



Online Newsletter Volume 1, Number 1: August 2002



Welcome to the first issue of the UC Berkeley Traffic Safety Center Newsletter

This Issue: Older Adults and Safe Mobility

This newsletter was created by the UC Berkeley [Traffic Safety Center](#) (TSC) to disseminate important information on traffic safety topics most relevant to communities in California. The mission of the TSC is to reduce traffic fatalities and injuries through multi-disciplinary collaboration in education, research, and outreach. A main goal of the Center is to make traffic safety information available and accessible to public and private organizations, agencies, and businesses, and to individuals.

Each issue will focus on a different area of traffic safety. This one addresses a topic that has been widely discussed as a impending crisis: the safe mobility of the aging population. With people over 60 expected to constitute up to 25% of the U.S. population by 2025, there is concern among many that we are not adequately prepared to handle the accompanying transportation demands. In this issue of the newsletter you'll find several articles that examine the barriers to achieving safe mobility for older travelers, as well as reports on current and planned methods for reducing those barriers.

We invite your thoughts and reactions to the topics presented here. Please use the [send-us-your-comments link](#) at the end of each story and at the bottom of each sidebar to email us your comments. We hope to include a "letters to the editor" component in the next issue. If we think your comments would be appropriate for such a forum, we will contact you about publishing them.

The TSC newsletter will be published four times a year. If you wish to be added to the mailing list or taken off the mailing list, please send an [email to the TSC](#) with "Mailing List" in the subject line and a message telling us which action to take.

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[How Older Adults Will Drive Transportation Policy](#)

Safe mobility a key concern as the nation ages

[Why Older Adults Don't Walk](#)

Safer designs could encourage more pedestrian trips

[Scrambling for Safety](#)

An unconventional crosswalk strategy to help Chinatown's older pedestrians

[Aging Behind the Wheel](#)

An epidemiological look at the older driver

[Making Oakland Safer for Older Pedestrians](#)

A multi-agency effort

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Special thanks to the young people from the Asian Health Services leadership youth program and from the Asian Youth Services Committee, a group under the direction of the Oakland Police Dept., for the use of their pedestrian safety mural at the top of this page. It is also available as a postcard. [Email Asian Health Services](#) for more information.

Editor:

[Phyllis Orrick](#), Publications Director, Institute of Transportation Studies, 510-643-2591

Contributing Editors:

[Toni Gantz](#), Program Coordinator, Prevention Institute;
[Leslie Mikkelsen](#), Managing Director, Prevention Institute;
[Tammy Wilder](#), Project Coordinator, Traffic Safety Center

Editorial Committee:

David Ragland, Director, Traffic Safety Center
Larry Cohen, Director, Prevention Institute
Jill Cooper, Program Manager, Traffic Safety Center
Theodore E. Cohn, Professor of Optometry, UC Berkeley

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Online Newsletter *Volume 1, Number 1: August 2002*

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[Why Older Adults Don't Walk](#)

[Scrambling for Safety](#)

[Aging Behind the Wheel](#)

[Making Oakland Safer for Older Pedestrians](#)

[Getting to the Heart of Aging and Mobility](#)

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How Older Adults Will Drive Transportation Policy

Safe mobility a key concern as the nation ages

How to safely serve the transportation needs of a radically larger and significantly more mobile older population was one of the themes sounded in "Advances in Aging: Mobility and Transportation Safety," a semester-long course offered by the UC Berkeley Traffic Safety Center and the Academic Geriatric Resource Program in spring 2001.

Experts in the fields of transportation and urban planning, transportation engineering, public health, neurology, gerontology, and other disciplines from the UC campus and across the country delivered lectures. They also took part in colloquia and participated in interviews with Traffic Safety Center staff as part of the center's mandate to create a bank of traffic safety expertise.

What emerged from the presentations was the sense that any successful program of safe transportation options for older transportation users must be shaped by the fact that there are more older drivers than ever before, and that they are logging more miles than ever before. In addition, despite clichéd perceptions, they pose less risk to others and themselves than younger drivers do. However, while there have been major improvements in reducing fatalities in younger age groups, the improvement has not been as great among older transportation users, recent statistics show. This suggests that the transportation system is not serving older users as well in terms of providing them with safe mobility.

Today's older drivers travel nearly twice as far in a typical day as their counterparts 20 years ago.

—Martin Wachs, Institute of Transportation Studies, Berkeley

[Local Transportation Programs](#)

[Top of page](#)

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[Back to the Front Page](#)

[Traffic Safety Center Home](#)



They are also driving more. Today's older drivers travel nearly twice as far in a typical day as their counterparts 20 years ago, according to [Martin Wachs](#), Director of the Institute of Transportation Studies at UC Berkeley and Professor of Civil and Environmental Engineering and City and Regional Planning. About 90% of the trips taken by adults 65 and older are made in cars, he said.

Part of the reason for these increases is that there are more women on the road. "Up until 20 or 30 years ago, it was quite common for men to drive and women not to," Wachs said. "With women outliving men, when they lose their mate, women also lose their mobility." In recent years, though, women became as likely as men to drive and, since 1996, they have outnumbered men drivers.

For many older people, feasible alternatives to cars are not available because they are aging in place, which means they tend to live in the same low-density suburban communities where they moved to raise their families as younger adults, Wachs said.

"As people get into these far-flung suburbs and rural areas, there's frequently no transportation other than the private automobile. And to provide services in those communities is really, really costly and may not be practical," said [John Eberhard](#), Senior Research Psychologist for the National Highway Traffic Safety Administration.

Staying Mobile Means Staying Healthy

Traffic safety research traditionally emphasized how people's health affected their ability to drive, explained [Patricia Waller](#), Senior Research Scientist at the Texas Transportation Institute at Texas A&M. Instead, she said, researchers should emphasize the reverse: how the ability to drive enhances the older person's health and sense of well-being.

"The strongest predictor of premature death among older people is social isolation," Waller said. Safe, accessible transportation gives people opportunities to engage in social contacts and forestall being cut off from others prematurely.

Widespread automobile dependence among older travelers is based on rational decisions, noted many of the speakers. First, older drivers are generally safe, Wachs noted, because they tend to self-regulate. They avoid hazardous situations by restricting their driving to daylight or high-visibility conditions and stay away from unfamiliar or congested routes. They also have the highest rate of seatbelt use and are least involved in alcohol-related fatalities, according to Eberhard.

According to [Sandra Rosenbloom](#), Director of the Roy P. Drachman Institute for Land and Regional Development Studies and Professor of

Planning at the University of Arizona, by driving into old age, older adults are saying: "I'd rather take the increased risk of the car crash than sit in my home for three weeks without getting out. I'd rather take the risk of a car crash than call up my daughter yet again and ask her to bring me groceries or take me to the store. I'd rather take the risk of the crash than not see my friends or not go to church.' That's what they're implicitly doing, and that's rational."

The relationship between driving and self-sufficiency and quality of life was buttressed by what Eberhard found in focus groups conducted with older adults, who expressed the sense that, "If you don't drive, you're out of luck."

Under the current transportation system, cars are often the safest, most practical way for the older transportation user to get around. "People who stop driving actually show an increase in overall road fatalities because they're much more likely to be killed as pedestrians than they are when protected by 4,000 pounds of structure," Eberhard said.

Older respondents reported in surveys that they avoided transit because they feared being victimized by criminals, Wachs found—an impression that is supported by statistics. In transit settings, "older people are more likely to be victimized than people of other age groups," Wachs said.

Extending the Driving Life of the Older Driver

Because driving is so important, there is a great need to help older adults extend their safe driving years and to present opportunities for a gradual transition to other modes—before they are forced to give up their cars completely.

In a study of older drivers in Tucson, Rosenbloom found that a significant percentage of older people had no plans for getting around after the time when driving ceased to be feasible. As a result, when that time came, they suffered a dramatic, sudden drop in trips.

"If we offered people alternatives, they might very well give up driving sooner or in dangerous situations, and we would also address the problem of people who were self-regulating in ways that really restricted their mobility and lifestyles."

—Sandra Rosenbloom, the Drachman Institute

"We should stop taking the loss of driving as the moment we start getting worried about people," Rosenbloom said. "Not only would we

deal with their mobility problems, we would also address the crash and safety problems. If we offered people alternatives, they might very well give up driving sooner or in dangerous situations, and we would also address the problem of people who were self-regulating in ways that really restricted their mobility and lifestyles."

Two distinct issues are raised by the growing presence of older drivers, said [Leonard Evans](#), President of Science Serving Society: the risks they face and the risks they pose to others. Older adults pose far less risk on the road than younger drivers do, he said. A 70-year-old driver is less likely than a 20-year-old driver to cause a driving-related fatality or suffer one, he explained.

Nonetheless, drivers begin experiencing genuine problems of performance as they age, Evans said. Per mile driven, the risk of crashing begins to rise as drivers reach their mid-50s, and increases dramatically around the ages of 65-70, he said.

Testing Falls Short

One commonly proposed solution, which would use licensing and testing to remove unsafe older drivers, is politically unpopular and, many of the speakers noted, likely to be impractical and ineffective.

"Licensing an older driver does not pose a greater threat to other road users than licensing other drivers," Evans said.

"Most tests that we have are much more likely to take safe people off the road and make them unsafe pedestrians than they are to identify those few people who are unsafe and need to be drawn out of the road system," Eberhard said.

A major challenge is the difficulty in determining who is no longer a safe driver. Chronological age is not a reliable indicator of functional age, Waller noted. Even in the case of individual drivers, a single driver may perform differently at different times.

"There is actually very little relationship between testing or what you find in the laboratory and someone's crash rates," Rosenbloom said. There is also not much evidence that widely promoted "refresher" courses for older drivers reduce their risk of accidents, Wachs said. "Statistically, there is a very poor correlation between completing the course and increased safety," he said.

"I think more and more the traffic safety community is recognizing that you can talk about harder tests and stricter rules and stricter licensing, but you also have to be realistic and talk about options for people whose licenses you take away," Rosenbloom said. "People are already suffering loss of independence, loss of flexibility, loss of convenience, and we have to do something."

Waller called for more gradual measures that complement each other.

"The norm should be a graduated exiting from the licensed population. There is a desperate need for community-based programs that will provide transportation for those who can no longer drive. These should be coordinated with licensing programs so that older persons may be transitioned from full-fledged licensure to users of alternative transportation.

"Licensure of older drivers involves legal, political, insurance, medical, public health and safety, and economic dimensions, as well as others. Licensing policy should be based on solid input from a very broad variety of agencies and people," Waller said.

Changing the Environment

Existing roadways, cars, public transportation services, and pedestrian facilities were generally not designed with the older person in mind. "In traffic engineering, highway design, and the high technology sector, they need to have a better understanding of the characteristics of older people. One size doesn't fit all is an underlying theme that needs to be presented to the engineers," Eberhard said.

Slower reaction times, less acute vision and hearing, difficulty with physical movement such as turning one's head, and the effects of medication, or of health conditions such as a recent stroke are among the factors that designers of transportation facilities and cars need to consider.

The majority of people with some type of impairment or disability in relation to transportation are older people, Wachs noted. And any improvements made on their behalf would also rebound to the benefit of other disabled users and, most likely, the general population.

Examples include larger road signs with better illumination, improved edge delineation on the road, longer crosswalk signals, repaired sidewalks, and safe and available public transportation. There is no "single, simple answer," Wachs said.

Whether looking at improving the safety and ease of use of roads, automobiles, community design, public transportation, or pedestrian facilities, improving transportation for older adults will require the efforts of many disciplines, groups, and individuals. Health care providers, city planners, senior advocates, media, transportation engineers, government, the automobile industry, and older adults themselves are all potential partners.

The U.S. Department of Transportation is currently undertaking such an effort, bringing together policy makers, practitioners, older adults, and their caregivers to create a National Agenda related to mobility and aging. The agenda addresses how to improve roads, pedestrian facilities, automobile design, driver assessment and rehabilitation, and other transportation services.

"I think the solutions go way beyond the DOT. This is a major, major social problem and program. And the solutions have to be created jointly with the private sector and with those interest groups that support the aging issues," Eberhard said.



Online Newsletter *Volume 1, Number 1: August 2002*

Other stories this issue:

[Older Adults Are Driving Transportation Policy](#)

[Scrambling for Safety](#)

[Aging Behind the Wheel](#)

[Making Oakland Safer for Older Pedestrians](#)

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[Local Transportation Programs](#)

[Top of page](#)

[Download PDF of this page](#)

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[Back to Front Page](#)

[Traffic Safety Center Home](#)

Why Older Adults Don't Walk

Safer designs could encourage more pedestrian trips

To the extent that walking can be safely substituted for driving, it should be encouraged among all pedestrians, but seniors present an especially rich opportunity for change, since so much of their travel—90% of their trips—is by car. For many older people, walking would also produce significant health benefits. But walking is disproportionately dangerous for older adults. In 2000, pedestrians 65 and older accounted for 21% of the nation's pedestrian fatalities while making up only 13% of the U.S. population, according to National Highway Traffic Safety Administration data.

Some key questions are: how can walking be made safer for older pedestrians, and under what conditions does it make the most sense to encourage it?

Walking can enhance the health of older people beyond the traditional cardiovascular and muscular-skeletal benefits associated with exercising more. Some of the positive results include lowered risk of chronic disease, improved immune response and recovery, and decreased depression and anxiety. In addition, any policy that results in more walking and less driving creates benefits for the entire community by reducing congestion and its associated pollution and increasing foot traffic, which makes neighborhoods generally safer and more attractive.

Many aspects of the physical environment discourage seniors from walking. Among them, destinations are too far away; older pedestrians are more likely to be targets of criminals than younger adults; and crosswalks, sidewalks, and other pedestrian amenities are absent or are hard to use because they are in disrepair or inappropriately designed or scaled for older people.

Studies have shown older pedestrians incapable of crossing a street within the time normally allotted by a crosswalk signal. In one study of adults aged 72 and older, fewer than 1% could cross in the time given.

In addition, older people's physical limitations can make walking difficult. As evidence of the debilitation that can afflict the older of the old, nearly half of women older than 78 can't easily walk a few blocks, according to a Norwegian study. The implication is

that, in many instances, older people can drive longer into old age than they can walk.



Once outside their cars, older people can be more vulnerable to injury or death if a crash occurs while they are on foot. One significant contributor to this heightened frailty is the decreased bone density that accompanies advanced aging in many people. The Federal Highway Administration reports that pedestrians 65 and older are two to eight times more likely than younger people to die after being hit by a motor vehicle.

Some research suggests that their physical limitations make seniors more likely to be involved in accidents than younger adults, because failing vision and other physical impairments can limit older pedestrians' awareness of their environment and slow their reaction times. Often, older people simply can't walk fast enough. Studies have shown older pedestrians incapable of crossing a street within the time normally allotted by a crosswalk signal.

In a study by Jean Langlois of adults aged 72 and older, fewer than 1% could cross in the time given.

Elements that can create safer environments for senior pedestrians include safe sidewalks, crosswalks, clear pedestrian signals, sufficient crossing time at intersections, benches for resting, reduced traffic speed, and traffic islands. Placing stores, services, and transit routes within walking distance of residential areas is another strategy that would make walking a more attractive option for older adults.

Implementing designs and policies that encourage seniors to walk may also encourage walking among other age groups, which would make streets safer for all pedestrians, including seniors. It might also encourage younger adults and children to establish the regular walking habits that will help them continue walking into older age.



Online Newsletter *Volume 1, Number 1: August 2002*



Scrambling for Safety

An unconventional crosswalk strategy to help Chinatown's older pedestrians

One area where improvements could have a significant impact on the safety of older pedestrians is Oakland's Chinatown, which has a high concentration of older residents who make an unusually large number of trips on foot, compared to other older populations and the population at large.

In April of this year, the city installed an experimental pedestrian scramble at one Chinatown intersection, the corner of 8th and Webster Sts. A scramble gives pedestrians exclusive access to an intersection by stopping traffic from entering from all directions at the same time. That enables them to make diagonal crossings (hence, the term "scramble") and conventional crossings without coming into conflict with turning vehicles. The Traffic Safety Center is currently evaluating the Oakland scramble.

Community groups began their efforts to establish a scramble after the parent of a board member of Asian Health Services (AHS), a non-profit agency in Oakland's Chinatown, was killed in a traffic crash when using a crosswalk in the neighborhood. The Oakland Chinatown Coalition, which includes AHS, the Oakland Chamber of Commerce and the City of Oakland, implemented the project.

The effort spans agencies and age groups, explained Julia Liou, who is coordinating the project for AHS. After first working with youth groups on pedestrian safety, the project leaders began surveying older pedestrians in the area. They found that people didn't have enough time to make it across the intersection and that there were numerous conflicts between turning cars and pedestrians. (One of the streets feeds into a major arterial, the Posey tube, which goes to neighboring Alameda.)

AHS approached the Oakland City Council with its findings, and councilman Danny Wan, who represents the area, helped secure

Related link :

[The UC Berkeley Traffic Safety Center's ongoing evaluation of the Oakland pedestrian scramble](#)

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[Older Adults Are Driving Transportation Policy](#)

[Why Older Adults Don't Walk](#)

[Aging Behind the Wheel](#)

[Making Oakland Safer for Older Pedestrians](#)

[Getting to the Heart of Aging and Mobility](#)

[The California Task Force](#)

[Local Transportation Programs](#)

[Top of page](#)

[Download PDF of this page](#)

[Download PDF of August 2002 issue \(1.5MB\)](#)

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[Back to Front Page](#)

[Traffic Safety Center Home](#)

\$80,000 to implement some solutions. After studying the alternatives, and consulting extensively with the immediate community, and city traffic engineers, the Oakland Chinatown Coalition settled on the scramble as one tool. Once it was decided on, AHS embarked on another education effort to explain the concept.

"People have to know they can cross in any direction. They have to pay attention to the new signals, especially since so many of the street corners in Chinatown don't even have pedestrian signals. Using the scramble requires watching the pedestrian signals to know when to walk. Unlike the system before, there is one phase that stops cars in all directions and allows pedestrians from all corners to cross," Liou explained.

As part of the campaign, AHS created a brochure with pictographs showing how the signals work. They also worked with local young people to create a 12 by 4 ft. mural that is intended to highlight pedestrian safety issues and raise awareness of the new scramble system. (It is pictured on the front page of this issue.)

This is just the beginning of a longer-term effort, Liou said. With funding from Caltrans, AHS is working with the Chinatown Chamber of Commerce and the City of Oakland to devise a broader traffic safety plan for all of Chinatown.





Online Newsletter *Volume 1, Number 1: August 2002*

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[Traffic Safety Center Sonoma Study *summary*](#)

Other stories this issue:

[Older Adults Are Driving Transportation Policy](#)

[Why Older Adults Don't Walk](#)

[Scrambling for Safety](#)

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[Getting to the Heart of Aging and Mobility](#)

[The California Task Force](#)

[Local Transportation Programs](#)

[Top of page](#)

[Download PDF of this page](#)

[Download PDF of August 2002 issue \(1.5MB\)](#)

Aging Behind the Wheel

An epidemiological look at the older driver

Interview with Traffic Safety Center Director David Ragland, head of the Sonoma Study on Older Travelers' Driving Behavior (*Predictors of Driving Behavior and Adverse Driving Outcomes in an Elderly Population*)

With funding from the National Highway Traffic Safety Administration and the National Institute of Aging, UC Berkeley Traffic Safety Center Director David Ragland is heading a project that uses data collected from a longitudinal epidemiological study of some 2,000 adults 55 and older in Sonoma, CA, to examine how their driving behavior and their safety behind the wheel change as they age.

A key goal is to tease out the significance of various physical limitations and medical conditions distinct from the driver's chronological age. "Age per se doesn't cause anything by itself," Ragland notes. "That's why it's important to pull apart the functional status, medical conditions, and performance measures, independently from age, so that we don't have to use chronological age to determine whether or not you can successfully drive." Ragland hopes to use the findings to develop measures to assess drivers' fitness that are more reliable than the current ones based on chronological age.

Behaviors that the study will examine include:

- drivers' decision to continue to drive, or their choice to stop or limit their driving;
- limitations they experience in their driving;
- the amount they drive; and
- the number of adverse outcomes they experience, such as traffic citations and crashes.

Drivers' conditions that the study will examine for their effects on driving ability and safety include:

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[Back to Front Page](#)

[Traffic Safety Center
Home](#)

physical disabilities such as deteriorating vision and reaction times;

- medical conditions;
- level of cognitive functionality; and
- social needs and support.

The study will also try to determine how cessation of driving by older people affects their social and support networks that provide access to shopping, medical visits, recreation, socializing with friends and family and attending entertainment events, political events, classes and religious services.

Ragland discussed the study in the following interview conducted by TSC staff member Melanie Abrahams with assistance from TSC project coordinator Tammy Wilder.

What were the origins of the study?

The basic idea of this project was to get information on a lot of variables within this 55-and-older demographic. That includes medical conditions, functional status, physical activity, several types of social variables, social support, and marital status. In the course of doing this epidemiological research, the researchers at the National Highway Traffic Safety Administration obtained a lot of information on driving habits. There was a baseline exam in the early 1990s, and since then they've done three other waves of data collection on the same people. This means that we've got longitudinal data on about 2,000 people.

I think this study is important to traffic safety because there is ample evidence that as one grows older, functional status changes quite a bit. Reaction time, vision, virtually everything changes, and these are all things that interfere with the ability to carry out a complex task such as driving.

One issue that is important in this research is whether it's age per se that limits driving habits, or if it's really medical conditions and functional limitations that might correlate with age, but aren't precisely linked with age itself. It very well could be that you could grow older chronologically and not have any of these conditions that limit you, and it might be that you're younger and have these limitations. That's why it's important to pull apart the functional status, medical conditions, and performance measures, independently from age, so that we don't have to use chronological age to determine whether or not you can successfully drive.

What is new about this study?

There has been quite a bit of data gathered, but there are things still to learn. We are looking at two variables, driving behavior and adverse outcomes. Whether you drive, how much you drive, when you drive, and whether you limit your driving for various reasons is linked to whether you experience adverse outcomes, such as getting citations, getting into crashes, and so forth. They are related because if you limit your driving behavior, you are less likely to get into a crash.

We want to look at these two variables and link them to drivers' functional status and



health. Although there are quite a few studies on driving behavior, which try to predict driving outcomes or link various factors to driving cessation or limitation, there are a lot of medical conditions, and one has to systematically test each of these to see what the impact is on adverse driving outcomes. There ought to be some more systematic studies that look at different medical conditions and different driving outcomes in relation to different demographic groups—urban, rural, and so forth.

What have been some of the major reasons you have found for driving cessation or limitation? Have the people in your study been limiting their driving mainly based on medical concerns?

For driving limitations and driving cessation, we have looked at a range of medical conditions and then at a range of non-medical conditions. Among various other medical conditions, we've asked about vision, hearing, fatigue, and attention problems. By far, the most important condition that people mention is vision: 30 percent, 40 percent, even 50 percent of the people questioned, depending on their demographic within our test group, mention it. For all the other medical conditions, a very small percentage, like 1 percent or 2 percent, give them as a reason for limiting or stopping their driving.

Among the non-medical conditions, people have been telling us that they limit driving because they're afraid of being in an accident or causing an accident, and because they are afraid of crime. Interestingly, a large number of people say that they limit their driving simply because they don't have a place to go. We don't know if that's because there aren't the civic activities designed for that age group that there could be in our communities, or if it's because they simply don't want to go out.

What are the policy implications of you finding that vision is a leading reason that people stop or limit their driving? Does this suggest a strategy for extending people's driving years?

Absolutely. One obvious solution would be better kinds of glasses and correctional devices designed for individual use. The second would be different kinds of mirror systems that give a driver a wide-angle view or a better view that doesn't have blind spots, and things like this. A third kind of solution would be highway improvements such as larger signs and clearer markings on the road.

And those improvements would help all drivers?

Yes, this is what we're hoping.

Do you think that you've seen any indication of older drivers limiting their driving simply because they think that that is the appropriate thing to do, regardless of their actual ability?

We think that there are numbers of people who stop driving before they really need to because through stereotypes enforced either by the media or through people's cultural expectations, they're not thought of as being safe drivers anymore. Just making a mistake that anybody might make, if you're an older driver, might cause you to label yourself as unsafe or for others to label you as unsafe. On the other hand, there are people who don't stop soon enough, who deny or don't notice the decrease in function

taking place and delay making changes when in fact they should. It seems that we have both kinds of errors here, and with increased information from our research, fewer of these might happen.

So there could be younger drivers who should limit their driving, but don't, because they don't perceive themselves as old enough to be experiencing age-related decreases in driving abilities?

Exactly, and other people may not perceive younger, potentially dangerous drivers that way, either. An underlying theme of our research and other studies like this is to identify the factors besides age per se that affect driving, because age per se doesn't cause anything by itself. It's factors such as vision that actually are linked directly to driving ability.

Who will be influenced by this research, or who will find it the most valuable?

We hope that a range of people will find this useful. We hope that we can start with the drivers themselves. If they are aware of the factors that affect people's driving on average, they may be prepared to make informed decisions about what they should do in their own driving habits. We hope that health care providers might find these results valuable, insofar as they can examine people and evaluate them with respect to what kinds of functions they can perform safely in relation to their driving. Another group is engineers, the people who design vehicles and roadways. Finally, we would hope that policymakers would also find these results valuable—especially those people who make decisions about licensing and driving regulations and exams for testing people's ability to drive.

What would be a valuable next step?

Our sample is limited to people living in a fairly small town surrounded by rural areas. This kind of study should be repeated in urban areas and suburban areas with different population groups. I suspect that there will be differences in driving patterns, in the roadway systems, in alternative modes of transportation available, in the distances people have to go, in traffic conditions. Absolutely, we think that these kinds of studies should be done in different places around the country.

How are you getting out the word?

We have already presented these findings at some national conventions, the Transportation Research Board and others, and we plan to present our data at more conventions. When the study is complete, we will announce it on the TSC Web site. We are also submitting some of our results to peer-reviewed publications. When they are published, we will announce it on the Web site. People wishing to be notified should email us. [here](#). A summary of the study, along with other TSC research projects, can be found on the TSC Website. www.tsc.berkeley.edu



Online Newsletter *Volume 1, Number 1: August 2002*



Making Oakland Safer for Older Pedestrians

The concern among older adults that walking could lead to being injured may be a significant barrier to achieving the advantages that come from being more physically active, according to Oakland's leading pedestrian advocacy group.

Related Links and Resources:

For more information on the Oakland Pedestrian Safety Project, call Tom Van Demark 510/238-7049 or [email](#)

A description of [signal timing strategies for pedestrian safety](#)

The UC Berkeley Traffic Safety Center's [work on the Oakland pedestrian scramble](#)

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"We believe that there is a substantial group of senior citizens who are intimidated by the traffic environment to such a degree that they are not able to walk in their communities and as a result, miss out on the physical and mental benefits of an active lifestyle," notes Tom Van Demark, of the Oakland Pedestrian Safety Project.

Older pedestrians in Oakland suffer a disproportionate share of pedestrian fatalities. In 2001, according to the Alameda County Congestion Management Agency, which includes Oakland in its jurisdiction, adults 65 and older accounted for nearly one-quarter (24 percent) of the city's pedestrian fatalities, but they made up only 10.5 percent of the city's population. This trend reflects a nationwide pattern: in 2000 (the most recent year for which national data is available), pedestrians 65 and older accounted for 21 percent of the nation's pedestrian fatalities but were only 13 percent of the population, according to the National Highway Traffic Safety Administration.

This spring, the Oakland Pedestrian Safety Project offered a series of mini-grants for grass roots approaches to pedestrian safety. Specific intersections have been identified as high-risk for seniors and are being targeted for improvements. They include upgrading crosswalks and controlling traffic speed and flow. (See related story on the Oakland pedestrian scramble.)

"The county's goal is to reduce the deaths and injuries caused by cars in Oakland, and seniors and children are most at risk," said Darryl Stewart, aide to Nate Miley, who represents Oakland on the Alameda County Board of Supervisors, and previously served on the Oakland City Council. (Miley is also on the UC Berkeley Traffic Safety Center's advisory board.)

Miley, who is also executive director of United Seniors of Oakland and

[Making Oakland Safer for Older Pedestrians](#)

[Getting to the Heart of Aging and Mobility](#)

[The California Task Force](#)

[Local Transportation Programs](#)

[Top of page](#)

[Download PDF of this page](#)

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[Back to Front Page](#)

[Traffic Safety Center Home](#)

Alameda County, is one of the leaders demanding attention for older pedestrians. While on the city council, he was known as "the speed bump king," notes Stewart. Other tools he has advocated to slow traffic and give seniors more time to cross include traffic circles and countdown signals at crosswalks, Stewart said.

Education is another area where Oakland is specifically targeting seniors, Van Demark said. "We're finding that as we do education around pedestrian safety, many adults also don't know about certain safety measures, like what different traffic signals mean," he said. Crosswalk signals are also frequently unclear to older adults. Stickers explaining them with pictographs have been added to light poles at a number of crosswalks to pedestrians' attention. Other basics include explaining the importance of looking all four ways (left, right, ahead, and behind) before crossing a street and not crossing on a yellow light.

Another educational effort is a new project funded by the California Department of Transportation's Office of Traffic Safety that pairs local youngsters and seniors to make presentations on traffic safety at community gatherings. Aiming to make people both safer drivers and safer pedestrians, the senior-teen teams address topics such as driving under the influence, red-light running, jaywalking, and crossing streets safely.





Online Newsletter *Volume 1, Number 1: August 2002*

Related Links:

A report on the conference in the [Maricopa Association of Governments \(MAG\) May 2002 newsletter](#)

Conference [Home Page](#)

[MAG Regional Action Plan on Aging and Mobility](#)

[MAG Recommendations from the Older Mobility Work Group](#)

National Highway Traffic Safety Administration's [National Agenda \(PDF\)](#)

[AARP survey, "Understanding Senior Transportation" \(PDF\)](#)

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[Older Adults Are Driving Transportation Policy](#)

[Why Older Adults Don't Walk](#)

[Scrambling for Safety](#)

[Aging Behind the Wheel](#)

[Making Oakland Safer for Older Pedestrians](#)

Getting to the Heart of Aging and Mobility

National Conference on Aging and Mobility finds that transportation means more than just getting around

A recurring theme at the National Conference on Aging and Mobility, "Senior Mobility in the 21st Century: What Can We Do to Prepare?," was that access to safe, reliable transportation for the nation's growing older population is more than a question of transportation: it touches on fundamental aspects of seniors' health and sense of well-being in their later years. Conference participants also stressed the pressing need to make changes now in order to be ready for the coming wave of older adults.

The conference, which was organized by the Maricopa Association of Governments, took place in Phoenix, AZ, March 25-27. It attracted upwards of 200 participants, who included representatives from non-profit organizations, transportation and transit agencies, and city and regional planning organizations, as well as epidemiologists, injury prevention experts, transportation engineers, and planners. They explored the transportation barriers that older adults experience now and proposed ways to eliminate or reduce them in the future by using a mix of land use policies, vehicle and roadway design, public health strategies, training and education, and transportation policy and planning.

The keynote speaker was Dr. Joseph Coughlin, Director of the Massachusetts Institute of Technology's AgeLab in the Center for Transportation Studies. He described transportation as being just as vital to an older person's sense of well-being and ability to live independently as the standard benchmarks of good health and financial security. Because of its important role in the older person's quality of life, researchers should view transportation as an expression of freedom, independence, and identity, not just as a way of getting from one place to another, he said. Coughlin also stressed the urgency of devising and implementing solutions, because changes in transportation systems can take years to come about. He called for immediate action in order for improvements to be in place in time for the majority of the nation's growing older population.

[The California Task Force](#)[Local Transportation Programs](#)[Top of page](#)[Back to Front Page](#)[Download PDF of this page](#)[Download PDF of August 2002 issue \(1.5MB\)](#)[Send us your comments or email a letter to the editor](#)[Back to Front Page](#)[Traffic Safety Center Home](#)

The potential solutions that were presented ranged from broad changes such as land use policies to encourage more pedestrian-friendly communities or programs to intervene with older drivers before they are forced to suddenly give up their cars, to informal, small-scale strategies such as facilitating ridesharing among family and friends and far-reaching technological developments like "smart" cars that can assume some driving tasks of less-able drivers.

With anywhere from 20-25% of the population expected to be 60 or older when the aging of the population peaks, transportation facilities will be serving a significantly older demographic. A partial picture of how today's system is perceived by older people was obtained in "Understanding Senior Transportation," a survey of some 2,400 adults aged 50 and older conducted by the Public Policy Institute of the AARP (formerly the American Association of Retired Persons). Respondents cited numerous barriers to using the current transportation system, across a range of modes, including driving, walking, ridesharing, and using public transit, according to Audrey Straight, Senior Policy Advisor at the Institute. A large number of respondents reported that walking presented difficulties because it was physically hard and because few destinations were easily reached on foot. But many said that driving—the way that seniors make most of their trips—was a challenge, too, because inconsiderate drivers and traffic congestion made it stressful. Respondents disliked ridesharing because it made them feel as if they were losing their independence and imposing on others. They said that public transportation didn't go to enough destinations and often was difficult to get to.

Older drivers need to be made more aware of the value and availability of rehabilitation programs that can enable them to continue driving despite disabilities, noted Linda Hunt, Director of the Maryville University Occupational Therapy Program. She presented the results of a project funded by General Motors that identified 75 older adults aged 66 to 90 who had stopped driving because of physical or cognitive impairments and engaged them in an assessment and training program. One finding was that 30% of the stroke victims in the study who had physical disabilities (as opposed to cognitive impairments) could be retrained to drive well enough to operate safely. All of them had given up driving because they didn't know rehabilitation programs were available or would work for them.

Donald Trilling of the Office of Policy Development in the U.S. Department of Transportation described the department's development of the National Highway Safety Administration's National Agenda (also mentioned in the story "[How Older Adults Will Drive Transportation Policy](#)"), which outlines seven areas where action is needed to prepare users, vehicles, and highways and other types of transportation infrastructure for the coming wave of older travelers. The areas are: safer, easier-to-use infrastructure; safer, easier-to-use automobiles; improved training for older drivers; transportation services that are better suited to the older users; state and local participation in devising new program and policies; wider dissemination of information about transportation policies and options for

the older transportation user; and additional basic research.

The Maricopa Association of Governments has issued a call to metropolitan planning organizations around the country to make transportation for older users a top priority and has developed its own Regional Action Plan on Aging and Mobility, which outlines 25 recommendations for improving older people's access to transportation.



Online Newsletter *Volume 1, Number 1: August 2002*

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(1,173KB)

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[Why Older Adults Don't Walk](#)

[Scrambling for Safety](#)

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[Making Oakland Safer for Older Pedestrians](#)

[Getting to the Heart of Aging and Mobility](#)

[Local Transportation Programs](#)

[Top of page](#)

[Download PDF of this page](#)

The California Task Force

A statewide, multi-agency effort to improve traffic safety for older adults is launched

"Traffic Safety Among Older Adults: A Strategic Plan for California," funded by the California Office of Traffic Safety (OTS) and the Automobile Club of Southern California, is aimed at reducing motor vehicle-related deaths and injuries among older Californians. Its goal is to develop a comprehensive, coordinated approach to injury prevention and traffic safety among older adults. It is administered by San Diego State University's Center for Injury Prevention Policy and Practice (CIPPP).

The CIPPP has convened the California Task Force on Older Adults and Traffic Safety to develop a framework of state-level policy and programmatic recommendations for improving traffic safety for older adults while maintaining their quality of life. The multidisciplinary task force is comprised of representatives from the UCLA School of Medicine, California Highway Patrol, National Highway Traffic Safety Administration, Region IX, the California Department of Health Services, the University of California at Berkeley Traffic Safety Center, the California Department of Motor Vehicles, state and county agencies on aging, the AARP, Emergency Medical Services Authority, Caltrans, OTS, and CIPPP, among others. In addition to developing the recommendations, the task force aims to raise awareness and foster collaboration and coordination around the issue.

"The Task Force brought together a multi-disciplinary team to consolidate and coordinate what had been a fragmented effort," explained Patti Yanochko, Project Coordinator. "Now, the California Highway Patrol has stepped forward to get these recommendations implemented," she said. The California Highway Patrol has led successful comprehensive injury prevention efforts in the past, she said, including its lead role in the statewide movement to increase seat belt use.

Recommendations from the framework were presented at an OTS summit in May. The main ones are listed below:

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[Back to Front Page](#)

[Traffic Safety Center Home](#)



•
Institutionalize a statewide system for the prevention of traffic-related injuries among older adults;

•
Institutionalize effective and equitable driver assessment and licensing practices within the California Department of Motor Vehicles;

•
Facilitate older adult risk identification and risk reduction practices;

•
Improve the ability of health care and service providers to assess traffic safety risk and minimize the impact of health impairments on safe mobility;

•
Establish roadway infrastructure and land use practices that promote safety;

•
Promote safer motor vehicle designs; and

•
Expand the existing research and knowledge base about older adult traffic safety.



Online Newsletter *Volume 1, Number 1: August 2002*

Related Links:

[Sandra Strech](#), San Diego County Transportation Program Coordinator of Aging and Independence Services, 858-495-5061.

San Francisco Bay Area Metropolitan Transportation Commission workshop coordinator [Paul Lutey](#) at 415-267-4896.

Jewish Family and Children's Service of San Francisco Volunteer Coordinator [Debbi Goodman](#), 415-449-3832.

Jewish Family Children's Services of the East Bay Director [Katana Simmons](#).

Bay Area Community Services' [Carol Ivanoff](#), 510-986-8900, or [Bobbie Bond](#) of the Oakland Commission on Aging, 510-238-3121.

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[Older Adults Are Driving Transportation Policy](#)

[Why Older Adults Don't Walk](#)

[Scrambling for Safety](#)

Community Transportation Programs for Older Adults

The following community programs in California are examples of the kinds of transportation programs for older adults that provide alternatives to driving.

SAN DIEGO COUNTY

San Diego County's Aging and Independence Services, part of the county's Health and Human Services Agency, has set out to comprehensively address transportation needs for seniors in the community. Current programs include:

Specialized Transportation Referral and Information for the Disabled and Elderly, STRIDE

The County is launching an Internet-based transportation database for social service agencies and the public called "Specialized Transportation Referral and Information for the Disabled and Elderly," or STRIDE. Users will be able to input personal preferences, such as location, special needs, or fee range, and be provided with information on transportation options meeting their criteria.

Taxi Vouchers

Taxi vouchers are made available through two senior centers, the Senior Community Center in downtown San Diego and the Poway Regional Express Senior Transportation Organization.

Travel Training

Individuals and groups receive free classroom training on the use of public transportation. Students then take public transit trips to practice their new skills, earning free transit passes upon completion of the training. Initial evaluation of the program has shown that seniors who complete it are continuing to use public transit.

Volunteer Escorts and Drivers

Volunteer caregivers and escorts accompany or drive seniors to destinations of their choice. Escorts may be current caregivers, or provided by participating organizations throughout the county. Driver escorts are screened and trained in safety and sensitivity and

[Aging Behind the Wheel](#)

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[Getting to the Heart of Aging and Mobility](#)

[The California Task Force](#)

[Top of page](#)

[Download PDF of this page](#)

[Download PDF of August 2002 issue \(1.5MB\)](#)

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[Back to Front Page](#)

[Traffic Safety Center Home](#)



typically accompany passengers on all their trips.

Shuttle Programs

Senior shuttle transportation and mileage reimbursement programs are provided throughout the San Diego metropolitan area. One such program, the "Out and About" Vista Senior Transportation program at the Brengle Terrace Senior Center, was recently awarded a Healthy Lifestyles and Wellness first place award in the California Park and Recreation Society Aging Section's Spotlight on Senior Center Awards.

For more information on these programs and other San Diego County efforts to enhance transportation for older adults, contact Sandra Strech, Transportation Program Coordinator of Aging and Independence Services, at 858-495-5061 or email her at [sstreca@co.san-diego.ca.us](mailto:ssstreca@co.san-diego.ca.us).

SAN FRANCISCO BAY AREA

Older Adults Transportation Workshops

The Metropolitan Transportation Commission (MTC), the transportation planning, coordinating and financing agency for the nine-county San Francisco Bay Area, is conducting a study to develop a strategy to address the growing transportation needs of older adults. The MTC is holding workshops to address transportation barriers and needs for older adults. For more information, contact Paul Lutey at 415-267-4896 or email him at plutey@nelsonnygaard.com.

Driver Escort Programs

"Be the Wheels" is a fee-based program offered by the Jewish Family and Children's Services in San Francisco to help seniors get to medical appointments and go grocery shopping. For the past 25 years, a corps of volunteer escort drivers has been providing seniors with door-to-door transportation as well as assistance during and after trips. In addition to safe transportation, the program can also provide seniors with social contact and friendship. "Besides getting a ride, seniors also make a friend and have someone to talk to," said Volunteer Coordinator Debbi Goodman. For more information or to volunteer, contact her at 415-449-3832.

"Seniors in Motion" is a new Berkeley-based program offered through the Jewish Family Children's Services of the East Bay. It was started with funding from a local philanthropist who wanted to improve transportation services for other seniors after experiencing transportation barriers herself with the loss of her driving license. Serving senior centers in the East Bay, volunteer drivers provide rides to all destinations as well as in-home assistance. "The loss of your driver's license should not affect your quality of life. We wanted to provide rides to all the places that seniors were already going," said Director Katana Simmons. For more information or to volunteer, email Simmons at ksimmons@jfcs-eastbay.org.



Shuttle Service

In West Oakland, a free shuttle service is currently serving 600 seniors at five participating senior sites. The shuttle operates three days a week and provides transportation between four locations: the West Oakland Health Center, Gateway Marketplace, Oakland Main Post Office, and the West Oakland Senior Center, which also offers riders lunches provided by Bay Area Community Services (BACS). For more information, contact Carol Ivanoff of BACS at 510-986-8900, or Bobbie Bond of the Commission on Aging at 510-238-3121.



Online Newsletter *Volume 1, Number 1: August 2002*

Related links:

[Back to story's main page](#)

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Other stories this issue:

[Older Adults Are Driving Transportation Policy](#)

[Why Older Adults Don't Walk](#)

[Scrambling for Safety](#)

[Aging Behind the Wheel](#)

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[The California Task Force](#)

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[Top of page](#)

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[Back to the Front Page](#)

[Traffic Safety Center Home](#)

