WHAT IS THE ISSUE?

Transportation is a major facilitator between a person and his or her external environment. It determines whether the community functions as an inhibiting environment or as a supportive system. Mobility is one of the activities of daily living which enhances a person's quality of life.

The growing number of older adults comprise a heterogeneous population: some remain mobile, others do not. Research indicates that an inverse relationship exists between age and mobility; in other words, decreased mobility is associated with increased age.

The growth in the aging of the overall population translates to a simultaneous increase in the number of older drivers. Demographic trends show that the proportion of older drivers will continue to multiply. Approximately 33 million drivers age 55 and over constituted 22 percent of all drivers in 1987. Today, older drivers represent 28 percent of the driving population and will grow to 39 percent by the year 2010.

"Being able to get where they want to go" is an important factor in the physical and psychological well-being of older adults. Surveys reveal that driving is how they prefer to maintain mobility. There is consensus among traffic safety authorities that older drivers should be kept on the roadways as long as they can drive safely. No one seriously concerned with traffic safety wants to use chronological age as the sole indicator of driving ability.

WHAT IS THE PROBLEM?

While many drivers age 55 and over have commendable driving records, as a group, when exposure is considered, they are disproportionately involved in traffic accidents and fatalities. On the basis of miles driven, older drivers are involved in fatal crashes more frequently than any other age group except teenaged drivers. In addition, older drivers are more likely to be hospitalized as a result of their injuries sustained in traffic accidents than their younger counterparts; those who survive tend to recover very slowly.

One of the main problems facing older drivers stems from the decline of some of the performance skills necessary for safe driving: 1) sensing the situation, 2) deciding what to do, and 3) acting quickly. Various age-related visual, auditory, and psychomotor changes have an adverse effect on driving ability.

Moreover, there are conditions and situations involving the traffic mix-- drivers, automobiles, highways-- that should be dealt with in order for older drivers to function safely, and thus maintain the mobility and independence so important for their physical and psychological well-being.
Losing one's driving privilege, voluntarily or otherwise, is probably second only to total confinement in its effect on lifestyle, access to benefits of society, and general well-being. This is particularly true for older drivers in our automobile-oriented society.

WHAT IS THE SOLUTION?

Social learning theory suggests that when people understand the reason some restrictive action must be taken against them, and are told the specific steps by which they might be able to overcome the restriction, they are more willing to accept it than if it is imposed by an external authority. The license of an older driver often is essential to his or her independence and well-being. Every opportunity should be taken to insure that the older driver is made aware of impairments and of what action can be taken to overcome them. When a person thinks he or she can do something about an impairment, that person is more likely to try to do something about it.

The Health, Mobility and Safety Laboratory was established as an academic auxiliary unit at San Francisco State University to enhance the health, mobility and safety of interested members of the campus community and its environs, with an emphasis upon education, research, service and training activities. The HMS Lab will further and/or support collaborative, inter-disciplinary efforts of academic programs on driver safety issues.

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