



## Monthly Newsletter July 2016



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### **Driving Mobility Affects Seniors' Social Lives, Overall Health**

According to a recent study, elderly drivers who stop driving and have no transportation alternatives become less socially active and risk isolation. This can lead to a decline in both physical and mental health.

Teja Pristavec, a sociology researcher at Rutgers University in New Brunswick, NJ, sought to determine the effect of driving mobility on the social participation of older Americans. Her results were published online in May 2016 in *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* (available [here](#)).

Pristavec defines driving mobility as a combination of being able to drive oneself and receiving rides. She looked at driving habits and social activities of more than 4,300 adults over age 65, using survey data collected in 2011 and 2013 by the National Health and Aging Trends Study ([www.nhats.org](http://www.nhats.org)).

Compared to seniors who had stopped driving, she found that frequent drivers are more than three times more likely to visit friends and family, and almost three times as likely to participate in social outings like going to the movies. They were also more than twice as likely to attend religious services or organized group activities. But when they lost the ability to drive and had no transportation alternatives, their participation in social activities declined to the same level as those who never drove at all. A

decrease in driving frequency, from frequent driving to occasional driving to not driving, lowers social participation.

### **Benefits of Social Participation for Seniors**

Pristovec notes that with a longer life expectancy, older adults can remain socially engaged in later years. Those who do so report being in better health, experience lower mortality risk over time, and have lower rates of depression, dementia and other cognitive impairments. Social participation is also linked to greater life satisfaction, self-esteem and positive affect. For these reasons, maintaining participation in social, economic, cultural, spiritual and civic affairs is part of healthy, active and successful aging.

### **Fewer Older Drivers**

Driving is a way of life in the U.S. and is often crucial for social participation and having access to services. Approximately 85% of individuals 60 years and older currently drive, but the proportion of those still driving decreases with age. In 2011, 93% of adults age 60-69 held a driver's license, compared with 60% of those age 85 or older. With life expectancy increasing, the number of years older adults spend not being able to drive is also lengthening. Pristovec notes that at 70 years, men have a total life expectancy of 18 years, but a driving life expectancy of 11 years, resulting in a gap of seven years. For women, the gap is about ten years. In a time of their lives when they could still be active social participants, older adults are likely to experience limited driving mobility.

Physical and mental decline in later years eventually lead to a decision to reduce and cease driving. In the U.S., over 600,000 older individuals stop driving every year and must rely on other transportation.

### **Limited Driving Leads to Cessation**

Most older adults start ceasing to drive by limiting their driving behaviors. They drive less frequently, shorter distances and to fewer destinations, adapt speed, and restrict trips to familiar roads and particular hours. How long they can continue to drive, even occasionally, will likely depend on their confidence, capabilities, and whether they live in a city or rural area. A smaller town usually means less traffic and a slower pace, making it safer for a senior to drive more slowly and cautiously. City driving, of course, is stressful for persons of all ages.

Some need a little help in making the decision to stop driving, and family members can watch for signs. For example, the driver may start making all right turns in order to avoid turning left at an intersection, or insist on having a navigator so he or she can concentrate solely on driving. A driver who becomes disoriented or has trouble following directions may also need to be discouraged from driving. At some point, it becomes a safety issue—both for the senior and for the public at large.

### **Social Activities Become Limited**

Physical changes and health issues in later life may not only affect the ability to drive, but can also restrict the range of activities in which seniors can participate. Many also find their savings have to stretch farther than they anticipated. As their health, finances, and social contacts decline, they often choose to focus on fewer select activities instead of maintaining their previous participation levels. They may engage in one or two activities they find most rewarding, require fewer resources, or are nearby. Attending religious services, or visiting family and friends, often become more important than going to the movies, out to dinner, and other outings simply for enjoyment.

In short, even if they don't drive, seniors will try to find ways to continue participating in activities they value and cut back on those they deem less important. Social activities may just become too difficult and too expensive, and therefore less enjoyable.

For many seniors, religious services remain a high priority in their lives. Research has shown that religious involvement remains stable until the end of life, and there are known health and well-being benefits of religious participation. Pristovec found that those with higher self-driving mobility (including occasional drivers) are more likely to attend religious services than those who ceased driving and those with lower self-driving mobility. For those non-driving seniors who value religious services, efforts should be made to find rides so they can continue participating

### **Receiving Rides Can Help Prolong Social Participation**

Receiving rides, a component of driving mobility, is a crucial alternative transportation option for older adults as their own ability to drive declines. Pristovec found that providing regular rides is likely to prolong social participation into later life. Family members, friends and caregivers are often best able to provide flexible, supportive, door-to-door service, with escort assistance that best meets the older individual's changing needs.

Unfortunately, many older individuals do not have children living nearby, and a smaller social network may mean fewer people are willing or able to provide rides. Family and friends may also be reluctant to assist due to limited time, money, and competing work or other family obligations.

Further, seniors are often hesitant to ask for rides because they fear being a burden to others. When they do ask for help, they tend to request rides for basic needs, like doctor visits and grocery shopping, not for social activities.

### **Public Transportation**

Those who live in metropolitan areas may have public transportation options, including buses, taxis, and Uber or Lyft. Some areas provide transportation specifically for seniors, such as community buses and mini-buses on fixed, circular routes; Dial-A-Ride services; point-to-point services for those with disabilities; and volunteer drivers. Many are provided at low senior rates. Some neighborhood senior community centers provide free transportation and a mid-day meal.

However, public and community transportation are often unsuitable for older individuals due to limited schedules during non-peak times, limited service to nonwork destinations, poor accessibility, low availability, inadequately trained drivers and limited personal assistance. Additionally, many seniors and their families are simply not aware these options exist.

### **Senior Living Centers**

Social interaction can also be provided in community living centers, whether for active seniors or for those requiring some assistance with daily living activities. Most provide field trips and outings, in addition to on-site activities and community dining. These can be a good, albeit often costly, choice to encourage social participation if transportation options are limited.

### **Conclusion**

Keeping seniors socially engaged is vital to their physical and mental well-being in later years.

Pristovec's study illuminates the need for seniors to have transportation options when their driving abilities lessen and cease, pointing to the need for developing transportation alternatives that are accessible and non-stigmatizing. These options could facilitate continued participation without older adults feeling burdensome or risking their safety (and the safety of others) with prolonged self-driving.

We specialize in assisting with legal issues that affect seniors and their loved ones. If you or someone you know would like to learn more, please don't hesitate to contact us.

### **About The National Health and Aging Trends Study**

Pristovec based her findings on survey data provided by the National Health and Aging Trends Study ([www.nhats.org](http://www.nhats.org)), a new resource for the scientific study of functioning in later life. The study is being conducted by the Johns Hopkins University Bloomberg School of Public Health, with data collection by Westat and support from the National Institute on Aging. In design and content, NHATS is intended to foster research that will guide efforts to reduce disability, maximize health and independent functioning, and enhance quality of life at older ages.

Starting in 2011, NHATS has been gathering information on a nationally representative sample of Medicare beneficiaries ages 65 and older. In-person interviews collect detailed information on activities of daily life, living arrangements, economic status and well-being, aspects of early life, and quality of life. Among the specific content areas included are: the general and technological environment of the home, health conditions, work status and participation in valued activities, mobility and use of assistive devices, cognitive functioning, and help provided with daily activities (self-care, household, and medical).

Study participants are re-interviewed every year in order to compile a record of change over time. The content and questions included in NHATS were developed by a multidisciplinary team of researchers from the fields of demography, geriatric medicine, epidemiology, health services research, economics, and gerontology.

As the population ages, NHATS will provide the basis for understanding trends in late-life functioning, how these differ for various population subgroups, and the economic and social consequences of aging and disability for individuals, families, and society.

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