Driving and Other Important Activities in Older Adulthood

Driving is a key indicator of independence in many developed countries. Indeed, among the many families I have worked with in my community engagement and education efforts, questions about how to approach a “conversation” with a relative with memory loss to stop driving are among the most common I receive. As giving up driving is often a key indicator to older adults that their independence is diminishing, many older persons hold on fiercely to their right to drive. Although media coverage may imply that older drivers are a risk to others, available evidence suggests that older adults pose far less of a risk to other drivers or pedestrians than drivers under the age of 25 (although drivers 80 years of age and over appear to be more vulnerable to fatal injuries when experiencing a car crash; see Langford, Bohensky, Koppel, & Newstead, 2008; Loughran, Seabury, & Zakaras, 2007; Tefft, 2008).

As driving and many other activities are central not only to older persons’ independence but also their identity, past issues of the Journal of Applied Gerontology have featured a number of studies on these topics, and this one offers new contributions. Chapman, Sargent-Cox, Horswill, and Anstey (2016) studied the effects of age-stereotype threats on older adults’ perceptions of hazards while driving. The sample was first exposed to either a negative or positive age stereotype; participants then completed a timed hazard perception task and a questionnaire. Negative age stereotypes were associated with reduced post-driving confidence. Chapman and colleagues conclude that these results may potentially result in subsequent driving cessation decisions. Ackerman, Vance, and Ball (2016) examined driving self-regulation and, specifically, whether the provision of feedback about cognitive abilities would impact older adults’ driving behavior. In their sample, participants above the age of 80 who received negative feedback were more likely to avoid subsequent challenging driving conditions, as did participants with no eye conditions. This work builds on the authors’ prior research to examine how the provision of feedback regarding older adults’ cognitive abilities can help them make better driving decisions. Allan, Coxon, Bundy, Peattie, and Keay (2016) compared two established assessments of driving ability, DriveSafe and DriveAware, in 380 individuals above the age of 75 in Australia.
Self-reported driving restriction appeared more reliably related to DriveSafe scores. Moreover, DriveSafe scores were more strongly correlated with vision and cognitive measures.

Among the other important activities focused on in this issue include volunteering. Dury et al. (2016) included a sample of more than 67,000 older adults from the Belgian Aging Studies to demonstrate that various aspects of an older person's neighborhood (e.g., connectedness, satisfaction, home ownership, service presence) were linked to volunteering. As with many activities in older adulthood, the findings of Dury and colleagues emphasize the need to understand activity and engagement of aging within a broader context (neighborhood or otherwise). A complementary study that utilized a different methodology but generated similar conclusions was conducted by Marquez et al. (2016). Relying on focus groups, Marquez and colleagues examined factors related to walking and physical activity among older Latinos in a multi-ethnic neighborhood. Again, environmental factors such as fear of crime and social changes in the neighborhood were raised, as were individual-level factors such as exercising to improve one’s health, lose weight, and manage pain. Similar to Dury et al. (2016), Marquez and his fellow authors suggest the importance of describing and promoting selected activity in older adults in a more complex, multi-level scientific framework.

Another activity that many older adults enjoy is gardening. This issue of the Journal of Applied Gerontology includes a scoping review of the health-related benefits of gardening for older adults (Nicklett, Anderson, & Yen, 2016). Of the eight studies identified, Nicklett and colleagues conclude that gardening is appropriately classified as a low to moderate physical activity, but that existing research cannot address gardening’s health benefits. This is an important gap for subsequent applied gerontological research to address, as gardening may have the potential to emerge as an evidence-based physical activity with health benefits. Such recommendations are not possible, however, until more rigorous research on gardening occurs.

Wild, Mattek, Austin, and Kaye (2016) conducted an interesting study on the degree of agreement between self-reported measures of activity and remote monitoring sensors. Close to 25% of the 95 participants completed their 2-hr activity logs in ways that were not comparable with sensor data collected at the same time. For the remainder of the data, there was little to no agreement between the two sources of information. Clearly, reports of activity based on remote health monitoring systems may yield more “objective” data, but of interest to me (as I and my colleagues are currently evaluating the efficacy of remote health monitoring systems for persons with memory loss and their family caregiver at home; R18 HS022836) is whether these “objective” assessments are linked to key self-reported or other types of health
outcomes on the part of older persons. For example, it may be that self-report measures of activity, with their subjective components, may reflect a larger sense of well-being and thus are more reliably associated with health outcomes than are objective assessments of activity.

I am of the opinion that we are sometimes at risk of viewing the aging process through a biomedical lens of loss. At the same time, I fervently believe that applied gerontology done well can help to preserve those activities, life roles, and other domains of well-being preferred by older adults and their families. This issue’s focus on driving as well as other enjoyable and potentially health-promoting activities demonstrates the latter perspective in quite convincing fashion. Identifying how and why older persons and their families can engage in valued, cherished (and ideally healthy) life activities is surely a goal we, as fellow applied gerontologists, can all share.

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References


