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Focus Group Study  
of  
OLDER DRIVERS



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by

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## ABSTRACT

The report describes findings from a study exploring the driving practices and driving-related beliefs and attitudes of older persons.

The methodology employed was a modified focus group technique. Participants, 162 currently licensed drivers aged 56-86 living in five different geographic locations in British Columbia met in 31 small groups (mean size 5.2 persons) to discuss eight topics. These topics concerned their driving practices; attitudes and beliefs about their own and other older persons' driving behaviour; their driving difficulties; ways in which road or traffic signs and signals could be changed to make driving easier for them; their feelings about a series of questions relating to the retesting of older drivers, criteria for licence renewal and driving cessation; concerning driver education courses for older persons, traffic violations they most frequently commit and their experience of medication affecting their driving.

Throughout the report data are presented separately for respondents aged 55-65, 66-75 and 76 and over. Where noticeable, differences between the three age groups are highlighted.

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## 1. INTRODUCTION

### 1.1 Origin and Background of the Study

In 1984, the Traffic and Safety Planning and Research Department of the Insurance Corporation of British Columbia (ICBC) carried out a series of studies (Rothe, 1986; Rothe and Cooper, 1986) on social, cultural and existential variables that influence young drivers. In 1986, the Department turned its attention to older drivers.

Drs. Cooper and Rothe commenced a study examining accidents involving persons aged 55 and over. In addition, the Gerontology Research Centre at Simon Fraser University was engaged to conduct two studies. The first used a focus group methodology to explore older persons' driving practices and their attitudes and beliefs regarding driving behaviour. The second study explored similar topics using a personal interview format.

This report describes findings from the first of the two studies conducted by the SFU Gerontology Research Centre.

### 1.2 Overview of the Research Design

The research design used in the focus group study was a 5 x 3 x 2 factorial, involving five geographic locations, three age groupings and both male and female drivers.



The five locations were: West Vancouver, White Rock, Victoria, Oak Bay and B.C.'s Okanagan Region. The three age groups were 55-65, 66-75 and 76 and over.

In total, 31 focus groups with a mean size of 5.2 persons were conducted: 7 in West Vancouver, and 6 in each of the other four locations.

Participants were 100 males and 62 females ranging in age from 56-86. Half (n = 81) were aged 55-65, one-third (n = 54) were aged 66-75 and one-sixth (n = 27) were aged 76 and over.

The three age groupings were chosen so as to encompass both the pre-retired and the already retired and among the already retired, the young-old and the older-old, since these latter groups are known to differ considerably in terms of health status and life-style. The unequal age and sex distribution represented a deliberate attempt to approximate the 1984/85 age-sex distribution of licensed drivers in British Columbia in the age range of interest. In that year (see Appendix 1), 61.2% of drivers aged 55 and over were male and 38.8% were female; 51.5% were aged 56-65, 33.7% were 66-75 and 14.8% were 76 or older (Motor Vehicle Department, 1986). The five locations were selected because each has a high percentage of seniors (15-28%) and because together they provide a good representation of the variety of communities that seniors live and drive in.

### 1.3 Organization and Content of this Report

Chapter 2 of this report describes the procedure followed in recruiting subjects, conducting the focus group sessions and recording responses. The way in which the procedure differed from that usually employed in conducting focus groups is highlighted.

Chapter 3 presents a detailed description of the focus group participants including their socio-demographic characteristics, self-reported health status, level of consumption of prescription and non-prescription medication, frequency of alcohol use, and self-rating of vision and hearing ability.

Chapter 4 presents the major findings of the study. These are grouped into eight broad categories concerned with:

1. Driving Patterns - this topic was approached by first asking for what purposes or types of activities subjects used their car. They were then asked when and under what conditions they try to avoid driving. This was followed by questions inquiring about the type of passengers they usually carry, how often they drive and how, other than by driving there themselves, they typically get places.
2. Attitudes and Beliefs - in this section subjects were first asked the general question "How do you feel about driving?" This was followed by a series of questions designed to ascertain their views of other older drivers, how they thought older drivers are perceived (and treated) by the general public and by the police, what they

considered to be the characteristics of a good driver, what they found annoying about other people's driving, what they thought were the major causes of accidents amongst older drivers, in what way they drive differently now compared to when they were younger, how they felt their family viewed them as a driver, how their life would change if they could no longer drive and the symbolic value their car held for them.

3. Driving Difficulties - in exploring driving difficulties, subjects were asked to describe the driving manoeuvres and types of roads they found most difficult. They were asked which personal factors, characteristics or impairments made driving difficult. They were also asked what concerned them most about their own driving.

4. Road and Traffic Signal Design - in this section, subjects were asked what changes in road traffic signs or signals would make driving easier for them. They were also asked about pedestrian signals, crossings and rules.

5. Licensure - this topic was explored by first asking whether people should be required to relinquish their licence when they reach a certain age and, if so, at what age. Subjects were then asked what factors should be considered in deciding if someone should be retested, what types of tests should be employed, about the factors that might cause them, personally, to stop driving and their reaction to the Motor Vehicle Act requirement that

physicians report drivers who have impairments that may affect driving.

6. Driver Education - this set of questions asked who, if a course was developed for older drivers, should take it and what topics the course should cover.

7. Traffic Violations - here subjects were asked what traffic violations they most frequently commit, and whether they usually travel the speed limit or go with the flow of traffic.

8. Medication Effects on Driving - this final set of questions asked whether respondents or anyone they knew had had the experience of medication affecting their driving and, if so, in what way it was affected and what drugs were involved.

In reporting responses to these questions, data are presented both for the sample as a whole and separately for the three age groups 56-65, 66-75 and 76+. Where noticeable, differences between the three age groups are highlighted. The findings are discussed in the fifth and final chapter.

## 2. METHOD

### 2.1 Subject Recruitment

Subjects were recruited through articles in community newspapers, radio public service announcements and interviews, random digit dialing and notices posted in seniors centres. Persons 65 or older, holding a valid driver's licence and living in the designated communities were asked to call or write the Gerontology Research Centre if they were willing "to share [their] views on such topics as reasons for driving, driving habits, attitudes, concerns and expectations about licensing". The recruitment information indicated that about two hours of their time would be required and that the information would be gathered through small group discussions at a central location in their community or through a personal interview in their home. The first persons to respond who met the age, sex and geographic requirements of the focus group study were assigned to that task. The names of the remainder were held for the interview study.

### 2.2 Conduct of the Focus Groups

When participants first arrived at the focus group location, each was asked to sign and Informed Consent Form and complete a Participant Information Form. The latter requested information concerning their:

- age
- sex
- marital status
- present employment status
- highest level of education completed
- major (pre-retirement) occupation
  - whether they were in receipt of the Old Age Security Pension (OAS), Guaranteed Income Supplement

- (GIS), Guaranteed Annual Income for Need Supplement (GAIN) or War Veteran's Allowance
- Self-perceived health status
  - self rating of present vision and hearing
  - present level of alcohol use
  - level of consumption and name of regularly used prescription and over-the-counter medications
  - make and year of automobile usually driven
  - estimated distance driven in an average year
  - accident history over the past five years
  - history of traffic violations over the past five years

When these forms were completed, the group leader introduced herself and the other study staff and described the purpose of the study, emphasized the confidentiality of comments/names of participants and indicated that all comments were welcome, that there were no right or wrong answers and that the Gerontology Research Centre and ICBC wanted to know about all points of view. The group leader then proceeded to ask, in the order specified, each question listed in the Discussion Guide (see Appendix 2). It should be noted that items listed in the Discussion Guide as response categories were only mentioned by the group leader when there was no spontaneous response to a question. In such cases, she used them as prompts, stating that they were examples of answers given by other groups.

### 2.3 Response Recording

All sessions were tape recorded. In addition, two trained observer-coders attended each session. Their role was to record, on partially pre-coded forms, all responses from all participants including comments that did not relate to the specific questions asked but which were important to the general topic (these were recorded as close to verbatim as possible). Non-verbal behaviours such as

nodding agreement with another participant were also coded. Each observer was responsible for coding responses of one-half of the group.

The pre-coded responses on the recording form derived from the researchers' experience and knowledge of the older driver literature and from three pilot sessions conducted before commencement of the main study. These sessions constituted an important part of the training given to the two individuals who served as group leaders and to the six who served as observer-coders.

#### **2.4 Innovations to the Focus Group Methodology Developed at SFU**

In the focus group methodology as usually implemented, the leader starts with a sometimes vaguely defined list of topics and questions with the instruction to expand on and explore issues as they emerge. Following the session the leader makes notes of his/her observations. These notes, plus a review of the transcript of the audio-tapes are the data from which he/she writes a report. In our view, based on first hand experience with several focus group projects (Gutman, 1986, 1988; Gutman, Milstein and Doyle, 1987), modification of the technique produces more accurate and reliable data. The modifications made deal with the problem of the leader failing to cover all relevant issues and concerns, injecting his/her biases into the wording of the questions as well as the possibility that he/she might forget or misinterpret what was said by the group or infer consensus when, in fact, there was none. This is accomplished by:

a. developing for the group leader a list of specific questions rather than just general topics. The leader is not restricted to this list and is encouraged to probe responses and ask additional questions. However, the listed questions must be asked. This procedure ensures that all questions of critical interest are asked of all groups in a consistent manner, using wording that has been pretested to ensure clarity and comprehension. It also ensures that key areas are covered which might not be the case where the leader lacks extensive knowledge of the area being explored.

b. having two observer-coders attend each session and record, on a partially pre-coded form, all comments made by focus group participants as they occur. As well, the observer-coders are instructed to record non-verbal responses such as nodding agreement with a point of view expressed by another participant. Non-verbal responses are lost in the conventional focus group methodology since the leader is not able to keep note of such occurrences which, of course, cannot be reconstructed from the audio-tapes.

c. recording responses separately for each individual in the group. This enables identification, with considerably more precision than is usually the case with the focus group methodology, of the extent to which there is consensus within any one group and across the various groups in the study. This is a key innovation which guards against the possibility of the leader highlighting, in



his/her report, what are essentially idiosyncratic viewpoints (which we have observed to happen when the traditional focus group procedure is used).

In addition, it should be noted that in the SFU focus group methodology more personal data is gathered from participants than is usually the case. This enables examination of responses for possible sub-group differences as well, of course, as giving background information on the participants which may be useful in interpreting findings.

### 3. CHARACTERISTICS OF FOCUS GROUP PARTICIPANTS

#### 3.1 Socio-demographic

Both overall and in the three age groups of interest, a majority were male. As shown in Table 1, the proportion male in each group ranged from 56.8% among those aged 56-65, to 64.8% for those 66-75, to 70.4% among those 76 and over. Corresponding proportions male in the licensed driver population in these age groups in British Columbia in 1984-85 were 57.8%, 61.5% and 72.3%. In recruiting subjects, we were successful, in other words, in reaching our goal of approximating the sex distribution of licensed older drivers in British Columbia. In terms of characteristics other than age and sex, approximately three-quarters in each age group were married, which is consistent with the high proportion of males in the sample. Only about one-sixth (17.3%) were employed full or part-time, almost all of these in the 56-65 age group. Virtually all in the two over-65 age groups were in receipt of the federal Old Age Security Pension. Examination of the three socio-economic indicators -- in receipt of the Guaranteed Income Supplement, education and occupation -- revealed, however, that the sample was biased towards the upper end of the scale. Overall, only 6 of the 162 participants (3.7%) were in receipt of a full or partial Guaranteed Income Supplement. Approximately half (53.1%) had a university degree or at least some college or university training. Approximately half (48.8%) described their primary life occupation as professional, semi-professional or managerial. The upward bias in socio-economic status was particularly apparent in the oldest group

where 59.3% reported at least some college or university training and 70.4% were in one of the top four occupational categories. By way of comparison, it should be noted that in the general population aged 65

Table 1

Socio-demographic Characteristics of Focus Group Participants

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
% male	56.8	64.8	70.4	61.7
% married	77.8	75.9	74.1	76.5
% working				
full-time	16.0	1.9	0.0	8.6
part-time	13.6	5.6	0.0	8.6
% in receipt of OAS or S.A.	17.3	96.3	85.2	54.9
% receiving an Income Supplement				
GIS	1.2	7.4	3.7	3.7
GAIN	0.0	1.9	0.0	0.6
War Veterans Allowance	1.2	5.6	3.7	3.1
*Primary Life Occupation (%)				
Professional	16.0	13.0	37.0	18.5
Manager - large	13.5	11.1	11.1	12.3
Semi-professional	7.4	9.3	3.7	7.4
Manager - small	9.9	7.4	18.5	10.5
Clerical	21.0	13.0	3.7	15.4
Skilled	8.6	9.3	3.7	8.0
Semi-skilled	4.9	9.3	11.1	7.4
Unskilled	0.0	3.7	0.0	1.2
Not in labour force	9.9	18.5	7.4	12.3
N.A.	8.6	5.6	3.7	6.8
% with a degree or some college or university training	54.3	48.1	59.3	53.1

\* Categories from Pineo and Porter (1967)

and over, half require and receive a full or partial GIS and only 18.5% hold a college degree or have had some post-secondary education (Statistics Canada, 1984).

### **3.2 Self-reported Health Status and Use of Medications**

As shown in Table 2, when asked to rate their health on a continuum ranging from excellent to poor, 56.8% in the 56-65 age group, 35.2% in the 66-75 group and 40.7% in the 76+ group rated their health as "excellent"; most of the remainder rated their health as "good". When asked about prescription medications used on a regular basis, 35.8% in the 56-65 age group, 40.7% in the 66-75 age group and 59.2% in the 76+ group reported using one or more. Corresponding percentages for regular use of one or more over-the-counter preparations were 42.0%, 46.3% and 40.7%. Taken together, these data indicate the sample was a relatively healthy one. In other Canadian studies of persons aged 65 and over who live outside of institutions, health ratings of excellent have ranged from 13-23% (Gutman, 1980). According to Krupka and Vener (1979), 67% of the non-institutionalized aged use at least one prescription drug on a daily basis; 65% use over-the-counter drugs regularly.

### **3.3 Alcohol Consumption**

About a quarter in each age group did not use alcohol at all. The majority used it several times a week, weekly or monthly. Almost a sixth reported consuming alcohol on a daily basis.

Table 2

Self-reported Health Status, Medication and Alcohol Use and  
Vision and Hearing Ratings of Focus Group Participants

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
<u>Overall Health Rating</u>				
Excellent	56.8	35.2	40.7	46.9
Good	40.7	55.6	51.9	47.8
Fair	2.5	7.4	3.7	4.3
Poor	0.0	0.0	3.7	0.6
No answer	0.0	1.9	0.0	0.6
<u>No. of Prescription Medications Used Regularly</u>				
0	64.2	59.3	40.7	58.6
1	23.5	25.9	33.7	25.9
2	8.6	13.0	18.5	11.7
3	3.7	1.9	3.7	3.1
4+	0.0	0.0	3.7	0.6
<u>No. of Over-counter Medications Used Regularly</u>				
0	58.0	53.7	59.3	56.8
1	32.1	28.9	33.7	34.6
2	7.4	5.6	7.4	6.8
3	1.2	1.9	0.0	1.2
4+	1.2	0.0	0.0	0.6
<u>Frequency of Alcohol Use</u>				
Daily	11.1	18.5	14.8	14.2
Several times a week	27.2	20.4	14.8	22.8
Weekly	17.3	16.7	25.9	18.5
Monthly	17.3	20.4	18.5	18.5
Non-user	27.2	24.1	25.9	25.0
<u>Vision Rating</u>				
Excellent	24.7	40.7	22.2	29.8
Good	69.1	53.7	74.1	64.8
Fair	3.7	5.6	3.7	4.3
Poor	1.2	0.0	0.0	0.6
No answer	1.2	0.0	0.0	0.6
<u>Hearing Rating</u>				
Excellent	37.0	31.5	22.2	32.7
Good	44.4	51.9	59.3	49.4
Fair	16.0	14.8	11.1	14.2
Poor	0.1	1.9	3.7	1.9
No answer	0.1	0.0	3.7	1.9

### 3.4 Vision and Hearing Ratings

Approximately one-quarter in each of the 56-65 and 76+ age groups and 40.7% in the 65-75 age group rated their vision as excellent, most of the remainder rated it as good.

While the proportion reporting excellent hearing decreased with increasing age, overall there appeared to be few experiencing serious hearing problems.

#### 4. FINDINGS

Findings for the focus group study are presented below in the order in which topics were discussed. As with the data concerning participants' characteristics, results are presented separately for the three age groups of interest as well as for the sample as a whole.

##### 4.1 Driving Patterns

The first topic to be discussed in the focus groups concerned driving pattern. The topic was approached by first asking for what purposes or types of activities participants used a car. They were then asked when and under what conditions they tried to avoid driving. This was followed by questions concerning the type of passengers they usually carry, how often they drive, and how other than by driving there themselves, they typically get places.

##### 4.1.1 Purposes/Activities Car Used For

As indicated in Table 3, there was considerable similarity across the three age groups in what respondents reported that they used their car for. In order of their frequency of mention, the five most common uses in all three age groups were: for shopping, for pleasure, to visit family or friends, for vacation travel, and to get to and from social or cultural events or entertainment.

Table 3  
Purposes and Activities Car Used For\*

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Shopping	69.1	63.0	77.8	68.5
Pleasure	67.9	63.0	55.6	64.2
Visiting Family/Friends	43.2	29.6	85.2	45.7
Vacation Travel	40.7	38.9	40.7	40.1
Social & Cultural Events/ Entertainment	27.2	27.8	37.0	27.2
Sports/Sporting Events	16.0	20.4	7.4	16.0
Driving Others	14.8	13.0	0.0	11.7
Commuting to/from work	21.0	1.9	0.0	11.1
Health Care	4.9	9.3	18.5	8.6
Volunteer work	4.9	14.8	0.0	7.4
Meetings	3.7	9.3	14.8	7.4
Business	11.1	3.7	0.0	6.8
Other	3.7	7.4	3.7	4.9

\*In this and all subsequent tables unless otherwise indicated columns cannot be added as subjects frequently gave more than one response.

As one would expect, those who reported using their car for business or to commute to and from work were almost exclusively in the 55-65 age group. Also, as one would expect, the proportion using their car to get to health care increased with age and the proportion using it to get to sporting activities or sporting events decreased with age. The most notable difference between age groups, however, was in the much higher proportion in the oldest group who reported using their car to visit family and/or friends (85.2% compared with 43.2% in the 56-65 age group and 29.6% in the 66-75 age group). Perhaps this is a reflection of the greater importance the older-old place on this activity. Alternatively, it may be that with aging this activity increases in frequency as other activities decrease.



The similarity in the proportion in each age group using their car for vacation travel (approximately 40%) was a somewhat surprising finding.

#### 4.1.2 Conditions Under Which Respondents Avoid Driving

Approximately one-quarter in both the 56-65 and 66-75 age groups and one-tenth in the 76+ group said there were no conditions which caused them to avoid driving. Of those citing conditions they avoid, the most commonly mentioned in all three age groups were: bad winter weather, night driving and rush hours.

As shown in Table 4, the major difference between age groups was in the proportion who avoided night driving which increased from 29.6% in the 55-65 age group to 44.4% among those 66-75 to 59.3% among those 76+.

Table 4

Conditions Under Which Respondents Avoid Driving

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
None	23.5	22.2	11.1	21.0
Bad winter weather (rain, snow, ice, fog)	46.9	59.3	48.1	51.2
Nights (esp. rainy nights)	29.6	44.4	59.3	39.5
Rush hours	24.7	33.3	25.9	27.8
Heavy traffic areas (bridges, tunnel, congested areas)	6.2	11.1	0.0	6.8
Heavy holiday traffic	7.4	1.9	3.7	4.9
Weekends	7.4	0.0	0.0	3.7
Poorly lit roads	1.2	0.0	3.7	1.2

#### 4.1.3 Types of Passengers Typically Carried

A small proportion (6.8%) of the focus group participants indicated that they do not carry passengers. Of those who do, in respective order the passengers most frequently carried are: friends, other seniors, grandchildren, their mate and another family member.

As shown in Table 5, the proportion driving other seniors increases markedly with increasing age. Other differences between the three age groups were relatively minor.

Table 5

Types of Passengers Typically Carried

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
None	8.6	3.7	7.4	6.8
Friends	34.6	40.7	44.4	38.3
Other seniors	23.5	42.6	51.9	34.6
Grandchildren	30.9	31.5	25.9	30.2
Mate	30.9	27.8	18.5	27.8
Other family	37.0	22.2	37.0	32.1
Children	17.3	13.0	0.0	13.0
Business contacts	8.6	0.0	0.0	4.3
Work/activity associates	6.2	1.9	7.4	4.9
Neighbors	3.7	3.7	11.1	4.9
Hitchhikers	3.7	7.4	0.0	4.3
Visitors & tourists	3.7	3.7	3.7	3.7

#### 4.1.4 Frequency of Driving

As shown in Table 6, in all three age groups, more than three-quarters of the focus group participants reported that they use their car daily; of the remainder, most use it several times a

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Daily	77.8	77.8	85.2	79.0
Several times a week	16.0	18.5	14.8	16.7
Once a week	3.7	1.9	0.0	2.5
Holidays only	0.0	1.9	0.0	.6
N/A	2.5	0.0	0.0	1.2
	-----	-----	-----	-----
Total	100.0	100.0	100.0	100.0

week. While frequency of use of the car does appear to increase slightly with age, it is clear from estimates given on the Participant Information Form, of the number of kilometers driven in a year (see Table 7), that overall, participants in the oldest group drive less than their younger counterparts.

This could be related to the age and condition of the automobiles they drive. As shown in Table 8, 41% of those in the 76+ group drive a 9-12 year old automobile compared to 25.9% in the 66-75 age group and 19.8% in the 56-65 age group who drive a car this old.

Table 7

Estimated Kilometers Driven Per Year

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Not driving at present time	0.0	1.9	0.0	.6
800-6,999 km.	22.2	20.4	40.7	24.7
7,000-11,999 km.	25.9	20.4	22.2	23.5
12,000-18,999 km.	21.0	33.3	22.2	25.3
19,000+	30.9	22.2	7.4	24.1
N/A	0.0	1.9	7.4	1.9
	-----	-----	-----	-----
Total	100.0	100.0	100.0	100.0

Table 8

Age of Auto Usually Driven

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Less than 2 years	24.7	20.4	7.4	20.4
2-4 yrs.	27.2	31.5	33.3	29.6
5-8 yrs.	27.2	22.2	18.5	24.1
9-12 yrs.	19.8	25.9	40.7	25.3
N/A	1.2	0.0	0.0	0.6
	-----	-----	-----	-----
Total	100.0	100.0	100.0	100.0

Unfortunately the relationship between the age of the car driven and distance driven was not discussed in any of the focus groups. It would have been interesting to know, for example, the proportion who refrained from driving long distances because they lacked confidence in their older vehicle, compared with the

proportion who retain an older vehicle because they don't drive long distances.

Financial status would, of course, also play a role in the decision to retain an older car as would a desire to conserve finances for transfer to one's heirs.

#### 4.1.5 Other Transportation Used

When asked: "In a typical week, other than driving there yourself, how do you get places?" from 13-18.5% in each age group indicated they used no other form of transportation. Among the remainder, 40-52% in each age group reported walking, 20-32% used the bus, and 9-22% were driven by others. As shown in Table 9, less than 10% reported using a bicycle, taking a taxi or using other forms of transportation; all who did were in the two younger age groups.

Table 9

Other Transportation Used

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
None	16.0	13.0	18.5	15.4
Walk	39.5	51.9	40.7	43.8
Bus	19.8	31.5	22.2	24.1
Others drive me	14.8	9.3	22.2	14.2
Bicycle	11.1	9.3	0.0	8.6
Taxi	4.9	1.9	0.0	3.1
Other	1.2	1.9	0.0	1.2

## 4.2 Attitudes and Beliefs

In this section, focus group participants were first asked the general question "How do you feel about driving?". This was followed by a series of questions designed to ascertain their views of other older drivers, how they thought older drivers are perceived (and treated) by the general public and by the police, what they considered the characteristics of a good driver, what they found annoying about other people's driving, what they thought were the major causes of accidents amongst older drivers, in what way they drive differently now compared to when they were younger, how their family feels about them as a driver, how their life would change if they could no longer drive and, to ascertain the symbolic value their car held for them.

### 4.2.1 Feelings About Driving

Overall, about three-quarters of the respondents felt positive about driving, about one-fifth were neutral viewing it simply as a convenience or as a mode of transportation, while about 10-15% were negative.

As shown in Table 10, more in the oldest group than in the other two groups (92.6% vs 66.7-69.1%) explicitly stated that they liked to drive. Expressions of dislike of driving or feeling nervous when driving were exclusive to the two younger groups.

Table 10  
Feelings About Driving

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	<u>%</u>	<u>%</u>	<u>%</u>	<u>%</u>
<u>Positive</u>				
Like/enjoy it	69.1	66.7	92.6	72.2
Comfortable	8.6	29.6	22.2	17.9
Confident	4.9	5.6	7.4	5.6
<u>Negative</u>				
Feel nervous/stressed/ anxious	6.2	7.4	0.0	5.6
Don't like it	9.9	1.9	0.0	5.6
Concerned about other drivers/cars	1.2	5.6	18.5	5.6
<u>Neutral</u>				
It's a convenience/means of transportation	16.0	13.0	3.7	13.0
Neutral/acceptance	3.7	9.3	11.1	6.8
<u>Other</u>				
Rather be a passenger	3.7	0.0	0.0	1.8
Nervous/uncomfortable as a passenger	3.7	2.7	0.0	3.1

#### 4.2.2 Perceptions of Older Drivers

##### 4.2.2.1 Respondents' Views

As shown in Table 11, in all three age groups, the terms "cautious" and "slow" were the most common descriptors respondents used in characterizing other older drivers. In the 55-65 age group, from 16-20% also described older drivers as "worse than younger drivers" or said they are unaware of other drivers, are unpredictable or fail to signal. In the youngest

group, respondents tended, however, to qualify their answer by pointing to the heterogeneity of the older population. This was reflected in such statements as "they are all different" or "some are terrible/should be off the road, but many are good drivers". In the oldest group, on the other hand, respondents were more likely to say either that older drivers were "average or the same as other drivers" or that they were "better than younger drivers".

Table 11

Respondents' Perceptions of Other Older Drivers

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Cautious	30.9	35.2	25.9	31.5
Slower	33.3	25.9	22.2	29.0
All different	22.2	9.3	11.1	16.0
Average/same as others	6.2	13.0	25.9	11.7
Not aware of other drivers/ unpredictable/don't signal	19.8	1.9	7.4	11.7
Better than others/ younger people	3.7	13.0	22.2	9.9
Worse than others/younger people	16.0	0.0	3.7	8.6
Fine, average, good	2.5	14.8	7.4	7.4
Some are terrible/should be off road	7.4	9.3	3.7	7.4
Law abiding	3.7	9.3	3.7	5.6
Courteous/considerate	3.7	5.6	11.1	5.6
Unsafe	6.2	3.7	0.0	4.3



#### 4.2.2.2 What They Think Most People Think About Older Drivers

When it came to characterizing how most people view older drivers, as shown in Table 12 "slow" was the most common descriptor. Respondents, particularly in the two older groups, seemed to feel that the older driver is resented and/or that people are critical of or have little patience for them. The oldest group seemed especially threatened, one-third stating "they think older drivers are worse than other drivers" and one-fifth stating "they feel older people should stop driving".

Table 12

#### Respondents' Perceptions of What Most People Think About Older Drivers

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
They are slow	23.5	38.9	25.9	29.0
Resent/are critical of/ have little patience for	17.3	29.6	25.9	22.8
Think they are worse than other drivers	17.3	3.7	33.3	15.4
Feel they should stop driving	8.6	3.7	22.2	9.3
Cautious	3.7	9.3	18.5	8.0
Unpredictable/erratic	8.6	3.7	7.4	6.8
Law abiding	2.5	13.0	3.7	6.2

#### 4.2.2.3 How They Think the Police Feel About and Treat Older Drivers

In contrast to their negative perception of how people in general respond to older drivers, respondents perceived the police to be essentially positive in their view and treatment of older

drivers. As shown in Table 13, almost half in the two younger groups and one-quarter in the oldest group described the police as treating older people "with respect"; one-fifth said "they treated them fairly", one-sixth said "they treat them the same as others".

Table 13

Respondents' Perceptions of How the Police Feel About and Treat Older Drivers

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Don't know	22.2	24.1	25.9	23.5
With respect	49.4	48.1	22.2	44.4
Fairly	21.0	20.4	18.5	20.4
Like others	16.0	13.0	18.5	15.4
Give them benefit of the doubt	13.6	7.4	0.0	9.3
Helpful	4.9	13.0	11.1	8.6

#### 4.2.4 Changes in Driving Behavior

As shown in Table 14, when asked whether they thought they drove differently now compared to when they were younger, between 52-59% in each age group said "Yes". In all three age groups, the most commonly perceived changes were that they drive more cautiously now, more defensively and slower. The major difference between age groups was in the proportion reporting these three changes. A higher proportion in the 76+ age group than in the other two groups reported driving more slowly and

more cautiously. Driving more defensively now was most frequently mentioned by respondents in the 56-65 age group.

Table 14  
Changes in Driving Behaviour

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
a) Do you drive differently now than when you were younger?				
Yes	51.9	59.3	59.3	55.6
No	17.3	37.0	18.5	24.1
b) How?				
More cautiously	29.6	33.3	37.0	37.0
More defensively	35.8	16.7	25.9	27.8
Slower	18.5	18.5	29.6	20.4
Better	7.4	14.8	18.5	11.7
Not as easily upset/less stressed	14.8	3.7	11.1	10.5
More conscientious/serious	4.9	9.3	11.1	7.4

#### 4.2.4 Their Family's Perceptions of Them as a Driver

Overall, about a third of the respondents reported that their family considered them a good or excellent driver, about a third felt their family thought they "drive okay" while the remaining third felt their families were critical of their driving.

When the three age groups were compared, it was apparent that there were differences in the proportions who felt their family considered them to be poor drivers. As shown in Table 15, the

proportion reporting that their family thought they drive too fast, that they were "bad" drivers, were nervous or critical of their driving or never liked how they drive was greatest in the 56-65 age group (46.9%) and lowest in the 76+ group, although it should be noted, almost a quarter of the oldest group gave no indication of how they thought their family felt about them as a driver.

Table 15

Their Families' Perceptions of Them as a Driver

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Good/excellent driver	30.9	33.3	37.0	32.7
Think I drive OK	21.0	40.7	14.8	30.2
Think I drive too fast	16.0	11.1	7.4	13.0
Are critical/think I'm bad driver	14.8	9.3	11.1	12.3
Spouse critical/nervous	6.2	7.4	3.7	6.2
Never liked how I drive	9.9	1.9	0.0	5.6

**4.2.5 Characteristics of a Good Driver**

As shown in Table 16, "courteous" and "considerate" were the two most frequently mentioned characteristics of a good driver.

"Patience" was viewed as a key characteristic by increasing proportions as age increased. A trend in the opposite direction was seen in the case of defensive driving, which was mentioned most frequently by the youngest group.

Table 16  
Characteristics of a Good Driver

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Courteous	35.8	35.2	22.2	33.3
Considerate	37.0	20.4	40.7	32.1
Defensive driving	37.0	27.8	14.8	30.2
Patient	12.3	27.8	37.0	21.6
Alert	22.2	20.4	14.8	20.4
Law abiding	14.8	22.2	18.5	17.9
Know car and route	24.7	11.1	3.7	16.7
Aware	16.0	18.5	11.1	16.0
Concentrate	14.8	13.0	3.7	12.3
Competent	11.1	9.3	7.4	9.9
Good vision, reactions	6.2	14.8	7.4	9.3
Steady, not in fits & starts	4.9	11.1	14.8	8.6
Experienced	6.2	13.0	3.7	8.1
Keeps car in good shape	11.1	1.9	7.4	7.4

#### 4.2.7 Annoying Behaviours of Other Drivers and Action When Annoyed

As shown in Table 17, approximately a third of the respondents in the two younger groups and 40.7% in the oldest group found drivers who failed to signal or who signal late a source of annoyance. Approximately one-fifth to one-third in each group were bothered by "tailgaters". Approximately a quarter in the oldest group were annoyed by drivers who either pass and then cut them off or cut in and then turn, by "lane-hoppers" or by people who honk their horns.

Table 17

Annoying Behaviours of Other Drivers

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Don't signal/late signal	32.1	27.8	40.7	32.1
Tail-gaters	28.4	33.3	18.5	28.4
Pass & cut you off/cut in then turn	16.0	22.2	25.9	19.8
Lack of courtesy/ consideration	19.8	7.4	14.8	14.8
Too slow/weekend drivers/ in wrong lane	13.6	20.4	3.7	14.2
Lane-hoppers	8.6	16.7	25.9	14.2
Don't obey rules of road/ signs	12.3	0.0	11.1	8.1
Too courteous/hesitant/ indecisive	9.9	0.0	7.4	6.2
Loud radio/Walkman	2.5	13.0	0.0	5.6
Motorcycles in & out/bikes	2.5	7.4	7.4	4.9
Horn honkers	1.2	1.9	22.2	4.9

Respondents' most common reactions when annoyed by other drivers (see Table 18) were to slow down or to "let them have their way"; to talk or swear to themselves, to sigh, or shake their head; or, to ignore it. The most notable age difference was in the proportion who reported slowing down or letting the other driver have his/her way. This behaviour, which was most frequently reported by the youngest group, is likely related to the greater speed at which this group customarily drives.

Table 18

Action When Annoyed

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Slow down/let them have their way	28.4	14.8	11.1	21.0
Talk/swear to self/sigh/shake head	18.5	14.8	25.9	18.5
Ignore	16.0	20.4	11.1	16.7
Laugh	17.3	5.6	18.5	13.6
Accept/don't let it bother me	8.6	18.5	3.7	11.1
Honk	11.1	9.3	3.7	9.3
Get tense/frightened/stressed/annoyed/angry	8.6	9.3	3.7	8.1
Do nothing	8.6	1.9	3.7	5.6

**4.2.7 Perceived Cause of Accidents in Older Drivers**

Just over one-quarter (27.2%) of respondents in the 56-65 age group had had a motor vehicle accident in the previous five years, compared with 18.5% in the 66-75 age group and 14.8% in the 76+ group. About three-quarters (72.2%) of these accidents involved another vehicle. In 16.7% of cases, no other vehicle or person was involved. In about 10% of cases, someone was injured.

When asked what they thought were the major causes of accidents among older accidents, in all groups, "being less attentive than they should be" was the most common response. As shown in Table 19, "slower reactions" was the next most frequently mentioned cause followed by "difficulty seeing/reading signs or signals". The most noticeable age difference was the substantially greater proportion in the 76+ group who mentioned these three causes.

Table 19

Perceived Cause of Accidents in Older Drivers

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Less attentive	39.5	37.0	55.6	41.4
Slower reactions	37.0	29.6	52.0	37.0
Difficulty seeing/reading signs, signals/poor vision	25.9	14.8	40.7	24.7
Physical impairment/medical problem	9.9	7.4	11.1	9.3
Driving too slow/cautious	13.6	5.6	0.0	8.6
Misjudgment of other vehicles/drivers	7.4	9.3	3.7	7.4
Unsafe drivers/beyond capabilities/lack of experience	7.4	5.6	11.1	7.4

**4.2.8 How Their Life Would Change if They Could No Longer Drive**

When asked how their life would change if they could no longer drive, nearly one-third reported that it would have a negative effect on them emotionally, one-quarter said they would become a public transit user and one-fifth said they would have to relocate their home so as to be nearer to public transit and needed facilities and services. The emotional impact of loss of their car would appear to be greatest for those in the 66-75 age group. Also, more in this group than in the other groups felt they would need to relocate their home. It was in the oldest group, however, (see Table 20) that the greatest proportion explicitly predicted a change of lifestyle and that they would stay closer to home.



Table 20

How Their Life Would Change if They Could no Longer Drive

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Devastated, heart broken, unhappy, broken, awful, frustrated, traumatic/ like losing my right arm	25.9	38.9	22.2	29.6
Become public transit user	21.0	27.8	29.6	24.7
Have to move (e.g. nearer to bus)	18.5	31.5	7.4	21.0
Less independent/free	23.5	13.0	0.0	16.0
Stay closer to home	11.1	9.3	25.9	13.0
Less mobile	16.0	11.1	7.4	13.0
Inconvenient, disappointed but I'd learn to live with it	14.8	9.3	14.8	13.0
Less social	12.3	9.3	14.8	11.7
It would change my lifestyle	9.9	5.6	22.2	10.5
Take longer to get places	9.9	7.4	0.0	7.4
Save money	7.4	5.6	11.1	7.4
It would restrict my activities	7.4	5.6	3.7	6.2
Take taxis	3.7	9.3	7.4	6.2

In regard to use of alternate forms of transportation, it will be recalled (see Table 9) that overall, only 3.1% of respondents said they currently take a taxi when they cannot/do not use their car. Only 6.2% spontaneously mentioned that they would take taxis if they no longer drove. These data confirm the authors' prior perception that taxis are a viable alternative for only a very small proportion of older people.

#### 4.2.9 Symbolic Value of Their Car

When asked what their car symbolized for them, the three most frequent responses in all three age groups were "independence", "freedom", and "mobility/flexibility". As shown in Table 21, the latter two responses were most frequently given by respondents in the oldest group. About one-fifth in each group stated that their car was important, meant a lot to them, and/or was a necessity or essential.

Table 21

Symbolic Value of Their Car

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
--	-----------------	-----------------	---------------	------------------

	%	%	%	%
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Independence	25.9	37.0	14.8	27.8
Freedom	24.7	25.9	37.0	27.2
Mobility/flexibility	19.8	18.5	37.0	22.2
Transportation	19.8	16.7	14.8	17.9
Convenient, quick	11.1	14.8	11.1	12.3
Important/means a lot	7.4	7.4	14.8	8.6
Necessity/essential	4.9	14.8	3.7	8.1
Pleasure, enjoyment/ mental health	11.1	13.0	3.7	8.1
Part of life/trusting friend, mode of life	7.4	9.3	7.4	8.1
Status/class	3.7	9.3	7.4	6.2

#### 4.3 Driving Difficulties

In exploring driving difficulties, focus group participants were asked to describe the driving manoeuvres and types of roads they found most difficult. They were asked which personal factors, characteristics or impairments made driving difficult. They were also asked what concerned them most about their own driving.

#### 4.3.1 Difficult Driving Manoeuvres

As shown in Table 22, only three driving manoeuvres were described as difficult by 5% or more of the focus group participants. These were: parking, mentioned by 27.2%, backing up, mentioned by 12.3% and checking over their shoulder, mentioned by 8.1%. No clear differences among the three age groups were apparent.

Table 22

#### Difficult Driving Manoeuvres

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Parking	25.9	31.5	22.2	27.2
Backing up	11.1	14.8	11.1	12.3
Checking over shoulder	13.6	1.9	3.7	8.1

#### 4.3.2 Types of Roads Found Difficult

Icy, snowy and rainy roads were the most difficult for participants in the 55-65 age group. Gravel or unpaved roads were most difficult for those in the 66-75 age group. In the 76+ group, most frequently mentioned were narrow roads and roads that were bumpy, had ruts in them, potholes or were of the "washboard" type.

Table 23

Difficult Roads

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
--	-----------------	-----------------	---------------	------------------

	%	%	%	%
--	---	---	---	---

Icy, snowy, rainy	28.4	16.7	3.7	20.4
Gravel roads, unpaved	17.3	24.1	7.4	17.9
Narrow roads	4.9	11.1	25.9	10.5
Bumpy, ruts, washboard, pot-holes	11.1	5.6	22.2	11.1
Winding, curvy, blind corners	6.2	7.4	14.8	8.1
Multi-lane highways	9.9	3.7	3.7	6.8
Dark surface at night	3.7	9.3	0.0	4.9

#### 4.3.3 Personal Factors, Characteristics or Impairments That Make Driving Difficult

In all three age groups, vision problems were most frequently mentioned in response to the question "what personal factors, characteristics or impairments make driving difficult for you?" These included generally poor vision, poor night vision and difficulty responding to glare, either from the sun or at night from headlights. Difficulty turning their head due to arthritis or neck stiffness was the next most frequently mentioned factor, followed by fatigue and poor hearing.

Table 24

Personal Factors, Characteristics or Impairments Which Make Driving Difficult

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Poor vision	27.2	11.1	11.1	19.1
Poor night vision, highway, rain	16.0	5.6	18.5	13.0
Glare (from sun, at night)	12.3	5.6	22.2	11.7
Can't turn head (arthritis, stiff neck)	8.6	11.1	7.4	9.3
Fatigue	6.2	11.1	3.7	7.4
Poor hearing	1.2	5.6	11.1	4.3

That just over a quarter of respondents in the 56-65 group should mention poor vision was surprising given that, when asked in the Participant Information Form to rate their vision, 24.7% in this age group responded "excellent" and 69.1% responded "good" (see Table 2). Difficulty with glare, on the other hand, was not unexpected, particularly in the oldest group, since susceptibility to its effects is known to increase as a function of increasing age (Fozard et al, 1977).

#### 4.3.4 Greatest Concerns About Own Driving

The three age groups were highly similar in what concerned them most about their own driving. In order of frequency of mention, the three most common concerns were: losing attention/concentration while driving, mentioned by 24-30% in each age group, losing their licence or having to quit driving, mentioned

by 15-25% in each age group, and getting hit by another vehicle, mentioned by 12-15% in each age group.

Table 25

Greatest Concerns About Own Driving

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Losing attention/ concentration	23.5	25.9	29.6	25.3
Losing licence/having to quit driving	17.3	24.1	14.8	19.1
Getting hit (esp. by drunks, careless drivers)	12.3	13.0	14.8	13.0
Injuring pedestrian	14.8	9.3	3.7	11.1
Losing abilities/health problems which interfere with driving, e.g. arthritis)	9.9	9.3	11.1	9.9
Hitting another car	11.1	3.7	7.4	8.1

#### 4.4. Road and Traffic Signal Design

In this section of the focus group discussions, respondents were asked what changes in road or highway design or in traffic signs or signals would make driving easier for them. They were also asked about pedestrian signals, crossings and rules.

##### 4.4.1 Recommended Road and Traffic Sign Changes That Would Facilitate Driving

As shown in Table 26, More than a third of respondents in each age group felt driving would be easier for them if signs were larger and/or had bigger letters and if there were more left turn

lanes. More than a third of the respondents in the 66-75 and 17-22% in the other two groups recommended standardized placement and style of traffic signs and signals. More than one third in the oldest group and 19-22% in the other groups recommended more advanced warning about highway exits. From one-fifth to about one quarter of the respondents in the youngest group also felt driving would be easier if there were more lines, "cats eyes", reflectors, etc. and if traffic signs and signals were unobstructed and in the centre of the intersection.

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Larger signs, bigger letters	34.6	31.5	40.7	34.6
More left turn lanes	32.1	33.3	40.7	34.0
Standardization of placement, style of signs and lights	17.3	38.9	22.2	25.3
More advance warning about exits	18.5	22.2	33.3	22.2
Lines, cats eyes, reflectors, etc.	23.5	14.8	3.7	17.3
Unobstructed signs/ lights/ signs in centre of intersection	19.8	7.4	11.1	14.2
Unambiguous signs	7.4	5.6	14.8	8.1
Better lighting	8.6	11.1	0.0	8.1

#### 4.4.2 Recommended Changes That Would Make it Easier to Avoid Pedestrians

There was consensus across the three age groups that avoiding pedestrians would be easier if pedestrians obeyed the rules, were more responsible and

cautious. From 11-24% in each group also recommended that pedestrian crossings be better lit and marked.

Table 27

Recommended Changes in Pedestrian Signals, Crossings or Rules

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Pedestrians obeying rules, being more responsible, cautious	27.2	37.0	25.9	30.2
Crossings better lit, better marked	23.5	18.5	11.1	19.8
Police enforce rules (e.g., J-walking)	17.3	7.4	7.4	12.3
Warning of X-walk ahead (e.g., flashing lights)	11.1	7.4	25.9	12.3
Longer "walk" time to cross	11.1	9.3	11.1	10.5

It is interesting to note that in response both to the question of how road design and how pedestrian crossings could be improved, a higher proportion in the oldest groups than in the other groups recommended more advanced warning (i.e., of approaching exits and pedestrian crosswalks). This is consistent with the previously mentioned findings (see Section 4.2.7) that more than 50% in this age group felt that slower reactions were a major cause of accidents in older drivers.



#### **4.5 Licensure**

In exploring what was anticipated to be the delicate topic of licensure, focus group participants were first asked if they thought people should be required to give up their drivers' licence at a certain age and if so, at what age. They were then asked what factors should be considered in deciding if someone should be relicensed. This was followed by two specific questions relating to relicensure: 1) "If older drivers were required to be retested before their licence was renewed, at what age should this happen?" and 2) "Should a medical checkup, fitness test, eyesight test, road test or written test be a condition of licence renewal?"

These questions were followed by three concerned with cessation of driving. The first asked what things in future might stop respondents from driving. The second asked who should decide when a person should stop driving. The third explored their reaction to the requirement, in the Motor Vehicle Act, that physicians notify the licensing bureau about drivers who had an impairment that might affect their driving ability.

The final question in this set asked whether respondents felt retesting of older drivers was discriminatory.

##### **4.5.1 Reasons for Retesting**

In all three age groups, more than 95% of respondents stated that people should not be required to give up their drivers' licence

just because they reached a certain age. As shown in Table 28, age was, however, considered by approximately one-third of respondents to be a reason for requiring that a person be retested. Other factors respondents felt should be taken into consideration in deciding if someone should be retested, in order of their frequency of mention were: a person's general health (mentioned by 46.3%), their driving record and in particular, if it indicated evidence of traffic violations (34.0%), evidence of having been involved in accidents and in particular, those in which they were at fault (22.2%), visual problems (19.8%), such specific illnesses as stroke, epilepsy or heart problems (19.1%), hearing problems (10.5%) and poor psychological test scores (8.1%).

The most noticeable age difference was the much smaller proportion in the 76+ groups who felt age, evidence of vision problems and evidence of hearing problems were reasons for retesting.

Table 28

Reasons for Retesting Drivers

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Health	40.7	51.9	52.0	46.3
Violations/driving record	37.0	27.8	37.0	34.0
Age	35.8	33.3	7.4	30.2
Accidents (with fault)	23.5	22.2	18.5	22.2
Vision problems	18.5	29.6	3.7	19.8
Specific illness (e.g. stroke, epilepsy, heart problems or physical impairment)	23.5	11.1	22.2	19.1
Hearing problems	9.9	16.7	0.0	10.5
Psychological test scores	9.9	5.6	7.4	8.1

The greater reluctance of the oldest group to recognize age as a reason for retesting is reflected again in response to the question "If older drivers were required to be retested before their licence was renewed, at what age should this happen?". As shown in Table 29, 44.4% in the 76+ group compared with 22.2-29.6% in the other groups answered this question by stating that they were opposed to retesting on the basis of age unless there was some other reason to do so. Among those who did specify an age at and above which all persons should be retested, the preference was for age 70. The next most popular age for commencement of retesting, given by approximately a third of each group, was 65.

Table 29

Recommended Retesting Age for Older Drivers

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Against retesting on basis of age without an additional reason	22.2	29.6	44.4	28.4
Everyone should be retested	6.2	1.9	7.4	4.9
Of those who gave an age:	(n=55)	(n=23)	(n=15)	(n=93)
55-59	3.6	0.0	0.0	2.2
60-64	7.3	0.0	0.0	4.3
65-69	32.7	30.4	26.7	31.2
70-74	47.3	30.4	33.3	40.9
75-79	7.3	26.1	33.3	16.1
80-84	0.0	4.3	0.0	1.1
85-89	0.0	0.0	6.7	1.1
90-95	1.8	4.3	0.0	2.2
95+	0.0	4.3	0.0	1.1

**4.5.2 Criteria for Licence Renewal**

As shown in Table 30, more than half of the focus group participants felt that drivers should have to pass an eyesight test before their licence was renewed. Similar proportions would require an applicant to pass a medical test and a road test. Forty-one percent felt applicants should have to pass a fitness test. Passing a written test was considered a criterion by 36.4%. Clearly, imposition of these criteria was more strongly endorsed by the two younger groups than by the oldest group. The oldest group was most vocal in stating that persons of all ages should have to pass such tests before their licence was renewed.

Table 30

Criteria for Licence Renewal

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
<u>Passing a(n):</u>				
Eyesight test	67.9	50.0	25.9	54.9
Medical checkup	59.3	57.4	33.3	54.3
Road test	55.6	55.6	29.6	51.2
Fitness test	46.9	40.7	22.2	40.7
Written test	45.7	37.0	7.4	36.4
All tests for renewal for everyone	12.3	11.1	25.9	14.2

**4.5.3 Driving Cessation****4.5.3.1 Reasons Respondents Might Stop Driving**

As shown in Table 31, when asked to speculate about things, in future, that might cause them, personally, to stop driving the dominant response, given by 54-61% in each age group was "poor health". Also mentioned, by from 9-15% of respondents were: poor vision; having a bad accident, a narrow escape or finding themselves making mistakes; developing a physical impairment or handicap; becoming a hazard to themselves or feeling that they were "slipping"; being unable, financially, to keep driving; being a hazard to others; and developing a mental impairment.

Table 31

Reasons Respondents Might Stop Driving

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	$\bar{x}$	$\bar{x}$	$\bar{x}$	$\bar{x}$
Poor health, medical condition (heart attack, trouble breathing)	54.3	61.1	59.3	57.4
Poor vision	17.3	9.3	22.2	15.4
Bad accident, narrow escape, making mistakes	13.6	18.5	14.8	15.4
Physical impairment, handicap	8.6	24.1	14.8	14.8
Hazard to self/know I'm slipping	17.3	7.4	14.8	13.6
Can't afford to, economics	16.0	7.4	7.4	11.7
Hazard to others	12.3	5.6	14.8	10.5
Mental impairment	2.5	20.4	7.4	9.3

**4.5.3.2 Recommended Locus of the Decision to Stop Driving**

In response to the question: "Who should decide when you should stop driving?", the most frequent response, given by 45.1% of the focus group participants was "the doctor". Other answers, in order of their frequency of mention were: "the person him/herself" (35.8%), "the decision should be made on the basis of scores on an unbiased test" (32.7%), "the licensing department should decide" (22.2%), "the person's family should decide" (14.8%), and "the decision should be made by a panel of experts" (7.4%). Nine percent of respondents added that an appeal process should be possible.

The most noticeable age difference was the heavier weighting which respondents in the oldest group assigned to the person

him/herself making the decision. In the oldest group, self determination outweighed even the authority of the doctor.

Table 32  
Recommended Locus of Decision to Stop Driving

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Doctor	39.5	51.9	48.1	45.1
Self	38.3	22.2	55.6	35.8
Unbiased test	32.1	33.3	33.3	32.7
Licence Dept.	24.7	20.4	18.5	22.2
Family	19.8	11.1	7.4	14.8
Panel of experts	9.9	1.9	11.1	7.4
Appeal should be possible	7.4	11.1	11.1	9.3

#### 4.5.3.3 Reaction to Physician Reporting Requirement

A strong majority (87%) of focus group participants strongly agreed with the Motor Vehicle Act requirement that physicians notify the Motor Vehicle Branch about persons who have an impairment that might affect driving. An additional 4.3% reluctantly agreed that it was a good idea. Fourteen percent added that drivers should have the opportunity to appeal or get a second opinion before their licence was revoked.

Table 33

Reaction to Physician Reporting Requirement

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
Good idea/should be obliged to report	86.4	85.2	92.6	87.0
Reluctantly agree	4.9	5.6	0.0	4.3
Doctors have too much authority now	1.2	5.6	0.0	2.5
Appeal/opportunity to get a second opinion should be possible	16.0	16.7	3.7	14.2

**4.5.4 Feelings About Age Discrimination**

When asked explicitly: "Does retesting of older drivers discriminate against them?" 69.8% replied "no", 24.7% replied "yes", and the remainder gave no answer. It is interesting to note, given their response to the other questions dealing with retesting that fewer in the oldest group (18.5%) than in the other two groups (24.1-27.8%) felt that such a practice was discriminatory.

**4.5.5 Need for Vehicle Retesting**

The final question in this set asked about the need for vehicle retesting. In response, 90% of the focus group respondents answered "yes", 9.9% adding that it should be required on a province-wide basis.



#### **4.6 Driver Education**

The sixth topic covered in the focus group discussions concerned driver education. Participants were asked who, if a course were developed for older drivers, should take it and what topics the course should be covered.

##### **4.6.1 Potential Students**

As shown in Table 34, there was no clear consensus as to who, among the older population, should take a driver education course, or even whether a course should be developed specifically for older people. Between a quarter and a third in the two younger groups felt driver education should be developed for people of all ages. A third in the youngest group and about a fifth in the oldest group felt it should be targeted to persons with traffic violations, 15% overall felt it should be optional, for people who want to "brush up", 14% felt it should be for everyone older and 11% indicated it should be for people who had had accidents.

##### **4.6.2 Course Content**

Only two topics were mentioned with much frequency when respondents were asked what should be included in a course for older drivers. Approximately a third in each age group felt the course should focus on defensive driving techniques. About a sixth in the two younger groups and a quarter in the oldest group

felt it would be useful to include information on current laws and regulations relating to driving.

Table 34

	<u>Driver Education</u>			Total (n=162)
	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	
	%	%	%	%
a) If a course were to be developed for older drivers, who should take it?				
All drivers, not by age	30.9	27.8	0.0	24.7
Violators	33.3	11.1	22.2	24.1
Optional, people who want to brush up	11.1	20.4	18.5	15.4
Everyone "older"	8.6	24.1	11.1	14.2
People who have had accidents	11.1	7.4	18.5	11.1
b) What should be included?				
Defensive driving	32.1	27.8	29.6	30.2
Laws and regulations	13.6	13.0	25.9	15.4

#### 4.7. Traffic Violations

As shown in Table 35, speeding was by far the most frequent traffic violation respondents reported committing. Approximately two-thirds in both the 56-65 and 66-75 age groups reported doing it. In the oldest group, over a third (37%) reported speeding, while over a quarter reported running a light.

When asked explicitly whether they travel the speed limit or go with the flow of traffic, approximately two-thirds in the oldest and youngest groups said they went with the flow. In the middle-

old group, 48.1% reported going with the flow while 27.8% said that they both go with the flow and travel the speed limit depending on circumstances.

Table 35

Traffic Violations Most Frequently Committed by Respondents

	56-65 (n=81)	66-75 (n=54)	76+ (n=27)	Total (n=162)
	%	%	%	%
a) From time to time, almost all of us commit some traffic violation. What types of violations do you most frequently commit?				
Speeding	60.5	64.8	37.0	58.0
Running light	16.0	7.4	25.9	14.8
Rolling stop	11.1	11.1	0.0	9.3
No seat belt	13.6	5.6	7.4	9.9
b) Do you travel the speed limit or go with the flow of traffic?				
Flow	66.7	48.1	59.3	59.3
Speed limit	11.1	13.0	11.1	11.7
Both	11.1	27.8	14.8	17.3

When asked for suggested revisions to driving regulations to increase safety, only two responses were given by more than 10% of respondents. These consisted of better enforcement of existing regulations and raising the speed limit. The latter recommendation came exclusively from the two younger groups.

#### 4.8 Medication Effects on Driving

The final topic covered in the focus group discussions concerned the impact of medications on driving. Respondents were asked whether they or anyone they knew had had the experience of

medication affecting their driving and if so, in what way was it affected and what drugs were involved.

In the 55-65 age group, 40.7% reported medications affecting themselves or their acquaintances while driving. Corresponding proportions in the 66-75 and 76+ age groups were 24.1% and 18.5% respectively. The only effect reported with any degree of consistency was sleepiness. Drugs involved were anti-histamines and tranquillizers.

## 5. DISCUSSION

The literature on older drivers is replete with articles describing ways in which physiological changes and age-related illnesses may compromise the ability of older persons to operate a motor vehicle safely (see Reuben, Silliman and Trainee, 1988 for a recent example). There are also numerous articles analyzing crash statistics, several among these (Accident Facts, 1986; Graca, 1986) indicating that when miles driven are taken into consideration crash rates for older drivers approximate or are higher than those for persons under 25 years of age.

While few older persons will have read these articles, data from the present study suggest that they are well aware that aging could render their driving problematic. In particular, they expressed concern about losing attention/concentration while driving. Also, while most rated their vision as good or excellent, they obviously had some concerns about it. This was reflected in vision problems being the most frequent response to the question "What personal factors, characteristics or impairments make driving difficult for you?", and in their recommendation that traffic signs and signals be larger and/or have larger lettering.

While not explicitly saying so, this may be why, as in other studies (Waller, 1985), a sizeable proportion (a quarter to a third) reported that they drive more slowly and cautiously now

than they used to, why increasing proportions (29.6% in the 55-65 age group, 44.4% in the 66-75 age group and 59.3% in the 76+ age group) report they avoid night driving, and why a third to a half avoid driving in bad winter weather or rush hours.

Still and all, however and despite their concerns the vast majority (over 75%) of respondents reported using their car on a daily basis. Should they no longer be able to drive approximately one-third expected to experience major emotional repercussions. Respondents, particularly in the oldest group, also felt they would experience a major change in life style. As noted in Section 4.2.8, it would mean they would have to become a public transit user (or rely on others to drive them places), perhaps have to move their home so as to be nearer to a bus stop, be less free, independent and mobile and generally, particularly among respondents in the oldest group, stay closer to home. Shopping patterns and leisure time activities would also be affected (see Section 1.1). Vacation travel would likely be seriously curtailed for the approximately 40% in each age group who use their car for this purpose. Additionally, not being able to drive would have an impact on social interaction patterns - again, particularly for persons in the oldest group, 85% of whom said they use their car to visit family and friends.

Given these outcomes, how can the needs of seniors be served and their right to an independent lifestyle be safeguarded, while at the same time protecting them and the general public from the

potentially devastating effects of crashes? It is clear from the data that revoking a person's driver's licence solely on the basis of age is an unacceptable solution. What does appear to be acceptable (see Section 4.5.1) is a program of testing based on age and evidence of a decline in general health, of traffic violations or of accidents, especially where the older driver was at fault.

There was less consensus, particularly in the oldest group, concerning the need to take visual status into consideration in deciding whether a person should be retested.

Respondents in the oldest group were also less vocal than respondents in the other two groups in recommending that passing an eyesight test be a criterion for licence renewal, perhaps because visual problems are more common among them. In this group (see Section 4.5.2), only approximately a quarter of the respondents felt that older people should have to pass an eyesight test, or for that matter, a medical checkup or a road test before their licence was renewed. An even smaller percentage (7.7%) were in favour of a written test.

A theme that was re-iterated in response to several of the questions relating to licensure was that persons of all ages should be re-tested prior to having their licence renewed and that where a decision was made that a person should stop driving, he/she should have the right of appeal.

As regards who should make such a decision, respondents were more willing than had been anticipated to defer to the authority of the doctor. As indicated in Sections 4.5.3.2, from 40-48% in each group named "the doctor" in response to the question "Who should decide when you should stop driving?" When asked specifically about the Motor Vehicle Act requirement that physicians notify the Motor Vehicle Branch about persons who have an impairment that might affect driving, an overwhelming majority (87%) supported it. Given their confidence in the physician, it is encouraging to note that both the American Medical Association (Doege and Engelberg, 1986) and the Canadian Medical Association (Canadian Medical Association Council on Health Care's Subcommittee on Emergency Medical Services, 1986) provide guidelines to assist physicians in judging an individual's capacity to drive safely. Even more encouraging, however, would be guidelines explicitly concerned with the older driver. Also, as Reuben, Silliman and Traines (1988) suggest, there is a need for more research into the relationship between specific impairments and diseases and driving competency since the current literature is generally inconclusive. With the growing numbers of seniors, such research takes on added urgency.

A final finding from the present study that bears comment concerns traffic violations. Given the common belief that older people drive more slowly than other age groups and respondents' reports that they drive more slowly now than they used to, it was



surprising indeed that speeding was the most frequent response to the question "What types of violations do you most frequently commit?" This finding is particularly difficult to reconcile in the case of the oldest group, half of whom answered "slower reactions" when asked what they perceived to be the cause of accidents in older drivers.

Despite respondents' seeming lack of enthusiasm for driver education programs for seniors, widespread offering of such programs may in fact be warranted. In addition to including, as respondents suggest, information on defensive driving and laws and regulations, a major theme should perhaps be the dangers of driving both too slowly and too fast.

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Appendix 1

Licensed Drivers in British Columbia,  
1984, by Age and Sex

	No. male	Row %	No. female	Row %	Total	Column %
56-65	138,372	57.8	101,035	42.2	239,407	51.5
66-75	96,347	61.5	60,197	38.5	156,544	33.7
76+	<u>49,685</u>	<u>72.3</u>	<u>19,072</u>	<u>27.7</u>	<u>68,757</u>	<u>14.8</u>
	284,404	61.2	180,304	38.8	464,708	100.0

Source: Motor Vehicle Department (1986), Transportation and Highways Report, 1984/85 pp. 317-318.

APPENDIX 2

SFU GERONTOLOGY RESEARCH CENTRE  
FOCUS GROUP STUDY OF OLDER DRIVERS

DISCUSSION GUIDE

June, 1987

(INTRODUCE BY SAYING OUR FIRST TOPIC IS, OR OUR NEXT TOPIC IS)

TOPIC 1: Driving Pattern

Response Categories

- |   |   |
|---|---|
| 1.1Q For what purposes or types of activities do you use a car. That is, what things do you do that involve use of a car? | Business, commuting to and from work, pleasure, shopping, to go to entertainment, to go to sporting events, family visits, visiting friends, to health care practitioner or centre, social events, meals, meetings, volunteer work. |
| 1.2Q When and under what conditions do you try to avoid driving?  | a) Don't avoid anything<br>b) Day/night, morning/afternoon/evening, weekdays/weekends<br>c) Winter/fall/summer<br>d) Good/bad weather<br>e) Rush hour/quiet times<br>f) City/highway, familiar/unfamiliar<br>g) Poorly lit roads    |
| 1.3Q When you drive others, what types of people tend to be passengers in your car?                                       | Alone, mate, friend, children, grandchildren, other family members, other seniors, younger people, work associates, business contacts, parents, neighbors   |
| 1.4Q How often do you usually drive?  | Daily, weekly, several times per week, monthly, several times a month, a few times a year, almost never, never  |
| 1.5Q In a typical week, other than driving there yourself, how do you get places?   | Others drive me, bus, taxi, bicycle, handidart, walk  |

TOPIC 2: Attitudes and Beliefs

- |                                     |  |
|-------------------------------------|--|
| 2.1Q How do you feel about driving? | Like/don't like, bored, anxious, excited, nervous, comfortable, uncomfortable, confident, annoyed, impatient, intolerant |
|-------------------------------------|--|

Response Categories

- 2.2Q What do you think about other older drivers? Safe/unsafe, cautious, law abiding, accident prone, good/bad, average, better/worse/same as younger/older/others, slower, all different, should be retested.
- 2.3Q What do you think most people think about older drivers? Safe/unsafe, cautious, law abiding, accident prone, good/bad, average, better than younger/older/others, worse than younger/older/others, same as younger/older/others, slower, all different, should be retested.
- 2.4Q What does your family think about you as a driver? Safe/unsafe, cautious, law abiding, accident prone, good/bad, average, better/worse/same as younger/older/others, never liked my driving, think I should stop driving, think I drive OK
- 2.5Q How do you think the police feel about and treat older drivers? Safe, unsafe, cautious, law abiding, accident prone, good/bad, average, better/worse/same as younger/others
- Fairly/unfairly, blame them unjustly, give the benefit of doubt, condescending, like other drivers, helpful, with respect
- 2.6Q Do you drive differently now than when you were younger and if so, in what ways? Yes/No  
Drive more now, slower/faster, avoid heavy traffic, less night driving, avoid bad weather, limit self to familiar routes, more cautious/less cautious, better/worse, drive more defensively, more aware/less aware of things, less recklessly, avoid stressful situations
- 2.7Q What are the characteristics of a good driver? Competent, experienced, courteous, alert, patient, aware of things, considerate of others, concentrate on driving
- 2.8Q What annoys you about other drivers? Lack of courtesy, aggressiveness

Response Categories

- 2.9Q What do you think are the major causes of accidents among older drivers?  
Alcohol, unsafe drivers, weather, night driving, discourteous drivers, other drivers, speed, unsafe cars, misjudgement of other vehicles and drivers, difficulty reading/seeing signs and signals, slower reactions, less attentive, confusion, roads more complex now, driving patterns different now
- 2.10Q How would your life change if you could no longer drive?  
Less independent, less mobile, less social, fewer vacations, couldn't work, stay closer to home, take longer to get places, become public transit user
- 2.11Q What values does your car symbolize for you?  
Convenience, freedom, independence, "macho", rejuvenation, comfort, adventure, expense, necessity, relaxation, memories, pleasure

TOPIC 3: Driving Difficulties

- 3.1Q What are the driving manoeuvres that you find difficult?  
Changing lanes, turning, going fast, steering, parking, keeping up with traffic, backing up, joining a stream of traffic entering a highway, keeping in the lane, judging distance, keeping a good following distance, reading street signs, reading instructional signs
- 3.2Q What type roads do you find difficult?  
Limited access highways/highways/city streets, narrow roads, gravel roads, one-way roads/two-way roads, intersections
- 3.3Q What personal factors, characteristics or impairments make driving difficult for you?  
Fatigue, poor vision, stress, poor hearing, poor reaction time, poor health, drugs, alcohol, information overload, glare, always a poor driver, mobility impairment, poor judgement
- 3.4Q What are your greatest concerns about your own driving?  
Hitting another car, losing license, getting hit, becoming ill while driving, injuring a pedestrian, losing concentration/attention, being a danger to others

Response Categories

TOPIC 4: Design

- 4.1Q What changes in road or highway design or in traffic signs or signals would make it easier for you to drive? More one-way streets, controlled access highways, left turn lanes and signals, stop lights, stop signs, better lighting, lower speed limits, larger signs, more advance warning about exits
- 4.2Q What changes in pedestrian signals, crossings or rules would make it easier for you as a driver? Push button signals should activate faster

TOPIC 5: Licensure

- 5.1Q Should people be required to give up their driver's license when they reach a certain age and if so, at what age? Yes/No  
50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90-95, 95+
- 5.2Q What factors should be considered in deciding if someone should be retested? Age, good health, specific illness, vision problems, accident occurrence, violation
- 5.3Q If older drivers were required to be retested before their license was renewed, at what age should this happen? 50-54, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90-95, 95+
- 5.4Q Should a medical checkup, fitness test, eyesight test, road test or written test be a condition of your license renewal? Medical checkup, fitness test, age test, written test, road test
- 5.5Q What do you think about the need for vehicle testing?
- 5.6Q What things in the future might cause you to stop driving? Hazard to others  
Unsafe for self  
Poor health  
Poor vision  
Slower response time  
Poor hearing



Response Categories

5.7Q Who should decide when you should stop driving?

Self  
Family  
Doctor  
Police  
License Department  
ICBC  
Unbiased test

5.8Q The Motor Vehicle Act requires physicians to notify them about drivers who have some impairment that may affect driving. What do you think about this?

Appeal should be possible, more than one doctor's opinion should be used

5.9Q Sometimes issues of discrimination come up. Does retesting of older drivers discriminate against them? (Probe for reasons why)

Yes, No

TOPIC 6: Education

6.1Q If a course were to be developed for older drivers, who should take it?

Violators, people who fail the road test, people who have had accidents, people referred by the doctor

6.2Q What do you think should be included?

Handling the vehicle  
Distance judgement  
Laws and regulations  
Courtesy  
Driving in heavy traffic  
Bad road conditions driving  
Bad weather conditions driving

TOPIC 7: Violations

7.1Q From time to time almost all of us commit some traffic violation. What type of violations do you most frequently commit?

Speeding, going through a yellow or red light, illegal turn, illegal passing, not wearing a seat belt, not signalling, going through a stop sign, failure to yield right of way, follow too close, drinking and driving

7.2Q Do you have any suggestions for revision of our driving regulations?

7.3Q Do you usually travel the speed limit or go with the flow of traffic?

Speed limit, flow, both

Response Categories

TOPIC 8: Medication Effects

8.1Q Have you or anyone you know had the experience of medication affecting driving? If so, what were the effects?

Yes/No

Sleepiness, nausea, blurred vision, dizziness, tremour, muscle weakness

8.2Q What were the drugs?

Pain killers, tranquillizers, anti-depressants, heart medication, cancer drugs, anti-histamines, anti-coagulants

TOPIC 9: Other

9.1Q In the five minutes we have left, is there anything else about driving and the older person that you think we and ICBC should know or be concerned about?

CLOSING

After general discussion (TOPIC 9)

THANK PARTICIPANTS BY SAYING -

On behalf of the SFU Gerontology Research Centre and ICBC, I really want to thank you for taking the time to come and share your ideas and opinions with us today.

If you would like a summary of the findings, please put your name and address on one of these envelopes and leave it with us. Since the study will take us some time to complete, you will not hear from us until sometime in the new year but be assured, you will hear from us.

HAND OUT PARKING/GAS REBATE AND SAY -

In this envelope you will find \$5 to help cover your transportation costs. Please sign this receipt form as we need it for our records.