance."

"I couldn't step up on the bus. I would have to crawl. I can see myself being stranded."

General Problems in Getting Around

As would be expected, drivers and nondriver shared very different problems in their ability to get around. However, to the extent that drivers had to limit their driving, they experienced concomitant limitations in their ability to get around, especially in the evening. As one participant shared, "I just stay home in the evenings since I don't drive at night."

The inability to participate in evening activities also was prevalent among nondriver. They repeatedly discussed how they couldn't get to the fun things, such as restaurants, shows, libraries, distant events, and even casinos. This was almost always attributed to limitations in

the hours of operation of available transportation.

However, even more concerning were their problems with being able to get to the essential places; the inconveniences they experienced having to wait for rides, getting to appointments late, and needing to make arrangements far in advance; and the health conditions that impacted their ability to get around and required them to use special transportation that was more accommodating to their mobility problems. They were concerned that transportation was so time consuming and inflexible, both of which made it difficult to go to places where and when they needed to go. Interestingly, most participants indicated that they did not have problems getting to church.

"Getting emergency transportation is impossible. I can always find a ride otherwise."

"I need to be able to get to the little things if I run out of milk."

"I walk with a walker and can't walk like other people. Getting out and enjoying myself is a problem."

"I can only go shopping locally."

"Sometimes the bus and van can get you there, but can't take you back home."

"The village van only operates on Tuesday and Thursday from 9•3, 50 I can't go out at night."

"Public transportation is not available for everyone every day."

"I need to use electric carts so I have to go to places that have them."

"If you miss connections with Dial•A•Ride, you need to wait a long time."

"It is hard not being able to get to my doctor's or to shop because it takes so long."

"Multiple stops are not possible on the bus."

"If you go to the doctor, you can't stop off to get a prescription on the trip home. You have to wait two days to fill your prescription."

Another recurring theme was the difficulty that participants faced in finding others (families and friends, and volunteers) to take them places. One person said, "I have outlived all friends. I used to provide transportation to them. They aren't there when I need them."

Some participants thought that people that didn't want to be bothered. Others said their friends were willing to provide rides, but they were still reluctant to ask. Still others said that they wanted to pay their friends, but they could not afford it or their friends would not accept money.

"People just don't want to be bothered; they make excuses, yet I have helped them in the past. They don't respond to pages."

"My friend is willing to do it, but I feel it is inconvenient. I want another way out."

"It's a problem paying someone to take you if you're on a fixed income."

"My friend thinks she is doing a service and wants to do it. She's insulted if you offer her money."

How did people feel about using public transportation to solve their transportation problems? One person indicated she would "prefer to use public transportation than to ask my stepdaughter." Another said that she would be willing to use it "if it were available;" and still another indicated that he would use it "if absolutely nothing else is available." More than one person said that they did not have and needed information about the transportation options that are available before they could use it.

What solutions were proposed to address their transportation problems? Their solutions dealt mainly with organizing new programs and getting additional funding for transportation.

"We need to form a nonprofit agency to target those who can't afford or can't physically get on a bus."

"They could increase taxes 1% to go to transportation services."

"In Pennsylvania, the lotto money is used for cabs for the elderly. The elderly do not have to pay for the taxis."

"Designate transportation for elderly as a separate arm in the county. Maybe create an 'Elder Bus' program."

"I need to find some reliable person who can take me places."

Pedestrian Problems

Very few of the participants said that they walked places. At least one couldn't walk "even to the mailbox." Those who walked said they did so mainly for exercise and to visit people. Many had health difficulties that interfered with their ability to walk; others had safety fears about walking; and some only walked in their immediate area. A few indicated they walked to take care of errands.

"With arthritis, how can you walk?"

"I have problems with (traffic) lights. I can't see and have to listen to traffic, but I also have a hearing impairment."

"I walk inside my complex but not other places. I am afraid of crime and don't want to cross streets."

"I am in a walking club to lose weight."

"I walk limited distances just for the purpose of walking."

"I walk in my yard, not at the shopping center or other places."

"I walk around the neighborhood."

"I walk into town to run errands, but don't do much shopping."

They also indicated that they did not walk because of infrastructure problems (inadequate sidewalks and walkways, insufficient crossing times allowed by traffic signals), driver behavior (fast and careless drivers), the weather, and difficulties carrying packages and heavy

loads.

"The 'Walk/Don't Walk' signals at major intersections are timed too fast."

"It is hard to cross streets when there are multiple lanes to cross."

"I never walk unless I'm in my park. I don't cross streets."

"Drivers need to remember to stop when a person is in the crosswalk."

"I belong to a senior center walking group. Because of traffic, I wouldn't attempt walking on the street; they won't stop on light."

"I walk to keep myself able. I'm real careful about traffic."

"I watch drivers and want to be waved to before I cross into traffic."

"When I walk, I do it for exercise, but bikers don't stop for you. Rollerbladers are also bad."

"There are no sidewalks, so people walk on dirt or on the road."

"Some sidewalks are in close proximity to 55 mph roadways."

"When I am walking, I sometimes have to go on the road because I have to walk in between cars."

"I walk to church and in town to get medicine, but hot weather is a problem."

"I can't carry things back even if I walk somewhere."

People who lived in gated communities had problems just like everyone else. Often, stores and shops are beyond their walking distances. As one man stated, "Walking in our community doesn't get you anywhere because there are no shops there." Another person indicated that it is difficult to get to the shopping center because "the traffic makes it difficult to cross the road."

One person summed up senior pedestrian problems by saying, "You

take your life in your hand when you are a pedestrian in Florida." Another commented that "Walking in Florida is a suicidal adventure." Others suggested that if you want to live, "Don't follow the pedestrian rules."

More serious suggestions about how senior pedestrian problems can be solved included enforcement of laws, provision of education, and changes in infrastructure.

"Laws need to be enforced regarding pedestrians in crosswalks."

"Someone needs to enforce laws about speeding."

"Education programs need to be developed to help people cross streets. Teach them to make it to the median strip; raise their hands to stop traffic."

"Guardrails should be put in next to sidewalks."

Driver Problems and Indicators of Unsafe Driving

While several of the participants were still driving, many of them had begun to limit the amount and type of exposure they had on the road. Several compensated for their limitations by having a companion share the driving.

"I just drive in the area and not at night."

"I don't drive at night or in unfamiliar cities. I'll take my husband along to tell me where to go."

"I don't drive alone because I need a passenger. I have arthritis and can't turn my neck."

Participants identified a variety of problems they currently face or faced in the past when they used to drive. These included the constant need to be vigilant and drive defensively, high traffic volume, poor environmental designs, and personal health and driving performance problems (slow reflexes and reaction time, collisions, visual impairments, and forgetfulness).

"It is hard to anticipate what the driver in front or the side of me will

do."

"Other people's driving makes me very cautious."

"There is a lack of consistency in the location of signs and signals on major roads."

"The signs are too small."

"Poor physical ability and lack of knowledge can lead to accidents."

"I don't know why they put signals on cars. They are not used."

"I think traffic here is worse than in New York."

Most participants said they knew seniors who were unsafe drivers. The criteria they used to identify unsafe drivers often were general performance indicators, such as not stopping at stop signs, stopping for other vehicles to go around them, driving fast, and yelling if someone pulls out in front of them.

Some indicators that tend to be more age-related also were used, such as taking too much time to look from side to side, visual impairments, poor reaction time, and slow reflexes.

"Their eyes and reflexes are not up to it."

"When their reaction time is down, they have no business driving."

While participants acknowledged that driving in the advanced ages can have its problems, many believed that the real problems start when driving stops. As one participant indicated, "People feel like they are losing part of themselves if they don't drive." Or as another participant more explicitly stated, "You feel like you lost your legs when you give up driving." A third participant summed it up by saying, "You lose your independence when you stop driving."

Driving Limitation or Cessation

Participants indicated a variety of reasons for limiting their driving or stopping driving. Most often these related to multiple health factors, particularly vision impairments. Usually, changes in driving status

occurred voluntarily, and when participants stopped driving, they typically sold or gave their cars away.

"I stopped driving seven years ago because I had cataracts and implants and bypass surgery. So I have gave one of my cars to my daughter"

"I stopped driving thee months ago because I didn't pass the eye test. I was worried on the road and the headlights bothered me in the evenings. I also wandered on the road. I sold my car."

"I stopped driving twelve years ago. My legs gave way and my eyesight was poor. I sold my car right away."

"I stopped driving 35 years ago and let my wife take over driving."

"My car died and so I stopped."

"I knew there would be hardships if I gave up driving, but there would be more hardships if I didn't give up my license."

Some participants kept their cars after they stopped driving for a variety of reasons and for extended periods of time. In some cases, the car was being used by other drivers to transport the participant around. Also, some participants were holding on to the car in the hope that they might be able to personally drive it again one day.

"I had a stroke two and a half years ago and stopped driving. I still have my vehicle and hope that I can drive again. My son drives me in my car."

"My kids didn't want me to sell my car; they wanted me to get someone to drive it for me and wanted to make sure I had a car in good condition."

How to get others to stop driving was a very big dilemma for participants. Although they were reluctant to get personally involved, some suggested ways they had personally dealt with the issue.

"I once called in someone's license."

"I refuse to drive with someone who seems to have a problem."

"I just would tell them."

License Renewal

Participants had very strong, although mixed, opinions about driver license renewal by mail and about age-based license testing. Some were very opposed to the idea, as reflected in the following statement: "I don't want to hear why a 90 year old can get a license in the mail." Others were opposed to special testing in the older ages, as clearly suggested by the following comment: "A couple of morons come out with the idea that people 70 plus should be checked for eyesight. That's where all the money is. It is a discriminatory act to even talk about it." As another participant indicated, "Some people are young at 90." Still others thought that everyone should be tested on a regular basis: "Everyone should take tests every three years. If you're going to do something, you should do the whole thing." Or as another participant argued, "If they are going to test for one issue (age), they also should test for drugs. It shouldn't just be for age."

While some participants commented about the importance of voluntarily giving up the license, others expressed doubt about whether self-regulation would work.

"People should give it up themselves."

"Just because you're old doesn't mean you're an unsafe driver. I think an older person will know themselves if they're an unsafe driver."

"This is one area that no one is honest within themselves. Most people refuse to accept that they couldn't and shouldn't drive."

Participants also suggested a variety of actions that might be taken to get people to stop driving, including driver reporting, testing following collision involvement and, very importantly, ensuring that other transportation options are available to them.

"It's hard to take the license away. My father passed his licensing test. My daughter called the police and asked them to take away her grandfather's license. She was scared because she squealed on him. She thought if he found out about it, he would disown her."

"The person involved in an accident should be called into the DMV for an interview to see if capable of driving."

"Road tests for cause should be developed."

"It would be important to develop convenient alternative modes of transportation."

Driver Assessment

Very few participants were familiar with the term 'senior driver assessment.' Many associated it with the AAA and AARP driver improvement programs and indicated that they had taken the program strictly for the insurance discount. For those who no longer drove, there was a general lack of interest in assessment even "if it could help you keep your license."

Some participants indicated that they thought assessment had to do with license testing. One person said, "It used to be that you would have to get tested every so often, but now you can get your license through the mail." Several participants indicated that they would have a more favorable response to the prospects of being assessed if it "would lower my insurance," and "if I were going to lose my license if I didn't do it." Many participants viewed assessment as a means of taking senior drivers off the road.

Some participants questioned whether assessment would work and whether it would apply to them. Some suggested that people would be scared to go in for an assessment because they may fail, and that most would resent being told that they needed to be assessed.

Questions were raised about the term 'assessment' and most participants agreed that 'check•up and tune•up' might be less threatening. When asked if they would have a personal assessment, participants responded in a variety of ways, including fear that they would fail, concern that they would be able to make the decision themselves that it was voluntary, and acceptance of the importance of monitoring skills and capabilities as one ages.

Participants expressed a reluctance to try to get others to have an assessment. When asked if they had ever talked (or would talk) with

a person about going in for an assessment, one comment was framed as the question, "Have you ever tried to talk to a 91-year-old person who thinks they should drive?"

There were differing opinions on whether and how physicians and other professionals and organizations could be involved in the driver assessment process and, more broadly, in licensing decisions. A number of locations were identified where assessments could be undertaken: the Secretary of State (in Michigan) AAA, AARP, schools, senior centers, insurance companies, and the police department. One participant suggested, "It should be located in the biggest parking lot in town." Others said:

"After a certain age, you should need a doctor's report to qualify you to drive."

"I have a doctor who is like family. He would never turn me in"

"I am not sure whether the doctor should tell the patient or it should be the state, or the insurance company."

"Insurance companies should insist that you have an assessment."

"Insurance companies shouldn't do it; they shouldn't regulate your life."

"The DMV doesn't have enough personnel to do it."

The topic of assessment was concluded with a discussion of whether it should apply specifically to seniors or to all drivers. Many were supportive of older people being assessed and tested on a frequent or at least a periodic basis. Others felt that assessment should be for everyone and suggested that there needed to be an associated incentive.

"I feel that at a certain age, people should have a test before they get licensed."

"You're not old until you get to 100. Licenses should be renewed every two years not every four years."

"I believe it should be every ten years for everyone. Laws and traffic

patterns change so much."

"Some states require that if you take a refresher course, you will get an insurance discount."

"There needs to be an incentive for seniors to have an assessment."

Transportation Options

How do transportation•deprived seniors get to where they need to go? Mainly by driving their own cars; receiving rides from family, friends and volunteers; and using public transportation. Not surprising, participants who still drove identified their cars as the most user•friendly mode of transportation. Further, several of them claimed that if they did not drive, they would have to move or call on their children for help. In cases where participants no longer drove, many considered buses, taxis, and vans to be the user•friendliest options.

"The ADA vans, when you can get them."

"We need a web of buses, but there would still be a problem waiting for the bus in the sun."

"I would quit driving if we had an Elder Bus."

"We could use a tram system county•wide, with small vans that would stop every 1,000 feet at entrances to apartments."

"Dial•A•Ride in the past, but now you can't depend on them. You need to make an appointment. You need to wait on the curb. You can get hit by a car while waiting outside. Sometimes the driver doesn't come."

Participants also argued that these forms of transportation would be even more user•friendly, and likely would be used more widely and frequently, if they were more readily available, accessible, affordable, and adaptable to people's needs.

"It needs to be available, even during the evenings, two or three nights a week." "It needs to be available everyday and weekends."

"You need to have it available when you need to go."

"We need a service that is available every day."

"It is something that will take me to night classes."

"I want something that comes to my door."

"We need some system where you don't need to schedule one week in advance."

"We need something like New York City. Transportation is easily available at a reasonable cost."

"We need a system where you pay once a year or pay in installments."

"You should be able to transfer to other places."

"You shouldn't have to wait a long time."

"They need to put benches at the bus station."

"If I could get to the bus, I would take it. You need something or someone to take you to the bus. We need shuttles or car pools to take you to where you can pick up your bus."

Many participants who did not drive indicated that it was important to have friendly neighbors, family members and volunteers. They described user•friendly transportation options as follows:

"It's a younger, good friend who drives that you can depend on."

"My church and friends."

"People who are kind and gentle and don't complain."

"I have a friend who will take me at any time."

As one woman stated, "I am spoiled by my kids. But I spoiled them too and I'm now getting the rewards for spoiling them."

At the same time, several participants shared concerns about relying on family and friends for rides. One woman had the following to say about her children's involvement in meeting her transportation needs: "They don't do anything. They all have pagers, but they don't respond. They say their pager must have been off and they didn't have it with them, but I know they're lying. I have problems taking my wheelchair. People don't want to lift it even though it's light." Others said"

"I have problems getting rides. Friends and relatives are forgetful. Also I have a wheelchair and they don't want to lift it."

"Trying to find people to take me is kind of hard."

"If have to pay for gas up front, it could be a problem."

"I will say, 'When you go somewhere, can I go?' Very seldom would I ask her to go somewhere that she wasn't going to anyway."

"It is difficult to ask them during the day."

While many participants had positive views about volunteer drivers, some had negative experiences, which made it difficult for them to ask for assistance. As one women noted, "A church member took me to church. The second time he drove me, he told me I was deliberately taking advantage of people by not having a car. I told him that I couldn't afford a car, nor the insurance or gas."

In many groups, the volunteer drivers were associated with a church transportation initiative or program.

"Stephen Ministry has usually about 15 people there who spend two years in ministry and will help with transportation. You need to call in advance if possible."

"The Catholic Church has volunteers. It matches riders with volunteer drivers. You should call in advance. They are available for doctors and for other essential activities."

"St. Peter's Lutheran Church members take me to church. It is a one •on•one relationship."

References also were made to the Shepherds' Center volunteer transportation program (in Kalamazoo, Michigan). It was described in some detail as a community effort and, although participants were enthusiastic about the program, most indicated that they thought it would be difficult to get volunteer drivers. One participant emphasized his position by stating, "I needed to be drafted to go to the army." Another said, "I can't think of anyone who will volunteer." Still another said, "It's doubtful that you can get volunteers."

Overall, were participants satisfied with their formal and informal transportation options? Many were not and indicated that it just wasn't easy to get to where they needed to go when they used public transportation or depended on family and friends.

"Buses should go as late as you need them and sometimes weekends would be more important than evenings to have buses available."

"If you take a plane trip, you have to schedule your flight at a time when your family can get you to the airport."

"It's hard to get somebody at the last minute."

"It's a busy world and my kids have a lot of stress."

"I would like to go to the doctor's in peace."

"We can get around, but can't get around to all the places we want to go."

If it was hard to get to the essential places, it was even more difficult or even impossible to get to the fun places.

"We can't get to the fun things."

"I would like to go to the movies with a friend."

"It would be fun to go more often to the mall, especially on weekends when the buses don't run."

"I can't do many social activities. Not driving shuts off my life."

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V. Focus Group Discussion Summaries

C. Transportation•Concerned Family and Friends

Introduction

This section summarizes the results of the six focus group discussions that were held with family and friends concerned about an older person's driving or ability to get around. Two of the groups were conducted in California, three in Florida, and one in Michigan.

A total of 49 people participated in the transportation•concerned focus groups. The participants had lived in Florida an average of 20 years; in California, an average of 30 years; and in Michigan, an average of 36 years. The majority in each group indicated they were concerned about or provided transportation to at least one older person.

Three in four participants (76%) were female; 30 percent were age 40•54, 22% were age 55•64, 25% were 65•74 years, 16% were 75

•84 years, and 4% were at least 85 years. Two-thirds (66%) were college graduates and half of these had attended graduate school. Almost half (49%) were employed, the majority full time. About half (49%) were concerned about a senior relative or friend. Fully one-third were concerned about at least one parent; one-quarter were concerned about a friend or neighbor; about one-eighth (12%) were concerned about a spouse. Usually, the senior they were concerned about no longer drove (45%), lived alone (41%), was in fair or worse health (54%). A large minority had an annual household income below \$15,000 (27%).

Themes

The major themes that came out of the focus groups with transportation-concerned family and friends were as follows:

Triggers for Involvement

The transportation-concerned may provide transportation because a person stops driving, becomes ill or moves, or because they perceive a lack or absence of options.

Concerns about Senior Transportation

* When people drive, transportation can be easy. When they do not drive, it can be difficult and there may be a sense of deprivation, dependency, desperation, and isolation.

General Transportation Difficulties

* Older adults who need help with transportation are often too functionally impaired to be active pedestrians.

* While transportation may be available for the essentials (doctors and groceries), it may not meet needs for getting to the fun things, especially not in the evening.

* For seniors with physical limitations, public transportation can be difficult, if not impossible.

* People who cannot access public transportation and do not have family or friends to help them may be homebound and unable to do

even the essential things.

* Loneliness, isolation and a loss of independence can occur when an older person does not drive and does not have family nearby.

Pedestrian Problems

* Seniors who need help from caregivers usually do not walk for errands and may not even walk for exercise or pleasure.

* Traffic and street crossings, especially at intersections, can present major problems for senior pedestrians.

Transit User Problems

* Seniors who need help from caregivers may not be public transit users.

* Health and mobility restrictions, weather conditions, long waits and distances to transit stops, and lack of information can be reasons seniors do not use public transit.

Driver Problems

* Seniors experience a variety of health and functional status decrements that are associated with driving performance declines.

* There is little hope that seniors will give up driving voluntarily.

Indicators of Unsafe Driving

* Many of the indicators that are used to detect unsafe senior drivers are general in nature and apply to all drivers, regardless of age.

* Some indicators are more age-specific and refer to physical and cognitive decrements.

License Renewal

* Age-based testing and license renewal by mail can be major concerns for the transportation-concerned.

* Just as it is important to get seniors who should not be driving off the road, it also is important to find ways to support seniors who no longer drive.

Driver Assessment

* The transportation•concerned may not be familiar with what >driver assessment= is, and may find the term a "turn•off."

* Once they are aware of the purpose of driver assessment, the transportation• concerned may recognize the value it can have for seniors, but still be reluctant to take a senior for an assessment or have a personal assessment.

Transportation and Caregivers Roles

The transportation•concerned may provide transportation to one or several family members, to friends and neighbors, and to others in the community.

* The transportation•concerned may provide transportation directly, may be an information resource about transportation, and/or may try to coordinate public and paratransit services for seniors.

* The transportation•concerned who provide transportation also may help seniors with a variety of other personal needs, such as cooking, cleaning, gardening, laundry, and banking.

* In some cases, providing transportation may be the first stage of the caregiving role; in other cases, it may be an extension of the caregiving role.

* The transportation•concerned can be characterized as being:

(1) one•on•one providers,

(2) multiple person providers,

(3) progressive or career' providers, or

(4) informal program providers.

Concerns of the Concerned

- * The transportation•concerned not only face logistical issues in transporting people, but many may have personal health and mobility problems with which to contend.
- * The transportation•concerned may have special difficulties finding the time and organizing schedules to provide transportation.

Futures of the Concerned

- * Being a transportation provider may lead to better planning for one's own future transportation needs.

Triggers for Involvement

The transportation•concerned became concerned and/or began providing assistance because a relative or friend faced difficulties driving, had to give up driving altogether, moved, or became ill.

"My mom and neighbor are in their 70's. Both wouldn't think of not being able to drive anywhere. They have vision problems and loss of concentration and focus. I am concerned about how to help them without hurting their feelings."

"My mother in•law has had five accidents in a year. I convinced her to give up her license. My sister in•law drives her but she works and has a baby. I drive to help."

"I am a secondary caregiver. My father has dementia and mom doesn't drive. My mom is the primary caregiver. We took dad's keys away."

"I suggested that my parents give up driving because I was concerned about them and that someone could get killed if they continued driving."

"My parents moved down here."

"We sold my parents' home (in another state) and brought them to live with us."

Participants also indicated that they became involved because they saw someone, in many instances someone they did not know, in need.

"I was sitting with someone whose kid couldn't pick them up for two hours so I offered to take them home."

"A neighbor of mine had a problem and I offered to help."

"I have always been involved with seniors. When I retired, my phone has never stopped ringing."

"I offered to pick up the women I volunteer with. I know they need help."

"Her husband died and I started helping her."

"I saw a lot of volunteers providing transportation."

"The man I drive enjoys getting out even if he just sees some of the stores he used to go to. We go for little rides."

"So many seniors are unable to drive and have to use buses or use the senior center's transportation."

"So many people at the senior center don't have a car and don't live in the area. They are late coming to functions. It's not always easy for them to get where they want or need to go."

"My friend has good and bad days. He can't plan when he'll have a good day. For the most part, he stays home if he doesn't have someone take him places."

They also saw their involvement providing the "life force," the link to people, the opportunity for freedom, and the only or best form of transportation for some seniors.

"The transportation I provide is the life force for my aunt."

"If I don't take her, she doesn't see anyone."

"Transportation for the elderly gives them freedom to do what they want to. When they don't have it, they become captive."

"My sole job is to keep mom off the street. I am an only child and looking for a house to move in with her. Mom lives three miles away and is in early stages of AD."

Several participants indicated that they were the transportation of last resort and did not perceive other options to be available or accessible. One person from California even said that she had to commute to a far away state to provide assistance: "I commute to Washington State to take care of my mom who lives in a rural community. There is no transportation available there and no one will come out to her house because it is so far away." Others said:

"Mom limits her driving to the immediate neighborhood. She is getting depressed. If more accessible transportation were available, she would have that option. It would be important that bus stations be covered and that larger signs be created."

"Dad is a seasonal resident. The landmarks change and he gets confused as a driver. Public transportation is not really accessible and, even if it were there for him, it might not be the answer."

Concerns About Senior Transportation

In their introductions, participants were asked to share general comments about transportation in general and about senior transportation in their communities. The transportation•concerned spoke favorably about road conditions and thought that people were able to get around as long as they continued to drive. However, concerns were expressed about the problems that older nondriver have in accessing public transportation because of health and mobility problems. They also described their communities as places where transportation was an issue so they tried to devise better ways to deal with it and, as a result, many senior volunteers were providing transportation.

Many participants shared concerns about their parents' ability to get around. Their concerns often related to how functional limitations compromised transportation access.

"My parents are isolated and stay at home a lot."

"He has difficulty walking so it's easy for him when I can take him."

"My mom is primary caregiver but doesn't drive."

"I am concerned about my parents who live nearby. Walking to the bus is a problem. Separate trips are a problem."

"It is not easy for a disabled person to get around. My dad uses a walker and cane and can't get on a bus. Friends drive him around."

"Mom can't get into a car that is high off the ground."

"Transportation is fragmented. Families need to do a lot of the transportation."

One woman expressed multiple concerns (age, frailty, cessation of driving, costs, reluctance to depend on friends) for her parents, and described their situation as follows: "My mom is 81 years old and doesn't drive. Dad is 86 and doesn't drive. They're frail and have physical disabilities. They are being charged higher taxi rates. Their friends all have physical problems so they don't want to depend upon them unless it's an emergency."

Even when essential needs may be satisfied, emotional well-being can be seriously jeopardized by the inability to get around. This is clearly suggested in the following comment shared by a distant, secondary caregiver to her parents: "My dad had a stroke seven years ago and lost his eyesight. He and my mom live in Chicago and you don't drive a car like in California. Mom is driving him everywhere. They live close to stores so she can walk there. It is getting difficult. It's an emotional thing for him. He feels like he is out of control."

Several participants voiced concerns for friends or acquaintances who had no or limited support systems.

"I am concerned about a woman who has no family."

"There is a lot of loneliness when people don't have transportation. The person I am concerned about would be confined to his home

because he can't get anywhere without transportation."

Several participants revealed that they were providing transportation assistance to more than one senior.

"I am a transportation provider for my mom, an elderly cousin and a neighbor. I am concerned about safe and efficient transportation."

"Mom is 81 with dementia and my mother-in-law is 85 and has heart disease. I drive them both."

"Grandma is aged 89 and still drives a four to five mile radius from home. She is very independent and lives close by. My dad also has lots of health problems."

"I was caregiver for both parents. Dad is now dead."

General Transportation Difficulties

Many of the participants expressed the belief that driving is a necessity to be mobile. Being able to drive was described as the key to independence for seniors; not being able to drive was a major problem especially if someone else wasn't available on a dependable basis to provide rides. One participant said transportation was easy for her friend who did not drive because "I take her where she needs to go." However, many participants did not think it was easy at all, mainly because it can be so difficult to ask for help. As one participant commented, "People won't ask for help because they might feel they were imposing." Another said, "They have to be desperate before they call."

The problem of driver cessation and its impact on independence was seen as a major problem for seniors, and sometimes for caregivers as well.

"The person who doesn't drive feels a tremendous loss."

"I am worried about transportation for two older women (95 years old). Needing to be helped was a big adjustment for them even though they knew it was coming. They can't go to the bus stop because they're blind. Dial-A-Ride makes them feel connected and it comes to their home."

“Mom is 90 years old. I take her to the doctor's. She is very independent, but cantankerous. Older people need help and they need to learn to put up with it.”

“I drive my aunt. She gets depressed because not driving has caused a loss of mobility. She misses public transportation because she used to have it in Philadelphia.”

“They will continue to go on their own until they take their last breath.”

“I try to walk my mom across the street by taking her hand. She rejects it because she wants to be independent”

Perhaps one participant, who herself was getting older, said it best: "It's so hard as you lose independence. As you get older, it gets harder and harder."

When asked what would happen if they were not available to provide transportation, several participants indicated that the senior they cared for would face severe difficulties. Two possibilities were most frequently identified: their senior relation would be confined to the home or they would need to relocate. A move to a retirement community or even to an assisted living facility might be necessitated.

“I expect they would probably stay in their homes.”

“I might have to move them back to Carolina.”

“My parents are considering moving to a retirement community because of problems with transportation.”

“They would have to go into a retirement community.” I guess they would have to move into assisted living.”

One person summed up the way many participants personalized the discussion by saying, We are all going to face this one day and it is frightening.”

Pedestrian Problems

For the most part, participants indicated that the senior friends and relatives they were concerned about were not active pedestrians. For those who did walk, their main purpose was exercise.

What were the reasons seniors did not walk? Health and functional impairments, vision problems, traffic congestion, inadequate traffic lights and signals, and poor sidewalks were among the major concerns that were identified. Difficulties carrying heavy loads precluded many from walking for the purpose of errands, such as shopping.

“My parents are vulnerable because of hearing and vision problems.”

“There is no accountability down here when it comes to driving and walking.”

“My mom needs someone to help her when she gets off the bus, but even then she won't be able to cross the street.”

“My mom can't tolerate walking in the heat.”

“When there are bumps in the sidewalk, my husband falls.”

“There are no sidewalks. People are forced to walk in the middle of the streets, even in senior communities.”

A number of specific problems were identified with the basic task of getting across the street. Intersections and crosswalks seemed to present some of the biggest problems. Driver-related concerns were especially noteworthy. Comments focused on people who drive through crosswalks, even if pedestrians are present; and about that the fact that when drivers make a right turn on red, pedestrians (especially the elderly) are at special risk.

“It's dangerous to walk across the street.”

“My friend has osteoporosis. She was 5'1" and now she is about 4'11". No one can see her when she crosses the street, and because of her condition she really can't look to the left and right to see the traffic.”

“Left-turners will not stop for you.”

"Stepping out into the street, a driver could hit you."

"Right turns on red cause real problems."

"People drive through crosswalks. It is a problem for all pedestrians and not just the elderly, but it is a special problem for seniors because of their slow movement and problems with flexibility."

"Drivers don't obey laws. Lights are not long enough for them (pedestrians) to get across street."

"They couldn't cross the street if they were jack rabbits given the amount of time they are given."

One suggestion was to develop a pilot crossing guard project to assist seniors, similar to the adult crossing guard program that many communities have implemented to assist young students.

Transit User Problems

From the point of view of the transportation•concerned, how did the senior relatives and friends they were concerned about get to the places they needed to go? Many said they got there because "I take them." Others said that another relative (son, daughter, niece, nephew) or friend or volunteer takes them. Still others said that they walk. Some used vans and Dial•A•Ride.

When the question of public transportation was raised, many participants said that they did not view public transportation as an option. Included among their reasons were the need to make appointments, long waits, design shortcomings, walking distances, long transit times, and the heat.

"It's difficult because you need to make an appointment with cab service to get picked up two days in advance, and then you only go to one place. Sometimes you have to wait one hour for a cab to get picked up at the doctor's. Then, if you make multiple stops, it's \$2 for each stop."

"I am concerned about someone who is blind. He has a bus stop two houses away but can't get up the steps. And, he can't see well

enough to see where to get off the bus. He also doesn't walk much because he can't see."

"It's too hot to stand out for buses and there are no traffic signals so they don't know how to cross the street. Also, it is quite a distance to walk anywhere."

"There is a problem getting into vans because they can't step up."

"Buses run every hour. It's hard to wait. They're not convenient."

"Waiting areas for buses on streets are terrible.. .no shade, not on level ground, no where to sit, although the waiting areas in the malls are OK."

"There is a real lack of safe shelters such as weather shelters."

"Bus stops are located in ditches and you have to step over it. I guess they have angel wings."

"Someone needs to come to them. They can't get to transportation."

"Bus stops are so far apart."

"Dial•A•Ride is there, but people don't like waiting."

"The buses don't run often enough, not like in Philly."

"If miss the bus, you have to wait long hours."

"I get tired of all the time it takes."

"The bus ride itself is exhausting, twice as long as when driving."

Voids in information about public transit also impeded usage.

"I'm not aware of the routes to use."

"I am a great believer in public transportation, but information on schedules is just not there."

“It is important to take them by the hand and help them.”

“There is a lack of transportation. If it's good than no one knows about it.”

Participants also said that many of the seniors they knew thought it was beneath them to use public transit and that they did not like what might be called a "herd mentality treatment."

“Public transportation is beneath my parents.”

“My parents can't overcome pride of having to call another cab when they are done shopping.”

“Public transportation is available, but my parents won't take the bus. I tell them to take the cab to my house and I'll pay for it and then take them around from there, but they won't do it.”

“My dad won't take public transportation. He doesn't like it because he is herded in a group and not treated as an individual.”

One participant even went so far as to say that the reluctance to use public transportation was because "What elderly parents really want is for their children to drive them."

One recurring theme was that health and mobility problems made it almost impossible for seniors to access normal public transit systems, even those systems that provided curb service. Another was that it was difficult for seniors to use most public transportation systems for anything but the basic essentials.

“I drop my relative at the bus stop because she can't make the walk.”

“My parents are centrally located to bus lines, but need to walk to the bus stop and get on and off the bus. They are eligible for taxi subsidies (\$60 a month each), but it doesn't go far. They use the vouchers to go to doctors.”

“If you have limitations, it's a problem to get on the bus”

“Transportation is available for essentials (doctors and grocery). It is not available for getting to hair salon, visiting friends.”

Gaps in service areas also were seen by the transportation•concerned as being an important factor that precluded or limited public transit usage. That transportation systems did not serve multiple communities, but tended to stop at the county or city line was seen as a related shortcoming.

“The bus doesn't serve the whole county.”

“In rural areas, there just is no transportation; if you don't drive, you're out of luck.”

In spite of these strong and repeated concerns, some participants had complimentary remarks to share, especially about the transit operators.

“Bus drivers are nice and would ask dad if he was OK if he came off •schedule.”

“Drivers are friendly.”

“Cab drivers are very caring.”

“Workers (transit operators) are very compassionate.”

“Most of the drivers who provide transportation to seniors are seniors themselves.”

Overall, the dominant feeling about public transit could be summed up by the following comment that was expressed by a male participant: “I don't take public transportation and wouldn't think of it. Why should I think an older person should take it?”

Driver Problems

Participants were aware of many potential problems for senior drivers: failing mental capabilities, slowed reflexes, vision impairments, frailty, and hearing loss, for example, and their potential impacts on collision involvement.

“My concern is reflexes and not being aware when they don't drive safely.”

"I know a senior driver who got lost and was found only when he produced papers to get into Canada. The officials called his family."

"My greatest fear is that seniors will hurt themselves or others."

One participant talked about an older woman she knew and her inability to see over the steering wheel. The woman next to her went on to comment on her concern for "all the headless drivers out there."

There was considerable discussion about the problems of getting parents and friends to give up driving. The strong desire to drive (especially among males) made it difficult for some to even begin to address the problem. As one participant noted, "To take the car away from dad is like telling an Italian he can't have a piece of pizza or spaghetti."

For some, the problem was compounded by what were perceived as questionable decisions on the part of the DMV to renew the driver license. Referring to his friend, one participant commented, "He has terrible eyesight. I think the DMV gave my friend his license out of sympathy."

A woman told this story about her father:

"I was hoping the DMV would take his license away, but didn't. Dad was limiting driving to a five mile radius but became dangerous since he would wander and lose keys, glasses, and come back six hours later than expected. Dad took the test three times and then passed. We took his car away anyway and sold it. I said to Dad, 'What if you kill someone?' He responded that he had insurance. Now I'm afraid that Dad will drive even without a license."

Another participant commented, "My dad had six pairs of keys and kept digging them out every time they were taken from him by our family."

Indicators of Unsafe Driving

Could participants describe the characteristics of an unsafe senior driver? One man proposed, "When you can't tell the difference

between a baked potato and a chicken, you have a real problem."

More often, participants pointed to specific behaviors they thought were important warning signs. Some of these were general indicators that could apply to drivers across all age groups, such as talking on the phone, drinking coffee, and driving too fast. Other indicators could be more age-based, such as diminished physical capability, diminished depth perception, loss of night vision, failure to see objects, slow reaction time, and slow driving. Cognitive or emotional problems such as fear or lack of confidence, memory loss, getting lost, erratic behavior, unawareness or confusion with what is going on (e.g., stops at green light and goes on red), and wandering off the road because of a lack of focus also were considered relevant indicators of unsafe driving among seniors.

One participant expressed the difficulty in pinpointing exactly what constitutes poor driving by seniors in saying, "My friend has episodes of befuddlement and she shouldn't be driving."

License Renewal

There was considerable discussion about driver license renewals. Several participants had strong concerns about mail renewals and the absence of age-based testing. The value of graduated licenses in old age was also addressed.

"Something can happen quickly so we shouldn't have a five-year renewal period."

"We need consistent reminders every six months to help people know if they have problems."

"We should give seniors limited driving privileges, just like they do with teens."

One man's comment suggested a particular concern in Florida. He noted, "They can be in a grave in Florida and still have their license renewed."

Some participants expressed the view that although driving is a privilege, it would be discriminatory to just reassess seniors for renewal of their license. Others thought that reassessment or testing

should start early, at age 30, and occur every ten years until age 70, when the driver is reassessed every two years. Since young people were coordinated and had faster reflexes, it was surmised by some participants that they didn't need to be included among those who should be regularly reassessed.

Several participants were more concerned that there was no system in place for dealing with people who had to stop driving, either through a preparation process or by ensuring that they had access to other transportation options.

“There is no preparation. Nothing is in place if a person's license is taken away.”

“I am concerned about how we go about revoking licenses. We need to find a (transportation) replacement for those who lose their license. People can drive even without a license.”

Would they tell a parent they should stop driving? Some indicated they already had intervened with a parent and others said they would consider doing so. Several offered ‘how to’ suggestions.

“I would take the keys away.”

“It's important to try to involve them and try to help them get to the right decision.”

“I sat down with a person at church and then moved them into our house.”

“I told my parents they weren't competent to drive anymore. They just had a brand new car.”

“You need to have respect for their needs and make sure they have transportation to get to where they want and need to go.”

Many comments were made about just how difficult and complex the problem actually was. As one woman said, "It is hard to tell someone they shouldn't be driving anymore. If they stop driving, then they're stuck in the house, but if they have an accident, you feel you should have told them." Another participant commented that she wanted to have the doctor involved because, "It would be good to have

someone else to blame it on."

Still others saw it as a right vs. a privilege issue. As one participant noted, "Driving is a birthright and denial (of a problem) is a great gift" it was not something a child should even address. As still another participant shared, "I would be madder than a wet hen if my children told me I couldn't drive." Some participants rationalized their noninvolvement by saying that it didn't matter because seniors would drive no matter what. One participant provided the following description: "There is an attitude that `I can't walk. I can't hear. I can't see.. .but I have my car.'" "

Driver Assessment

Few participants were familiar with the term 'senior driver assessment,' and most had little knowledge or understanding of what driver assessment involves. However, when the concept was described, most thought it would be a good idea and some indicated they even would have a personal assessment.

"I would do it. You can get some bad habits after driving 60 years."

"I would think I don't need it, but it may not be a bad idea since hearing problems run in my family."

Others mentioned that they would be suspicious or concerned about the intent of the assessment.

"I would wonder if it was a ploy to take my license away."

"Anyone is fearful of the unknown."

"I would be reluctant, unless it's routine. I would think they are checking up on me."

"I would go as long as I think it would be a positive, not a negative, experience. It couldn't affect whether I got my license. It could give you helpful hints on how to compensate for functional problems."

There also was considerable pessimism about the willingness of seniors to be assessed voluntarily because of the fear of losing their license. Would they encourage their parent or an older person to go

for an assessment? Some participants said they would. However, many said they would confront problems in trying to get a parent (or any senior) to go for an assessment, and did not think assessment worked anyway.

“I don't know how I would get my parents to an assessment. They have dementia and deny having a problem.”

“Yes, I would take dad to an assessment, but he wouldn't go.”

“Once they're a hazard, it is useless cause you can't convince them to do an assessment at that point.”

“How can you take them down if they don't want to go?”

“They're in denial.”

“No one wants to lose their independence.”

“I think my wife might come. She's happy to learn new things. An assessment would scare her, though, if it meant she might lose her license.”

“They don't want to compound the problem.”

“Seniors would be doubtful of the validity of a thirty•minute assessment. They would think they (the people testing) don't know enough. They would not accept results.”

Several identified the benefits of having an incentive associated with the assessment and thought that this would make a voluntary assessment program more acceptable.

Numerous questions were asked about whether assessment was legal and whether it was appropriate for chronological age to be the sole criterion of driving competency because, as one participant indicated, “There are some older people who are good drivers and some who are not.” Their comments about what should be included in the assessment paralleled the physical difficulties they identified as indicators of driving problems. Interestingly, they did not suggest that cognitive abilities should be assessed.

Should the DMV (or the Secretary of State in the case of Michigan) have a role in assessment? Some agreed. Others thought that insurance companies should be involved and give a discount to motivate seniors. Still others thought that, if people were going to be assessed, it should be by "a licensed person who has the ability to truly assess, such as a physical therapist." There was general agreement that the physician and eye doctor should be involved, although several participants thought that it should be a team approach. Each of the suggestions seemed to raise more questions.

"Assessment would come after the primary physician does an evaluation."

"I don't think it should be a physician. They are not trained to do it and will get the patient mad."

"The eye doctor may be too limiting."

"It needs to be in a benign setting so it is not traumatic for them."

"Maybe you could send all the information to a central place like an insurance company."

Suggestions were made about where assessments could be done. Once again the DMV was identified, although the prospects of going there produced several negative comments.

"The DMV is the most crowded place in the world."

"Sometimes I worry about the people behind the counter."

"They should hire more assessors."

Other possibilities included the 55 Alive Program, senior centers, malls, health fairs, hospitals, community centers, churches, community colleges, and high schools.

The question of whether assessment should be age-based was raised by several participants. One person shared the view that it should not be age-based because, "Most accidents involve younger people•they think they're indestructible."

Use of the term "assessment" was also questioned because, "People would be turned off by the term" and "There are bad connotations with the term." Alternative terms, such as evaluation, diagnosis and review were also questioned, although they appeared to be more acceptable. There was a generally positive response to the idea of replacing the term 'assessment' with a phrase such as 'check up and tune up.' One person suggested that assessment should be marketed as a program to "test your skills and enhance your skills."

When it came to who should pay for the assessment, several options were suggested, including the individual driver, insurance companies, the Department of Transportation, aging programs, the government, the private sector, a consortium of different groups, and the DMV. It also was suggested that while insurance companies might not actually pay for the assessment, they could provide discounts to those who pass. Likewise, the DMV might not actually pay, but license renewal could be contingent upon passing an assessment.

Transportation and Caregiver Roles

Interestingly, for some participants, providing transportation was the first step in the caregiving role. However, many others considered the transportation provider role to be an extension of their other caregiving activities. One woman described this point succinctly by saying, "My husband used to drive all the time and not let me drive. He got sick and stopped at age 78. He just knew he had to stop. Since then, I have become a driver. Being a transportation provider has become an additional part of my caretaker role."

In addition to helping with transportation, the transportation concerned wore many other hats: gardener, shopper, housekeeper, laundry lady, trash man, friendly visitor, social calendar keeper, financial planner and banker, health coordinator, delivery person, medications helper, postal service provider, informant, and "chief cook and bottle washer."

Participants talked at length about their transportation involvements. Many were "one person transportation providers."

"I drive someone the same time every Friday to get shots."

"I help a dementia patient who needs escort service or she gets lost."

Others were "multiple•person providers," and at least in one case received monetary compensation.

"I help neighbors who live about two blocks away; one is blind. It is very informal, and is a two•way street. We call each other Another neighbor can drive short distances, but not the 40 minutes it takes to get to the doctor. I drive her and I also provide other neighbors with transportation when they need help to get to doctors' for medical procedures"

"The two ladies I help aren't very steady. When I take them to the grocery store, I make them wait in the car so I can go get grocery baskets. They can use them for balance."

"I drive my brother with macular degeneration. He lives within one mile. I recently moved to be close. I also drive friends. I really don't enjoy it (providing transportation) a lot of time. It screws up my time."

"I currently volunteer for an organization that works with the mentally disabled, and I also work at a thrift shop and drive friends who volunteer with me. I drive a 92•year• old woman who I take to the grocery store, doctor's office and to buy greeting cards. I call her to see if she needs a ride."

"I drive my 93•year•old mother, blind step•dad, and two other ladies (ages 94 and 87). Mom gave up driving, but it was difficult for her to do other things, so I had her move ten minutes from ~ "I provide transportation to my parents. Dad is 92 and has started to fall and is losing his memory; Mom is 88. I also drive an aunt who has cancer."

"I take care of two 95•year•old aunts. One is in a nursing home and the other lives in the community. I provide transportation to them."

"I used to work in a department store. Today I provide transportation to a lot of women I used to wait on in my previous job. I take them to the bank, the grocery store, their doctors. I get paid a small amount and usually get a free lunch. I provide a one•person transportation service."

Still other participants could be described as transitional or `career'

providers in that they assisted one or several individuals until they died and then went on to help others.

“I have been a caregiver for my whole life. I gave care to my husband before he died five years ago and now I take a woman I know for cancer treatment.”

“For the last two years, I have been helping my husband who has prostate cancer. He still drives, but I am weaning him away from it. Before he got sick, I drove my sister who had colon cancer and AD. I also drive my neighbors who need help.”

Several were involved in informal programs, often through a church affiliation.

“I pick up people and take them out. I am part of an interfaith group.”

“I help with my husband. We provide transportation for seniors at their community center in a very informal way. We also provide transportation to church members and to our elderly parents.”

“I provide transportation through church. I like to drive, but only short distances.”

It is worth noting that some participants who provided transportation also tried to help people access public or para- transportation (perhaps for selfish reasons). However, it wasn't easy to do so, sometimes because of the lack of information and other times because of limitations in the options that were available.

AI tried to solve the problem with van service and did it twice. It wasn't acceptable or accepted. The van driver was two to two and a half hours late. She was standing by the door waiting. He was rude to her and didn't help her get on or off. Another person had the same problem with a different transportation agency.”

Mom limits her driving to the immediate neighborhood. She is getting depressed. If more accessible transportation were available, she would have that option. It would be important that bus stations be covered and that larger signs be created.”

Dad is a seasonal resident. The landmarks change and he gets confused as a driver. Public transportation is not really accessible and, even if it were there for him, it might not be the answer."

Concerns of the Concerned

When asked about the problems they faced in providing transportation, many participants commented about logistical difficulties in planning, coordinating, and scheduling.

"Doctors appointments compete with my work."

"It's not easy; I need to plan in advance."

"Scheduling and patience are problems. Many times it conflicts with my own schedule."

"Scheduling at the last minute creates a problem."

"The real problem for me is meshing schedules."

"Scheduling is a problem. I try to find out ahead of time when people will need me to drive."

"My own schedule is mess. I have to reschedule things. I try to make her doctor appointments early so it doesn't blow my day. I'd have to hang around four to five hours in the middle of the day."

"If they need a prescription and the store is closed, I need to go back the next day."

Others indicated that time and distance created major difficulties.

"I have to coordinate my own time."

"Having the time to do it is a problem."

"It takes 15 minutes to get mom out of my car."

"We're a long distance away from them (160 miles round•trip) and need to make sure we have enough time to do what needs to be done."

“The commute keeps on getting longer.”

“Distance is a major problem.”

Concerns also were expressed about unaccommodating drop-off locations.

“Drop-off places are not accommodating. I can't leave mom in front because she would panic. I need to park close, so it is a double problem.”

“Parking is difficult because the person I help can't walk and we need to park close.”

“I provide transportation to doctors. Drop-off points are hard. They're not wheelchair accessible. Time is hard because I don't know when they'll be ready to leave. I need to take the day off from work to take them.”

“It is hard for seniors to get in and out of car. Also, it is hard to drop them off and then park the car. I have a handicap placard to use when taking my mom around. I used to get parking tickets in unfamiliar areas since I couldn't see parking restriction signs because I was preoccupied with helping mom.”

Personal health and functional limitations sometimes constrained participants' ability to assist with transportation.

“I take many people to church and to doctors. I call ahead to make sure they're going and then wait in the car because I have problems walking myself. If I didn't take people to church, they might take Dial-A-Ride.”

“I also have problems getting around because I have rheumatoid arthritis.”

“Some days I don't want to answer the phone. I just listen to who is calling on the machine. My body wants to just lay down on the floor.”

Some participants expressed concerns that touched the heart with respect to the compassion they felt for the people they were helping

and the difficulties they experienced trying to help.

“I live with the constant worry that something could happen to my friend. What if I make a mistake and get her hurt?”

“There should a short person be so they won't be hurt by an air bag or safety belt?”

“I work and am not able to be there as much as I need to be or want to be.”

“It is difficult being the responsible person to drive someone else.”

“I have spent the last several years having to deal with difficult parents.”

“What can you do with a father?”

“Mom is a loner and fiercely independent.”

“I must reserve more time for myself”

“I am known as the girl who couldn't say no, so I reschedule my own life.”

“It is a very, very deep infringement on my marriage.”

“It's very time consuming. Thank goodness I'm not married.”

“Unexpected calls for help make life difficult.”

< “I can't even make doctor appointments for myself.”

Overall, participants expressed the full range of emotions about being a caregiver and transportation provider. Some were unhappy; others voiced a strong sense of obligation; and still others indicated that they received joy and fulfillment from their involvements.

Several solutions were offered for dealing with problems and concerns. For those who turned the caregiver=s role into a family activity, the burden did not seem to be so great One woman

expressed it this way: "I really don't have problems. I provide transportation with my husband.. .we work as a team." Other solutions were to organize time and activities, preparing color-coded maps for parents who were still driving, putting phone numbers on pictures, and preparing large calendars with color-coded appointments for themselves and the people they were helping.

Futures of the Concerned

Participants were asked a final series of questions about how they viewed their own future. Some indicated that their experience in helping others with transportation has caused them to be deeply concerned about what will happen to them in their later years. This was particularly the case for participants without children to rely on.

"I am not married and have no children. I am concerned about what will happen to me."

"I have no children and am concerned about who will take care of me. I will be very reluctant to give up my car. I love driving."

"The prospect of having to go out and spend \$40 just to get to the doctor is very frightening to me."

Some indicated that they thought it would impact on the way they view the efforts of their children and others to assist them.

"I hope I'll be understanding when my children try to tell me something."

"I earned my keep and will impose on my kids."

"When I have eye problems, I am not going to give my family a hard time. I'll just stop driving." can walk to a lot of places. I hope I have enough moxie to hand my daughter the keys to my car when I need to stop driving."

"I have five children, ten grandchildren, but won't depend on them because of the stress it would cause them. I'm exceedingly independent and I'm depending upon my grandson to take the car away from me."

They also expressed concerns about whether they might have to deal with isolation; whether they might have to give up the fun things in life; and whether they might have to change their lifestyle. As one person said, "It has been heavy on my head. I don't mind helping others because I might need help myself." Another mentioned the possibilities of "pay back" in the context of service credits: "I have heard about a volunteer organization where younger people would provide transportation and earn points, and when they get older they would be able to use points for their own transportation. Maybe something like that would help me in the future."

Many other concerns were phrased as questions:

"Will there be things I have to give up?"

"Will there be enough transport facilities for me?"

"Who will help me?"

"Will my daughter be able to help?"

"What will happen to me?"

Although many did not want to think about the future, some participants suggested that the best solutions were to stay independent, teach others to help, and rely on friends and family members.

"I will not think about it. It is something you don't harbor."

"I will take the bus for \$2, if handicapped. I won't be a bother to anyone."

"I think I need to teach my family."

"My son lives with us now and I drive him. Later, he can drive me."

Others indicated that they were thinking of solutions or taking actions, not all of which were related to transportation. Many thought the best solution would be to move someplace where transportation was better, where they did not have to drive, and where they could cultivate friends who would drive them. The prospects of moving to a

retirement community or assisted living facility also was considered.

"I try to be an advocate and become involved in activities that would make transportation more available for me."

"I have taken out long term health insurance."

"I plan to move to a one-story condo."

"I will either move with my children or where there is public transportation." "I want to move where you can walk places."

"I bought a house near a bus line."

"I will cultivate lots of friends and live in a good location."

"Transportation worries me I've been catering to these people all my life and realized I was one of them. I'm planning now. I'm going to move up north."

"I am becoming increasingly concerned about the day I can't drive anymore. I would consider moving into a retirement community."

"I would move into an assisted living facility. I don't want to be a burden."

"I think I would like to live in senior residence because I want to have support and be with other people. I would look for a place that offers transportation."

"I would move out of the area. I should have moved yesterday."

"I told my dad I was coming here today and he said, 'Tell them I made a mistake moving here. If we could move back we would.' I said to him 'I'll drive you back after the meeting.'"

"I'm looking for a condo near a bus stop or a small town you can get around easily in."

"I will plan ahead to relocate near transportation."

"I would use rapid transit."

Several indicated that they thought the solution was simply to have enough money.

“I am single and don't have children. Seeing mom going through this has been great preparation for me. Money means everything.”

“I plan to win the lottery so I will have a transportation fund.”

As a final question, participants were asked what they considered user•friendly transportation methods that they could see using in the future? Responses included the following:

- * Community developments, where internal transportation takes you to grocery stores and the mall
- * Retirement home with transportation
- * Commercial and residential areas zoned together for easier access
- * Transportation support groups
- * Metro rail interconnected to all cultural communities, religious services, shopping
- * High school student to take you around
- * School buses for the elderly
- * Battery•powered neighborhood electric vehicles
- * Neighborhood vehicles
- * Train where you push a button and find out where you are, where you want to go, how you get there.

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VI. Written Survey Results

A. Transportation•Rich Seniors

Introduction

Eighty•four of the focus group participants were transportation•rich seniors. Their responses to the written survey are presented below (in percents). The totals for questions with mutually exclusive response choices may not equal 100% due to nonresponses. Also, small cell sizes impede the generalizability and reliability of the data.

The questions are organized into nine major areas:

- (1) Transportation Concerns;
- (2) Driving Assistance;
- (3) Reasons for Driving Cessation;

- (4) Transportation Patterns and Preferences;
- (5) Trip Patterns;
- (6) Transportation Responsibilities;
- (7) Information Needs, Sources and Terminology;
- (8) Current and Future Perceptions of the Transportation System;
and
- (9) Priority Transportation Issues.

1. Transportation Concerns

The large majority of transportation-rich seniors were concerned about seniors driving in their communities; about one third were "very concerned." While most transportation-rich seniors reported that they were personally not having any significant problems getting around, transportation was a "big problem~ ~ or a "very big problem" for as many as 29% of these respondents. Moreover, hilly 85% felt that new transportation programs for seniors were "very much" or "much" needed in their communities. However, most were not "very informed" about the transportation alternatives (to the automobile) that may be available to them.

The majority of participants had some concern about their future transportation options. Most commonly they worried about being a burden on others (66%) and loss of independence (63%). Only 17% of participants indicated that none of the ten concerns that were identified were "big worries" for them.

Are you concerned about seniors driving in your community?
(Question #2)

- * 33% • very concerned
- * 46% • somewhat concerned
- * 12% • not very concerned
- * 5% • not concerned

Is transportation or getting around a problem for you? (Question #3)

- * 13% • a very big problem
- * 16% • a big problem
- * 35% • not a big problem
- * 33% • not a problem

Are new transportation programs for seniors needed in your community? (Question #4)

- * 52% • very much needed
- * 33% • much needed
- * 8% • not needed much
- * 2% • not needed

How informed are you about transportation alternatives (to the automobile) which are available in your community? (Question #5)

- * 23% • very informed
- * 48% • somewhat informed
- * 17% • not very informed
- * 8% • not informed

Most people worry about their future transportation options. Please check as many comments as apply to you. (Question #13)

I worry about

66% • being a burden on others.

63% • loss of independence.

- 57% • having to depend on a relative or friend to drive me around.
- 51% • being unable to take part in activities I used to.
- 44% • what would happen to me (or others) if I couldn't drive.
- 44% • not getting out as much.
- 39% • having to use public transportation.
- 33% • not being able to renew my driver's license.
- 32% • someone else deciding that I should not drive any longer.
- 31% • convenience (scheduling).
- 17% • None of the above issues are big worries for me.

2. Driving Assistance

Various types of assistance are available for drivers. These can range from information and education, to assessment and evaluation, and even to refraining and rehabilitation. However, transportation-rich seniors were not equally interested or willing to seek these different types of assistance. Interest was most widespread for information and education. There appears to be far less interest in assessment and evaluation and, especially, in retraining and rehabilitation.

Further, there seem to be definite preferences as to where participants would go to obtain these different types of services. They preferred to seek information and education from the local police department (50%) and, if they had to obtain an assessment or evaluation, they would go to a physician's office (23%), hospital or senior HMO (19%), driver licensing agency (18%) or occupational therapist (17%). Of all possible places, driving schools (19%) and occupational therapists (14%) were identified as the key sources for refraining and rehabilitation (although the percentages selecting these options were low).

Overall, participants were unlikely to seek all of these services at one location, and for any given location that was identified, relatively

large shares indicated that they would not seek any assistance there. This may in part be due to a lack of knowledge as to how different community resources (e.g., occupational therapists, hospital or senior HMO, Area Agencies on Aging) can provide driving assistance or to the few of alerting a particular organization (e.g., auto insurer) about a driving concern or problem.

The following ten locations are places that provide driving assistance in the form of: information and education; assessment and evaluation; retraining and rehabilitation. Please check the type of assistance you would seek at each location. (Question #7)

Source	Information	Assessment	Retraining	All	None
Local Police Department	43%	1%	4%	4%	34%
Senior Center	36%	6%	7%	3%	34%
AAA (motor club)	43%	4%	3%	7%	30%
Driving School	9%	11%	14%	4%	47%
Hospital or Senior HMO	11%	9%	3%	1%	66%
Physician's Office	20%	17%	0%	1%	50%
Area Agency on Aging	31%	7%	6%	1%	44%
Driver Licensing Agency	24%	14%	3%	10%	36%
Auto Insurer	29%	1%	0%	4%	54%
Occupational Therapist	9%	10%	11%	1%	59%

3. Reasons for Driving Cessation

When queried as to why they would (or have) stopped driving, participants emphasized failing eyesight, medical problems (other than stroke) that limit driving ability, and the realization that they were driving unsafely.

The following is a list of reasons people give for stopping driving. Please indicate which of these would cause (or have caused) you to stop driving? Please check the top three reasons you would stop driving. (Question #6)

Top three reasons_

eyesight failing (71%)

other medical problem that limited driving ability (54%)

realized you were driving unsafely (35%)

felt uncomfortable (others driving too fast, too much traffic (30%)

had a stroke (27%)

had difficulty owning/maintaining car (16%)

had a number of accidents (14%)

didn't need to, lived in the city (12%)

4. Transportation Patterns and Preferences

More than two in five (43%) transportation-rich seniors used a private automobile to get to the focus group session; most were drivers. When queried as to the frequency in which they use alternative transportation (to the automobile), participants indicated that they were most likely to walk 20% of transportation-rich seniors reported that they "almost always" walk and an additional 37% "sometimes" walk. Rarely or never were buses, subways or trains used by these participants. (Low or no usage of a particular transportation mode, such as subways and trains, often reflects the absence of the transportation alternative, but may, as in the case of bus usage, reflect a deliberate avoidance or a necessary avoidance due to access difficulties.)

Participants were asked what leading types of transportation they do or would rely upon if they stopped driving. Under these circumstances, different patterns emerge. Participants indicated that, if they stopped driving, they were (or would be) most likely to use formal transportation services and were (would be) less inclined to walk or to rely on family and friends. The top three transportation alternatives that participants reported they would (or do) rely up if they stopped driving are public transportation (60%), senior transportation services (56%) and taxis (49%). Less than half would rely on family (43%) or friends (37%) and less than one-third would walk (29%)

The heavy reliance on formal rather than informal transportation supports when driving has stopped may reflect the limited social support options that are available to these seniors. Indeed, most participants reported knowing few people they could ask to take them places. Nine percent have no one and 30% have not more than two people to ask for a ride. Slightly more than one in ten have over a half dozen people to draw on to take them places. Most often these were a neighbor (60%) or other friend (49%). That neighbors were significantly more likely than relatives to help likely reflects the absence of nearby family supports. Of family members who help, daughters were a more common transportation resource than either spouses or sons; in-laws were rarely considered a likely choice.

How did you get to the focus group today? (Question #1)

- * 27% • driver in private vehicle
- * 16% • passenger in private vehicle
- * 8% • public transportation
- * 5% • specialized transportation (access services, metro•life bus, special bus)
- * 2% • walk

How often do you use the following forms of transportation?
(Question #8)

Mode	Almost Always	Sometimes	Rarely	Never
Bus	14%	13%	18%	41%
Subway	1%	2%	7%	66%
Taxi	8%	19%	39%	20%
Free Shuttles	7%	18%	7%	45%
Transportation for Seniors	10%	21%	6%	48%
Train	1%	13%	19%	41%
Walk	20%	37%	10%	11%

What three leading types of transportation do you or would you rely upon if you stopped driving? Please check your top three choices. (Question #9)

Top three choices

public transportation (bus, subway) (60%)

senior transportation service (56%)

taxis (49%) family member will drive me (43%)

friend(s) will drive me (37%)

walk (29%)

How many people do you know that you could ask to take you places? (Question #10)

*** 9% • none**

*** 30% • 1 • 2 people**

*** 23% • 3 • 4 people**

*** 11% • 5 • 6 people**

*** 11% • 7+ people**

Who would be the top three most likely people to take you places? Please check your top three choices. (Question #11)

Top three most likely people

neighbor (60%)

other friend (not neighbor) (49%)

daughter (32%)

other relative (30%)

son (26%)

church/synagogue member (21%)

spouse (20%)

daughter in•law (6%)

son in•law (2%)

5. Trip Patterns

Participants engaged in a variety of activities and trips during a typical week. By far most common were food shopping or errands (92%), followed by going to a restaurant (69%), taking a walk (60%) and visiting friends or relatives (57%) Only one in twenty went to work and less than one in eight attended school or training classes.

In a typical week, how many times do you go to...: (Question #12)
(Note: Though participants were asked to report the number of times they participate in a variety of activities, many respondents merely indicated that they engaged in the activity without given the frequency. Therefore, the data presented below refer to the overall percent participating at least weekly in the given activity, regardless of frequency.)

Total percent who engage in each activity weekly

92% • food shopping or errands

69% • go to a restaurant

60% • take a walk

57% • visit friends or relatives

51% • attend religious services/meetings

49% • do volunteer work

39% • go to the movies, shows or other recreation

33% • visit a community center

31% • just to get out and ride along

13% • attend school or training classes

5% • go to work

6. Transportation Responsibilities

Government, especially local government, was perceived by transportation•rich seniors as having primary responsibility for making sure that transportation is available to seniors who can no longer drive. Though they were identified as the top two choices that participants would actually use to take them places (see Question #11 above), neighbors and friends were considered to have relatively little responsibility for seeing that transportation is available for older people who no longer drive.

Please indicate the level of responsibility you think the following people and organizations should have for seeing that transportation is available for older people who can no longer drive. (Question #14)

Level of Responsibility	A Lot	Some	Little
Family Members	29%	37%	17%
Neighbors	1%	16%	55%
Other Friends	1%	32%	37%
Local Religious & Charitable Orgs.	13%	29%	25%
Senior Citizen Centers	21%	37%	17%
Local Gov't	49%	21%	10%
State Gov't	33%	17%	18%
Federal Gov't	31%	23%	20%

7. Information Needs.

Sources and terminology: When queried about the types of information that would be most helpful to them, transportation•rich

seniors expressed the greatest interest for information on driver license testing and renewal procedures, followed by alternative transportation services. Interestingly, information on how to prolong driving•either through referrals for driver screening and rehabilitation or by the use of driving aids and assistive devices•was considered of least help.

Newspaper articles were identified as the very best source of information about senior transportation (70%). Next best were articles in senior newspapers (56%), the AARP Bulletin (55%), and TV and radio (52%). Relatively few transportation•rich seniors (21%) considered medical personnel to be a good source of information on senior transportation.

The majority of participants were satisfied with the terms "senior" and "transportation."

If an information brochure were prepared for your community, which of the following kinds of information would be most helpful to you? (Please rank all seven in order of importance with 1 = highest and 7 = lowest.) (Question #15)

In descending order of importance

- 1 • driver license testing and renewal procedures
- 2 • alternative transportation services
- 3 • rules of the road and traffic laws
- 4 • techniques to reduce driving risk related to health conditions
- 5 • indicators of potential driving problems
- 6 • driving aids and assistive devices
- 7 • referrals for driver screening, rehabilitation, etc.

What do you believe are the best sources of information about senior transportation? Please check all that apply. (Question #16)

* 70% • articles in the newspaper

- * 48% • friends and associates
- * 44% • motor vehicle department
- * 37% • transportation newsletter
- * 52% • TV and radio
- * 21% • medical personnel
- * 55% • AARP Bulletin
- * 56% • articles in senior newspapers

Is there another word or phrase that you would prefer to "senior," and if so what is it? (Question #17)

* 79% • No

* 14% • Yes

Word/Phrase

Chronologically gifted

Elder

Golden oldie

Mature

Older

Older adult

Teenager

Silver

3rd phase of life

Is there another word or phrase that you would prefer to "transportation," and if so what is it? (Question #18)

* 82%•No

* 8% • Yes

Word/Phrase

Mobility (2)

Getting around

Motivation

Very hard

Sexy

8. Current and Future Perceptions of the Transportation System

The four most popular words that transportation•rich seniors selected to describe their community's transportation system today were: inconvenient, outdated, inefficient and inaccessible. As for their community's transportation system in the future, most important to them was that it is efficient, convenient, safe and economical.

When queried as to the one suggestion they would make to the U.S. Secretary of Transportation about to how to help seniors get around better, transportation•rich seniors most frequently commented on cost issues. These comments related to keeping ridership fees affordable as well as to providing transportation funding to communities. The second most frequent suggestion was to provide transportation information and education.

Please take a look at the following twenty words/phrases. Please indicate the four words/phrases which describe your community's transportation system today? (Question #19a)

Top four words

inconvenient (50%)

outdated (30%)

inefficient (30%)

inaccessible (27%)

safe (23%)

economical (18%)

uncomfortable (17%)

efficient (17%)

clean (16%)

convenient (16%)

disjointed (16%)

comfortable (13%)

accessible (13%)

expensive (13%)

user friendly (12%)

unsafe (11%)

interlinked (5%)

energy efficient (4%)

state•of•the•art (2%)

dirty (2%)

Now, indicate the four words/phrases which describe what you would

like it to be in the future. (Question #19b)

efficient (44%)

convenient (39%)

safe (39%)

economical (31%)

accessible (30%)

user friendly (25%)

comfortable (25%)

clean (20%)

state•of•the•art (16%)

interlinked (14%)

energy efficient (11%)

outdated (2%)

uncomfortable (2%)

inconvenient (1%)

If you could make one suggestion to the U.S. Secretary of Transportation about how to help seniors get around better, what would it be? (Question #20)

Costs and Funding

discounted taxi and bus fares

affordable transportation (2)

seniors free

economical

taxi subsidy by the government

subsidize a complete area system for all patrons

allocate funds to individual communities

funding to cities for seniors who no longer drive

inexpensive (3)

reasonable cost

minimum fee

cheaper

less expensive

Education and Information

Education geared towards seniors

information (2)

send the information directly to all seniors

double•end program of intensive education to seniors and youth then general public

information on interfacing of all transportation systems

additional information on what is available for seniors

provide information regarding what is available, accessible and real;

additional information on what is available for seniors

provide information...

ombudsmen available to help seniors

Transportation

better public transportation (4)

better public transportation for seniors...

provide more transportation

better transportation

add more transportation

use more shuttles

safe transportation

provide safe available transportation (2)

more police protection

safer, more crashworthy autos

provide transportation that is safe...

safer... ... safe transportation

Accessibility

require accessible urban living for growing number of seniors

make transportation more accessible

provide accessible...local transportation

accessible ... access to improve transportation options, especially for rural seniors ... easily accessible bus/shuttle system

Schedules

improved schedules

better bus system with faster schedules

good management that works 24 hours

that it could be punctual; hard to stand when waiting am & pm

reliable

efficient

service

convenient

door to door transportation

provide vans directly to people's homes

few buses, more vans, door•to•door pick up...

have vans to aid seniors get to stores and doctors' offices

cheerful, healthy, modest system that is routine and dependable

reliable and ...

more taxis•efficient, polite service ... convenient ... efficient ...
comfortable and user friendly

Coordination

better coordination of public and personal modes interlinked...

have rail system; make it easy to change trains

Assistance

boarding and departing

some assistance on boarding or departing vehicles ...

have driver or other persons help you on...

Miscellaneous

provide adequate transportation...

various transportation modes (monorail, bus, trolley)

shopping malls having shuttle buses

encourage self assessment

encouragement, motivation and concern

come down to our level

organized volunteers to transport to shopping, doctors, hospital

enabling community to do own planning and practice in support of seniors

to participate in using the bus

help seniors go to necessary places (doctors, shop, group services);
... have higher seats

nothing•the service great!

9. Priority Transportation Issues

Participants provided input on a series of recommendations that were proposed by practitioners and professionals for improving the transportation system. Their opinions were solicited in four major areas:

(1) the automobile and highway,

(2) driver assessment,

- (3) pedestrian safety, and
- (4) alternative transportation.

In each of these areas, participants identified what they believed were the top three actions that would be of most benefit to seniors. A summary of their preferences follows.

A. Automobile and Highway Actions

In the area of the automobile and highway, the top three priorities all had to do with sign age enhancements, and specifically related to larger and better illuminated traffic signs, consistent naming for streets and routes, and reflective signs and road edge markings.

A meeting on senior transportation was recently held in your community. In the course of the discussion (primarily with professional and service providers) a number of actions were recommended for improving the community's transportation for seniors. We believe this discussion needs input from seniors themselves.

Of the following actions that relate to the automobile and highway, which are the top three that you believe would most benefit seniors. Please check your top three choices. (Question #1)

Top three choices

larger and better illuminated traffic signs (75%)

consistent naming for streets and routes (68%)

reflective signs and road edge markings (61%)

dedicated lanes and signal cycles for left turns (51%)

safer cars for seniors (26%)

special driving routes and travel corridors for seniors (11 %)

B. Driver Assessment

In the area of driver assessment, the three leading priorities were special senior driver assessment programs, driver reexamination by the driver licensing agency, and reassessment for visual and cognitive ability.

Of the following actions that relate to driver assessment, which are the top three that you believe would most benefit seniors. Please check your top three choices. (Question #2)

Top three choices

special senior driver assessment programs (69%)

periodic reexamination of driving by the driver licensing agency (63%)

periodic reassessment for visual and cognitive ability (63%)

remedial courses to enhance driver skills (43%)

require doctors to report patients with potential driving problems to state (38%) health plan coverage for assessment of driving skills (21%)

C. Pedestrian Safety

In the area of pedestrian safety, transportation-rich seniors identified the following three priorities: visible crosswalks and safer intersections, extended timing of traffic signals to allow more time for the "WALK" cycle, and sensors to extend the "WALK" cycle when pedestrians are present.

Of the following actions that relate to pedestrians, which are the top three that you believe would most benefit seniors. Please check your top three choices. (Question #3)

Top three choices

visible crosswalks and safer intersections (81%)

change timing of traffic signals to allow more time for "WALK" cycle

(71%)

add sensors to extend "WALK" cycle when pedestrians are present
(66%)

crosswalks at mid-block (30%)

more sidewalks (16%)

more median strips to separate traffic lanes (20%)

D. Alternative Transportation

In the area of alternative transportation, actions that were considered to be of most benefit for seniors are having transportation specialists that provide "one-call does-it-all" information, personalized van subscription services, and special public transportation kits.

Of the following actions that relate to alternative transportation, which are the top three that you believe would most benefit seniors. Please check your top three choices. (Question #1)

Top three choices

transportation specialists that provide "one call does it all" information (69%)

personalized subscription transportation services using vans (58%)

special kits on how to use public transportation, map routes, free passes (58%)

personalized transportation services using private automobiles (25%)

taxi vouchers (48%)

escorts to familiarize and show seniors how to use public transportation (25%)

E. Number One Priority

Participants were asked to identify the one recommendation that they believed was most important for seniors. Most frequently selected was the recommendation for transportation specialists that provide "one-call-does-it-all" information. Next most popular was periodic reexamination of driving by the driver licensing agency.

Overall, recommendations for alternative transportation services were identified most often, followed by actions relating to driver assessment.

Of all the recommendations that are presented about (in Questions 1 •4), which one do you believe is the most important for seniors? (Question #5)

Automobile and Highway (8%)

4% • larger and better illuminated traffic signs

2% • consistent naming for streets and routes

1% • safer cars for seniors

1% • strict law enforcement

Driver Assessment (24%)

8% • periodic reexamination of driving by the driver licensing agency

5% • remedial courses to enhance driver skills

5% • special senior driver assessment programs

4% • periodic reassessment for visual and cognitive ability

1% • require doctors to report patients with potential driving problems to state

1% • driver assessment

Pedestrian Action (17%)

5% • visible crosswalks and safer intersections

5% • add sensors to extend "WALK" cycle when pedestrians are present

4% • change timing of traffic signals to allow more time for "WALK" cycle

1% • crosswalks at mid•block 1% • more sidewalks 1% • pedestrian action

Alternative Transportation (30%)

13% • transportation specialists that provide "one call does it all" information

7% • personalized subscription transportation services using vans

4% • escorts to familiarize and show seniors how to use public transportation

4% • personalized transportation services using private automobiles

1% • taxi vouchers

1% • special kits on how to use public transportation, map routes, free passes

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VI. Written Survey Results

B. Transportation•Deprived Seniors

Introduction

Seventy of the focus group participants were transportation•deprived seniors. Their responses to the written survey are presented below (in percent). The totals for questions with mutually exclusive response choices may not equal 100% due to nonresponses. Also, small cell sizes impede the generalizability and reliability of the data.

The questions are organized into nine major areas:

- (1) Transportation Concerns;
- (2) Driving Assistance;
- (3) Reasons for Driving Cessation;

- (4) Transportation Patterns and Preferences;
- (5) Trip Patterns;
- (6) Transportation Responsibilities;
- (7) Information Needs, Sources and Terminology;
- (8) Current and Future Perceptions of the Transportation System;
and
- (9) Priority Transportation Issues.

1. Transportation Concerns

The large majority of transportation-deprived seniors were concerned about seniors driving in their communities; about one third were "very concerned." Fully half were personally having a "big" or "very big problem" getting around. Moreover, fully 86% felt that new transportation programs for seniors were "very much" or "much" needed in their communities. However, most were not "very informed" about the transportation alternatives (to the automobile) that may be available to them.

The majority of participants had some concern about their future transportation options. Most commonly they worried about being a burden on others (70%) and loss of independence (66%). Only 6% of participants indicated that none of the ten concerns that were identified were "big worries" for them.

Are you concerned about seniors driving in your community?
(Question #2)

* 31% • very concerned

* 53% • somewhat concerned

* 9% • not very concerned

* 7% • not concerned

Is transportation or getting around a problem for you? (Question #3)

* 24% • a very big problem

* 26% • a big problem

* 26% • not a big problem

* 23% • not a problem

Are new transportation programs for seniors needed in your community? (Question #4)

* 57% • very much needed

* 29% • much needed

* 11% • not needed much

* 1% • not needed

How informed are you about transportation alternatives (to the automobile) which are available in your community? (Question #5)

* 19% • very informed

* 50% • somewhat informed

* 23% • not very informed

* 6% • not informed

Most people worry about their future transportation options. Please check as many comments as apply to you. (Question #13)

I worry about \

70% • being a burden on others

66% • loss of independence

57% • having to depend on a relative or friend to drive me around

- 51% • being unable to take part in activities I used to
- 51% • what would happen to me (or others) if I couldn't drive
- 43% • convenience (scheduling)
- 43% • not getting out as much
- 36% • having to use public transportation
- 33% • not being able to renew my driver's license
- 26% • someone else deciding that I should not drive any longer
- 6% • none of the above issues are big worries for me

2. Driving Assistance

Various types of assistance are available for drivers. These can range from information and education, to assessment and evaluation, and even to retraining and rehabilitation. However, transportation •deprived seniors were not equally interested or willing to seek these different types of assistance. There was most interest in information and education and far less interest in assessment and evaluation and in retraining and rehabilitation.

Further, there seem to be definite preferences as to where participants would go to obtain these different types of services. They preferred to seek information and education from the local police department (43%) and AAA (motor club) (43%). If they had to obtain an assessment or evaluation, they would go to a physician's office (17%). Of the possibilities, driving schools (14%) and occupational therapists (11%) were identified as the key locations for retraining and rehabilitation (although the percentages selecting these options were low).

Overall, participants were unlikely to seek all of these services at one location, and for any given location that was identified, relatively large shares indicated that they would not seek any assistance there. This may in part be due to a lack of knowledge as to how different community resources (e.g., hospital or senior HMO, occupational

therapist, physician's office) can provide driving assistance or to the fear of alerting a particular organization (e.g., auto insurer) about a driving concern or problem.

The following ten locations are places that provide driving assistance in the form of: information and education; assessment and evaluation; retraining and rehabilitation. Please check the type of assistance you would seek at each location. (Question #7)

Source

Retraining	All	Information None	Assessment	
local police				
department		43%	1%	4%
4%	34%			
senior center		36%	6%	7%
3%	34%			
AAA (motor club)		43%	4%	3%
7%	30%			
driving school		9%	11%	14%
4%	47%			
hospital or				
senior HMO		11%	9%	3%
1%	66%			
physician's office		20%	17%	0%
1%	50%			
Area Agency				
on Aging		31%	7%	6%
1%	44%			
driver licensing				

agency	24%	14%	3%
10%	36%		
auto insurer	29%	1%	0%
4%	54%		
occupational therapist	9%	10%	11%
1%	59%		

3. Reasons for Driving Cessation

When queried as to why they would (or have) stopped driving, participants emphasized failing eyesight, medical problems (other than stroke) that limit driving ability, and the realization that they were driving unsafely.

The following is a list of reasons people give for stopping to drive. Please indicate which of these would cause (or have caused) you to stop driving? Please check the top three reasons you would stop driving. (Question #6)

Top three reasons_

eyesight failing (59%)

other medical problem that limited driving ability (49%)

realized you were driving unsafely (34%)

had a stroke (13%)

felt uncomfortable (others driving too fast, too much traffic (29%)

had difficulty owning/maintaining car (11%)

could not afford car (17%)

had a number of accidents (6%)

didn't need to drive, lived in the city (1%)

Transportation Patterns and Preferences

Over two in five (43%) of the transportation•deprived seniors used a private automobile to get to the focus group session; a little more than half were drivers. Only one in ten used public or paratransit. When queried as to the frequency in which they used alternative transportation (to the automobile), a larger share of the participants indicated that they "almost always" use specialized transportation (13%) than any other option. Rarely or never were buses, subways, trains or taxis used by these participants. (Low or no usage of a particular transportation mode, such as subways and trains, often reflects the absence of the transportation alternative but may, as in the case of bus usage or taxis, reflect a deliberate avoidance or a necessary avoidance due to access difficulties or cost.)

Participants were asked what leading types of transportation they do or would rely upon if they stopped driving. Under these circumstances, different patterns emerge. Participants indicated that, if they stopped driving, they were (or would be) most likely to use senior transportation services, followed by rides from friends and family. More than half identified at least one of these options among their top three choices.

However, most participants did not have an extensive network of informal resources they could ask to take them places. Seven percent of the transportation•deprived seniors had no one and about one quarter had no more than two people to ask for a ride. Only 10% had over a half dozen people on which they can draw for rides. Most often these were a friend or neighbor. That neighbors were significantly more likely than relatives to help likely reflects the absence of nearby family supports. Of family members who help, daughters were a more common transportation resource than either spouses or sons; in•laws, especially son in•laws, were rarely considered a likely choice.

How did you get to the focus group today? (Question #1)

- * 23% • driver in private vehicle
- * 20% • passenger in private vehicle
- * 6% • specialized transportation (van, senior van)

* 4% • public transportation

* 1%•walk

How often do you use the following forms of transportation?
(Question #8)

	Almost Never	Always	Sometimes	Rarely
Bus	24%	11% 33%	10%	
Subway	60%	0%	0%	0%
Taxis	17%	0% 41%	11%	
Free Shuttles	13%	1% 40%	4%	
Transportation for Seniors	10%	13% 31%	19%	
Trains	11%	1% 44%	4%	
Walk	16%	7% 21%	26%	

What three leading types of transportation do you or would you rely upon if you stopped driving? Please check your top three choices.
(Question #9)

Top three choices

senior transportation service (59%)

friend(s) will drive me (56%)

family member will drive me (51%)

public transportation (bus, subway) 39%)

walk (21%)

taxis (20)%)

How many people do you know that you could ask to take you places? (Question #10)

* 7% • none

* 26% • 1•2 people

* 33%•3•4people

* 11%•5•6 people

* 10% • 7+ people

Who would be the top three most likely people to take you places?
Please check your top three choices. (Question #11)

Top three most likely people

other friend (not neighbor) (51%)

neighbor (47%)

daughter (40%)

son (31%)

other relative (31%)

church/synagogue member (17%)

daughter in•law (13%)

spouse (10%)

son in•law (6%)

5. Travel Patterns

Participants engaged in a variety of activities and trips during a typical week. Most common were food shopping or errands (79%), followed by going to a restaurant (66%). Relatively few transportation•deprived seniors (7% or less) attended school or training classes or went to work.

In a typical week, how many times do you go to...: (Question #12)
(Note: Though participants were asked to report the number of times they participate in a variety of activities, many respondents merely indicated that they engaged in the activity without given the frequency. Therefore, the data presented below refer to the overall percent participating at least weekly in the given activity, regardless of frequency.)

Total percent who engage in each activity weekly

79% • food shopping or errands

66% • go to a restaurant

54% • visit friends or relatives

53% • attend religious services/meetings

51% • take a walk

39% • visit a community center

37% • just to get out and ride along

34% • do volunteer work

23% • go to the movies, shows or other recreation

7% • attend school or training classes

6% • go to work

6. Transportation Responsibilities

Government, especially local government, and family members, were perceived by transportation-deprived seniors as having the most responsibility for ensuring that transportation is available to seniors who can no longer drive. Relatively little responsibility was assigned to friends and neighbors, in spite of the fact that they were identified most often as the top two choices that participants would actually use to take them places (see Question 1111 above).

Please indicate the level of responsibility you think the following people and organizations should have for seeing that transportation is available for older people who can no longer drive. (Question #14)

Level of Responsibility	A lot	Some
Little		
Family members	31%	34%
9%		
Neighbors	4%	36%
23%		
Other friends	6%	34%
20%		
Local religious and		
charitable organizations	16%	27%
19%		
Senior citizen centers	29%	36%
11%		
Local government	39%	24%
13%		
State government	33%	21%
16%		

Federal government
7%

31%

17%

7. Information Needs. Sources and Terminology

When queried about the types of information that would be most helpful to them, transportation•deprived seniors expressed the greatest interest for information on driver license testing and renewal procedures, followed by information on alternative transportation services. Interestingly, they had the least interest in knowing about referrals for driver screening and rehabilitation.

Newspaper articles were identified as the very best source of information about senior transportation (63%). Considered next best were TV and radio (54%) and articles in senior newspapers (53%). Relatively few transportation•deprived seniors (23%) considered medical personnel to be a good source of information on senior transportation.

The majority of participants were satisfied with the terms "senior" and "transportation."

If an information brochure were prepared for your community, which of the following kinds of information would be most helpful to you? (Please rank all seven in order of importance with 1 = highest and 7 = lowest.) (Question #15)

In descending order of importance

- 1 • driver license testing and renewal procedures
- 2 • alternative transportation services
- 3 • driving aids and assistive devices
- 4 • indicators of potential driving problems
- 5 • rules of the road and traffic laws
- 6 • techniques to reduce driving risk related to health conditions

7 • referrals for driver screening, rehabilitation, etc.

What do you believe are the best sources of information about senior transportation? Please check all that apply. (Question #16)

* 63% • articles in the newspaper

* 54% • TV and radio

* 53% • articles in senior newspapers

* 44% • friends and associates

* 37% • motor vehicle department

* 34% • AARP Bulletin

* 33% • transportation newsletter

* 23% • medical personnel

Is there another word or phrase that you would prefer to "senior," and if so what is it? (Question #17)

* 80% • No

* 10% • Yes

Word/Phrase Adult Elder Mature Older person Old timer

Is there another word or phrase that you would prefer to "transportation," and if so what is it? (Question #18)

80% • No

4% • Yes

Word/Phrase Getting around Help

8. Current and Future Perceptions of the Transportation System

The most popular words that transportation•deprived seniors selected to describe their community's transportation system today were: inaccessible, inconvenient, inefficient and safe and uncomfortable. As for their community's transportation system in the future, most important to them was that it is convenient, efficient, accessible and safe.

When queried as to the one suggestion they would make to the U.S. Secretary of Transportation about to how to help seniors get around better, transportation•deprived seniors most frequently commented on the need for better and more transportation. Second most frequent were suggestions relating to cost and to keeping fares low and communities funded to provide transportation. Also important were the need for improved scheduling and providing services during evenings and weekends.

Please take a look at the following twenty words/phrases. Please indicate the four words/phrases which describe your community's transportation system today? (Question #19a)

Top words

inaccessible (40%)

inconvenient (40%)

inefficient (30%)

safe (17%)

uncomfortable (17%)

outdated (13%)

convenient (13%)

economical (10%)

clean (10%)

expensive (9%)

disjointed (9%)

user friendly (9%)

accessible (6%)

efficient (6%)

interlinked (4%)

unsafe (4%)

comfortable (3%)

energy efficient (3%)

dirty (1%)

Now, indicate the four words/phrases which describe what you would like it to be in the future. (Question #19b)

Top four words

convenient (37%)

efficient (30%)

accessible (29%)

safe (27%)

user friendly (24%)

economical (24%)

comfortable (21%)

clean (16%)

interlinked 13%)

energy efficient (9%)

state•of•the•art (7%)

inefficient (1%)

outdated (1%)

If you could make one suggestion to the U.S. Secretary of Transportation about how to help seniors get around better, what would it be? (Question #20)

Better/More Transportation

better public transportation

we need public transportation

improved transportation for disabled

make transportation available to the needy

more senior transportation in rural areas

more public transportation

more transit available in country outside city limits

more local public transportation

better and more buses for seniors

bus rail system

we need a bus system in our community

make public transportation more available, especially for going to other areas

Costs and Funding

cheaper transportation

devote some money to it • make it a priority

governmental help

have a system like minn. where seniors from 9 • 3 pm ride free

fund

give a grant for transportation

state funding

inexpensive bus service

affordable taxis to social places

economical...

Improved Schedules

Provide daily bus with transfers to connecting buses

Weekdays and weekends

Frequent buses and vans; (taxis) weekends and evenings

Bus for weekends and nights (mini vans) devoted every 30 minutes

Better hours for buses to run

Weekend • short term transportation

Accessible Comfort Convenience and Efficiency Accessible...
comfortable Convenient in time of need

Convenient

Expand stops of public transportation

Make it available locally

Efficient... Buses to take you to major areas of necessity

Provide vans directly to people's homes

Door to door service for seniors

Have dependable transportation

Have door to door escort door to door service... .mini vans easily accessible to homes...

Improved Design Steps improve on entry

See that people could at least get on buses lower steps

Miscellaneous

Take physicals, check vision, have cars in good condition

Provide separate bus system for seniors

Public transportation for everyone...

Don't forget us•we OTC Transportation to senior centers, shops and social events Ensure safety Independence for seniors... More help and compassion to meet individual needs Bus (2)

9. Priority Transportation Issues

Participants provided input on a series of recommendations that were proposed by practitioners and professionals for improving the transportation system. Their opinions were solicited in four major areas: (1) the automobile and highway, (2) driver assessment, (3) pedestrian safety, and (4) alternative transportation. In each of these areas, participants identified what they believed were the top three actions that would be of most benefit to seniors. A summary of their preferences follows.

A. Automobile and Highway Actions

In the area of the automobile and highway, the top three priorities were larger and better illuminated traffic signs, reflective signs and road edge markings, and dedicated lanes and signal cycles for left turns.

A meeting on senior transportation was recently held in your community. In the course of the discussion (primarily with professional and service providers) a number of actions were recommended for improving the community's transportation for seniors. We believe this discussion needs input from seniors themselves.

Of the following actions that relate to the automobile and highway, which are the top three that you believe would most benefit seniors. Please check your top three choices. (Question 111)

Top three choices

larger and better illuminated traffic signs (76%)

reflective signs and road edge markings (73%)

dedicated lanes and signal cycles for left turns (61%)

consistent naming for streets and routes (41%)

special driving routes and travel corridors for seniors (19%)

safer cars for seniors (13%)

B. Driver Assessment

In the area of driver assessment, the three leading priorities were periodic driving reexamination by the driver licensing agency, special senior driver assessment programs, and mandatory physician reporting.

Of the following actions that relate to driver assessment, which are the top three that you believe would most benefit seniors. Please check your top three choices. (Question #2)

Top three choices

periodic reexamination of driving by the driver licensing agency (67%)

special senior driver assessment programs (51%)

require doctors to report patients with potential driving problems to state (47%)

periodic reassessment for visual and cognitive ability (46%)

remedial courses to enhance driver skills (36%)

health plan coverage for assessment of driving skills (16%)

C. Pedestrian Safety

In the area of pedestrian safety, transportation-deprived seniors identified the following three priorities: extended traffic signal timing for pedestrian crossings, visible crosswalks and safer intersections, and sensors added to extend the "WALK" cycle for pedestrians.

Of the following actions that relate to pedestrians, which are the top three that you believe would most benefit seniors. Please check your top three choices. (Question #3)

Top three choices

change timing of traffic signals to allow more time for "WALK" cycle (79%)

visible crosswalks and safer intersections (71%)

add sensors to extend "WALK" cycle when pedestrians are present (50%)

more sidewalks (30%)

more median strips to separate traffic lanes (26%)

crosswalks at mid•block (19%)

D. Alternative Transportation

In the area of alternative transportation, actions that were considered to be of most benefit for seniors are having transportation specialists that provide "one•call•does•it•all" information, special public information kits, and personalized van subscription services.

Of the following actions that relate to alternative transportation, which are the top three that you believe would most benefit seniors. Please check your top three choices. (Question #4)

Top three choices

transportation specialists that provide "one•call•does•it•all" information (60%)

special kits on how to use public transportation, map routes, free passes (54%)

personalized subscription transportation services using vans (51%)
personalized transportation services using private automobiles (34%)

taxi vouchers (30%)

escorts to familiarize and show seniors how to use public transportation (27%)

E. Number One Priority

Participants were asked to identify the one recommendation that they believe is most important for seniors. Most frequently cited was the recommendation for transportation specialists that provide "one•call•does•it•all" information. Following closely was visible crosswalks and safer intersections.

Overall, recommendations for alternative transportation services were identified most often, followed by pedestrian safety enhancements.

Of all the recommendations that are presented about (in Questions 1

- 4), which one do you believe is the most important for seniors?
(Question #5)

Automobile and Highway (14%)

larger and better illuminated traffic signs (7%)

auto and highway action (3%)

reflective signs and road edge markings (3%)

special driving routes and travel corridors for seniors (1%)

Driver Assessment (9%)

periodic reexamination of driving by the driver licensing agency (6%)

special senior driver assessment programs (1%)

periodic reassessment for visual and cognitive ability (1%)

Pedestrian Action (20%)

visible crosswalks and safer intersections (10%)

change timing of traffic signals to allow more time for "WALK" cycle
(4%) beepers at crosswalks for blind (3%)

pedestrian action (1%)

add sensors to extend "WALK" cycle when pedestrians are present
(1%)

Alternative Transportation (26%)

transportation specialists that provide "one•call•does•it•all"
information (11%)

personalized subscription transportation services using vans (6%)

alternative transportation (3%)

taxi vouchers (1%)

escorts to familiarize and show seniors how to use public transportation (1%)

special kits on how to use public transportation, map routes, free passes (1%)

using your own car and paying people (1%)

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VI. Written Survey Results

A. [Transportation•Rich Seniors](#)B. [Transportation•Deprived Seniors](#)C. [Transportation•Concerned Family and Friends](#)**VI. Written Survey Results****C. Transportation•Concerned Family and Friends****Introduction**

Forty•nine of the focus group participants were family and friends who were concerned about an older person's driving or ability to get around. Their responses to the written survey are presented below (in percents). The totals for questions with mutually exclusive response choices may not equal 100% due to nonresponses. Also, small cell sizes impede the generalizability and reliability of the data.

The questions are organized into nine major areas:

- (1) Transportation Concerns;
- (2) Driving Assistance;
- (3) Reasons for Driving Cessation;
- (4) Transportation Patterns and Preferences;

- (5) Trip Patterns;
- (6) Transportation Responsibilities;
- (7) Information and Outreach;
- (8) Current and Future Perceptions of the Transportation System; and
- (9) Priority Transportation Issues.

1. Transportation Concerns

When queried as to the issue they believed was most important in the country with respect to senior transportation, the transportation•concerned most often referred to the lack of, and need for, available transportation. Concerns also were frequently raised about safety, accessibility and cost.

Almost all (94%) of the transportation•concerned reported being concerned about transportation for seniors, and as many as 78% personally have an older relative or friend that has "a very big problem" or "a big problem" with transportation. As many as 92% felt that new transportation programs were needed in the community in which their older relative or friend resides. Relatively few of the caregivers felt that their senior relation was very informed about available transportation alternatives. 1•however, the large majority felt that they were themselves at least "somewhat informed" about the options that exist for their senior relation.

The majority of caregivers were concerned about their own future transportation options. Most commonly they worried about the loss of independence (80%) and what would happen to them if they could not drive (76%). Only 8% reported that none of the ten concerns that were specifically presented were "big worries" for them.

What do you believe is the most important issue in our country with respect to senior transportation? (Question #1)

Availability

availability (8)

availability and convenience

good public transportation is lacking in my part of the country

not enough...not widespread

local availability

very limited, not good in all areas

lack of the same

need more public transportation

lack of it (2)

transportation period (drivers, etc.)

not enough•not adequate

lack of transportation and frailty of seniors on public transportation options,
public transportation

Safety

safety (3)

safe

safety if driving...

providing dependable safe transportation

safe, reliable transportation (what's available is) not safe

Accessibility

system is inaccessible and difficult to find

access (4)

accessibility ... accessibility...

Cost

needs federal funding

cost (4) ... affordable

Scheduling and Routing

lack of frequent and adequate service

timing ... goes where seniors need to go

User Friendly

it is not user friendly

Driver Testing

realistic driver's testing/monitoring

driving skills tested

Miscellaneous

medical transportation

bus service for non•drivers

Lack of reliable transportation

knowledge of what's available

efficiency

easy and ability to function without personal transportation

not addressing situation seriously

does anybody really care

How concerned are you about transportation for seniors? (Question #2)

* 78% • very concerned

* 16% • somewhat concerned

* 0% • not very concerned

* 0% • not concerned

**Is transportation or getting around a problem for your older relative or friend?
(Question #3)**

- * 31% • a very big problem
- * 47% • a big problem
- * 14% • not a big problem
- * 4% • not a problem

Are new transportation programs for seniors needed in the community in which your older relative or friend resides? (Question #4)

- * 65% • very much needed
- * 27% • much needed
- * 4% • not needed much
- * 0% • not needed

In your opinion, how informed is your older relative or friend about transportation alternatives (to the automobile) which are available in his/her community? (Question #5a)

- * 10% • very informed
- * 41% • somewhat informed
- * 33% • not very informed
- * 12% • not informed

How informed are you about transportation alternatives (to the automobile) which are available in your older relative's or friend's community? (Question #5b)

- * 31% • very informed
- * 49% • somewhat informed
- * 16% • not very informed
- * 4% • not informed

Most people in your age group worry about their own future transportation options. Please check as many comments as apply to you. (Question #13)

I worry about

80% • loss of independence

76% • what would happen to me (or others) if I couldn't drive

69% • being a burden on others

65% • being unable to take part in activities I used to

63% • having to depend on a relative or friend to drive me around

61% • not getting out as much

47% • convenience (scheduling)

45% • not being able to renew my driver's license

41% • someone else deciding that I should not drive any longer

31% • having to use public transportation

8% • none of the above issues are big worries for me

2. Driving Assistance

Various types of assistance are available for drivers. These can range from information and education, to assessment and evaluation, and even to retraining and rehabilitation. However, the transportation-concerned were not equally interested or willing to seek these different types of assistance for their senior relative or friend. Interest was greatest for information and education.

Further, there seem to be definite preferences as to where the transportation-concerned would go to obtain these different types of services. They preferred to seek information and education from the Area Agency on Aging (45%), auto insurer (39%), AAA (motor club) (37%) and senior center (37%). If they had to obtain an assessment or evaluation for their senior relation, they would most likely go to a physician's office (27%) or occupational therapist (27%). Retraining and rehabilitation would most commonly be sought at a driving school (27%).

Overall, participants were unlikely to seek all of these services at one location, and for any given location that was identified, relatively large shares indicated that they would not seek any assistance there. This may in part be due to a lack of knowledge as to how different community resources (e.g., hospital or senior liMO) can provide driving assistance or to the fear of alerting a particular organization (e.g., local police department, auto insurer) about a driving concern or problem.

The following 10 locations are places that provide driving assistance in the form of: information and education; assessment and evaluation; retraining and rehabilitation. Please check the type of assistance you would seek for your older relative or friend at each location. (Question #7)

Source	Information		Assessment		Retraining
	All	None	All	None	
local police department	0%	31%	43%	6%	4%
Senior center	2%	37%	27%	12%	6%
AAA (motor club)	12%	37%	20%	6%	10%
driving school	8%	2%	47%	8%	27%
hospital or senior HMO	2%	20%	47%	20%	0%
physician's office	2%	27%	31%	27%	0%
Area Agency on Aging	6%	45%	29%	6%	2%
driver licensing					

agency	20%		18%	4%
	6%	37%		
auto insurer	39%		4%	4%
	4%	39%		
occupational				
therapist	4%		27%	10%
	4%	39%		

3. Reasons for Driving Cessation

When queried as to what would cause them (or have caused them) to urge their older relative or friend to Stop driving, the transportation•concerned emphasized failing eyesight, medical problems (other than stroke) that limit driving ability, and the realization tat their senior relation was driving unsafely.

The following is a list of reasons people give for stopping to drive. Indicate which of these would cause you (or have caused you) to urge your older relative or friend to stop driving? Please check the top three reasons. (Question #6)

Top three reasons

eyesight falling (71%)

other medical problem that limited driving ability (63%)

realized he or she was driving unsafely (41%)

felt uncomfortable (others driving too fast, too much traffic) (39%)

had a stroke (25%)

had a number of accidents (22%)

had difficulty owning/maintaining a car (10%)

could not afford car (6%)

didn't need to drive, lived in the city (4%)

4. Transportation Patterns and Preferences

According to the transportation•concerned, their older relatives and friends rarely used alternative transportation (to the automobile). If they did, they more often walked, but even here the percentages were small. At least, to some extent, this reflects the absence of a particular form of transportation (e.g., subway, train), but in some cases may be due to a deliberate avoidance or even necessary avoidance due to access difficulties (e.g., bus) or cost (taxi).

Participants were asked what leading types of transportation their older relative or friend uses (or would use) if they stopped driving. The majority of the transportation•concerned indicated that, under these circumstances, their older relative would rely on informal supports for rides: first on friends and secondly on family members. A larger share would use senior transportation services than any other type of formal transit option.

According to the transportation•concerned, few (4%) of their older relatives and friends had no one they could ask to take them places. The majority (45%) had three or four persons they could ask for a ride. Most often this was a neighbor, friend or daughter.

How often does your older friend or relative use the following forms of transportation? (Question #8)

	Almost always	Sometimes	Rarely	Never
Bus	16%	4% 67%	4%	
Subway	82%	0%	0%	0%
Taxis	25%	0% 51%	10%	
Free Shuttles	14%	0% 57%	6%	
Transportation for Seniors		6% 53%	8%	20%

Trains	0%	0%
12%	67%	
Walk	10%	20%
27%	31%	

What three leading types of transportation does or would your older relative or friend rely upon if he or she stopped driving? Please check the top three choices. (Question #9)

Top three choices

friend(s) will drive him/her (80%)

family member will drive him/her (74%)

senior transportation service (37%)

public transportation (bus, subway) (16%)

taxis (29%)

walk (14%)

How many people does your older relative or friend know that they could ask to take them places? (Question #10)

*** 4% • none**

*** 20% • 1•2 people**

*** 45% • 3•4 people**

*** 12% • 5•6 people**

*** 12% • 7+ people**

Who would be the top three most likely people to take them places? Please check the top three choices. (Question #11)

Top three most likely people

neighbor (53%)

other friend (not neighbor) (47%)

daughter (39%)

son (29%)

other relative (29%)

church/synagogue member (27%)

daughter in-law (14%)

spouse (12%)

son in-law (12%)

5. Trip Patterns

According to the transportation concerned, almost all (90%) of their senior relatives or friends go food shopping or run errands on a weekly basis. Over half go to a restaurant (55%) or just get out and ride along (53%) at least once weekly. Relatively few (14%) go to the movies, shows, or other recreation, or visit a community center. Even fewer attend school or training classes (8%) or go to work (2%).

In a typical week, how many times do you go to...: (Question #12) (Note: Though participants were asked to report the number of times their senior relative or friend participates in a variety of activities, many respondents merely indicated whether there was involvement in the activity, not the frequency. Therefore, the data presented below refer to the overall percent participating at least weekly in the given activity, regardless of frequency.)

In a typical week, how many times does your older relative or friend go to...: (Question #12)

Total percent who engage in each activity weekly....

90% • food shopping or errands

55% • go to a restaurant

53% • just to get out and ride along

45% • attend religious services/meetings

41% • visit friends or relatives

37% • take a walk

16% • do volunteer work

14% • go to the movies, shows or other recreation

14% • visit a community center

8% • attend school or training classes

2% • go to work

6. Transportation Responsibilities

A disproportionately large share of the transportation-concerned believed that family members should have the greatest level of responsibility for ensuring that transportation was available for seniors who can no longer drive.

Government, especially local and state government, was seen as being next most responsible. Relatively little responsibility was assigned to neighbors and friends, in spite of the fact that they were identified most often as the top two choices that their senior relatives would use to take them places (see Question #11 above).

Please indicate the level of responsibility you think the following people and organizations should have for seeing that transportation is available for older people who can no longer drive. (Question ttl4)

Level of Responsibility	A lot	Some	Little
Family members	0%	71%	16%
Neighbors	35%	4%	45%
Other friends	18%	4%	59%
Local religious and charitable organizations	12%	57%	8%
Senior citizen centers	33%	47%	

2%

Local government	51%	22%
12%		

State government	47%	22%
14%		

Federal government

(Washington, DC)	37%	20%
2 5%		

7. Information and Outreach

When queried about the types of information on senior transportation that they would find most helpful, the transportation-concerned were most interested in learning more about how to identify potential driving problems and procedures for driver license testing and renewal. Traffic safety information on rules of the road and laws was considered least helpful.

Newspaper articles were identified as the very best source of information about senior transportation (63%). Next best were articles in senior newspapers (59%), the AARP Bulletin (57%), friends and associates (53%), and TV and radio (53%). Interestingly, relatively few of the transportation-concerned (27%) considered the motor vehicle department to be a good source of information on senior transportation.

Only about one in four indicated that they would be interested in being involved in a senior transportation committee or task force. However, if such a group were created, the three leading issues they believed should be addressed include transportation availability and alternatives, schedules, and safety.

The majority of caregivers preferred the term "transportation."

If an information brochure were prepared on senior transportation, which of the following kinds of information would be most helpful to you? (Please rank all seven in order of importance, with 1 = highest and 7 = lowest.) (Question ff15)

In descending order of importance...

1 • indicators of potential driving problems

- 2 • driver license testing and renewal procedures
- 3 • alternative transportation services
- 4 • techniques to reduce driving risk related to health conditions
- 5 • referrals for driver screening, rehabilitation, etc.
- 6 • driving aids and assistive devices
- 7 • rules of the road and traffic laws

What do you believe are the best sources of information about senior transportation? Please check all that apply. (Question #16)

- * 63% • articles in the newspaper
- * 59% • articles in senior newspapers
- * 57% • AARP Bulletin
- * 53% • friends and associates
- * 53% • TV and radio
- * 31% • transportation newsletter
- * 31 % • medical personnel
- * 27% • motor vehicle department

If your community were going to create a senior transportation committee or task force, would you like to be involved? (Question #17a).

- * 27% • Yes
- * 63% • No

What issue or issues should such a task force address? (Question #17b)

Availability and Alternatives

Availability (5)

Availability of public transportation (2)

Alternative transportation (4)

Alternatives

Types of transportation

Public transportation (2)

Transportation (2)

Schedules

Evenings/weekends

Availability on weekend and evenings

Schedules (4)

Times

Timely

Safety

Safety (8)

Licensing and Assessment

Testing

Driving assessments

Health evaluation

Driver testing

Ability

License renewals for elderly

Counseling prior to giving up license or revocation

Cost

Cost (4)

Community affordability

Reduced or free transportation

Insurance

Insurance costs

Insurance

Routing

Areas to serve

Location

Where transportation goes

Getting non•drivers to where they need to go but can't walk to

Education and Information

Health education

Knowledge dispersion

Education

Getting information out

Targets

See that a certain number are taken care of

Service to most seniors who want it

To rural seniors

Accessibility

Accessibility (7)

Access

Other Features

Reliability

Dependent means

Fast and easy service

Efficiency (2)

Efficient transportation (2)

Flexibility

Miscellaneous

Community

Sidewalks

Needs

Neighborhood vehicles

Roads

Driving concerns

Services

Demographics

Engineering procedures

Nonessential but socially necessary trips

Sensitivity to seniors' needs

Signals/signs

Dignity

Is there another word or phrase that you would prefer to "transportation," and if so what is it? (Question #18)

*61% •No

*16%• Yes

Word/Phrase

Check up/tune up

Getting round

Help

Lifeline

Metro•mobility

Mobile independence

Mobility (3)

8. Current and Future Perceptions of the Transportation System

The four most popular words that the transportation•concerned selected to describe their community's transportation system today were: inconvenient, inaccessible, inefficient and disjointed. As for their community's transportation system in the future, most important to them was that it is safe, convenient, efficient, user friendly and accessible.

When queried as to the one suggestion they would make to the U.S. Secretary of Transportation about to how to help seniors get around better, the transportation• concerned most frequently commented on costs issues. Their comments related to keeping ridership fees affordable as well as to providing transportation funding to communities. The second most frequent Suggestion was for accessible transportation.

Please take a look at the following twenty words/phrases. Please indicate the four words/phrases which describe your community's transportation system today? (Question #19a)

Top four words

inconvenient (55%)

inaccessible (35%)

inefficient (31%)

disjointed (25%)

safe (20%)

outdated (18%)

uncomfortable (16%)

clean (14%)

unsafe (14%)

economical (12%)

accessible (10%)

efficient (10%)

comfortable (8%)

user friendly (6%)

expensive (6%)

interlinked (4%)

convenient (4%)

dirty (2%)

Now, indicate the four words/phrases which describe what you would like it to be in the future. (Question #19b)

Top words

safe (47%)

convenient (43%)

efficient (39%)

user friendly (37%)

accessible (37%)

economical (29%)

interlinked (25%)

comfortable (20%)

clean (18%)

state•of•the•art (12%)

energy efficient (6%)

If you could make one suggestion to the U.S. Secretary of Transportation about how to help seniors get around better, what would it be? (Question #20)

Cost and Funding

Discount coupons for taxis; financial help

low cost (2)

Allocate more money to study the issue and develop an efficient rapid system

Expensive

Distribute dollars to states and local communities to meet own needs

Subsidize seniors with transportation...

Make transportation bus, taxi•in urban and rural areas, at reasonable cost

Accessibility

Make transportation more accessible

Provide reliable, easy, accessible transportation

Senior/disabled access

Community transportation that is accessible

Provide 24 hours services, easily accessible to all

Availability

Provide available transportation

Have a transportation system specifically designed for seniors

handicap accessible transportation for seniors

Community Planning

Plan integrated communities

Better planned communities designed to allow for NEV

develop accessible communities

Information Outreach

Inform seniors of alternatives

Public Input

Realize the potential for help from transportation deprived seniors

Work on this issue with focus groups like this one

Get public input, form task force, develop and implement plan

Obtain suggestions from general public

Technology

Technology and ideas are out there; let's just do it

Rethink transportation in 21st century concepts (internet, maps, visual cues)

Other Features

Convenient and easy to use

interlinked, environmental friendly

Make transportation more user friendly

Transportation by demand, through internet and writing

Friendly, helpful operators

Goes anywhere

Door to door

Have a service that has flexible hours and door to door service

Needs to fit individual needs

Get dial•a•ride services, etc. more efficiently organized

Miscellaneous

Properly test/monitor driving performance

Get them around before no interest is left and they can't survive

HELP all of us who need it and soon

Try to understand their problems

Allow Seniors to preserve independence and dignity

Plan for dependency; be open to transportation alternatives

Local passenger trains we used to have them

Taxis

9. Priority Transportation Issues

The transportation•concerned provided input on a series of recommendations that were proposed by practitioners and professionals for improving the

transportation system. Their opinions were solicited in four major areas:

- (1) the automobile and highway,
- (2) driver assessment,
- (3) pedestrian safety, and
- (4) alternative transportation.

In each of these areas, participants identified what they believed were the top three actions that would be of most benefit to seniors. A summary of their preferences follows.

A. Automobile and Highway Actions

In the area of the automobile and highway, the top three priorities were larger and better illuminated traffic signs, reflective signs and road edge markings, and dedicated left turn lanes and signals.

A meeting on senior transportation was recently held in your community. In the course of the discussion (primarily with professional and service providers) a number of actions were recommended for improving the community's transportation for seniors. We believe this discussion needs input from seniors themselves.

Of the following actions that relate to the automobile and highway, which are the top three that you believe would most benefit seniors. Please check your top three choices. (Question #1)

Top three choices

Larger and better illuminated traffic signs (74%)

Reflective signs and road edge markings (74%)

Dedicated lanes and signal cycles for left turns (43%)

Special driving routes and travel corridors for seniors (37%)

Consistent naming for streets and routes (33%)

Safer cars for seniors (22%)

B. Driver Assessment

In the area of driver assessment, the three leading priorities were periodic reexamination of driving by the driver licensing agency, periodic reassessment for visual and cognitive ability, and remedial courses to improve driving skills.

Of the following actions that relate to driver assessment, which are the top three that you believe would most benefit seniors. Please check your top three choices. (Question #2)

Top three choices

periodic reexamination of driving by the driver licensing agency (74%)

periodic reassessment for visual and cognitive ability (63%)

remedial courses to enhance driver skills (55%)

special senior driver assessment programs (49%)

require doctors to report patients with potential driving problem to state (29%)

health plan coverage for assessment of driving skills (16%)

C. Pedestrian Safety

In the area of pedestrian safety, participants identified the following three priorities: visible crosswalks and safer intersections, sensors added to extend the "WALK" cycle for pedestrians, and extended timing for the "WALK" cycle on traffic signals.

Of the following actions that relate to pedestrians, which are the top three that you believe would most benefit seniors. Please check your top three choices. (Question #3)

Top three choices

visible crosswalks and safer intersections (90%)

add sensors to extend "WALK" cycle when pedestrians are present (57%)

change timing of traffic signals to allow more time for "WALK" cycle (55%)

more sidewalks (45%)

more median strips to separate traffic lanes (16%)

crosswalks at mid•block (12%).

D. Alternative Transportation

In the area of alternative transportation, actions that were considered to be of most benefit for seniors are having transportation specialists that provide "one call does it all" information, public transportation escorts, and personalized van subscription services.

Of the following actions that relate to alternative transportation, which are the top three that you believe would most benefit seniors. Please check your top three choices. (Question #4)

Top Three Choices

transportation specialists that provide "one call does it all" information (59%)

escorts to familiarize and show seniors how to use public transportation (53%)

personalized subscription transportation services using vans (49%)

personalized transportation services using private automobiles (47%)

taxi vouchers (31%)

special kits on how to use public transportation, map routes, free passes (29%)s

E. Number One Priority

Participants were asked to identify the one recommendation that they believed was most important for seniors. Most frequently cited was driving re-examination by the driver licensing agency, closely followed by visual and cognitive assessments. Overall, actions related to driver assessment were identified far more often as the number one priority as compared to any other type of action.

Of all the recommendations that are presented about (in Questions 1•4), which one do you believe is the most important for seniors? (Question #5)

Automobile and Highway (8%)

Special driving routes and travel corridors for seniors (4%)

Auto and highway action (2%)

Safer cars for seniors (2%)

Driver Assessment (39%)

Periodic reexamination of driving by the driver licensing agency (12%)

Periodic reassessment for visual and cognitive ability (10%)

Special senior driver assessment programs (8%)

Driver assessment (4%)

Remedial courses to enhance driver skills (2%)

Require doctors to report patients with potential driving problems to state (2%)

Pedestrian Action (2%)

Pedestrian action (2%)

Alternative Transportation (24%)

Alternative transportation (6%)

Transportation specialists that provide "one call does it all" information (6%)

Personalized subscription transportation services using vans (4%)

Personalized transportation services using private automobiles (2%)

Escorts to familiarize and show seniors how to use public transportation (2%)

Information and guidance for seniors (2%)

Availability of public transportation (2%)

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