SENIORS’ PERCEPTIONS AROUND DRIVING CESSION: A MULTI-ETHNIC, MULTI-CULTURAL PERSPECTIVE

by

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Abstract

For the great majority of Canadian seniors the private automobile is the primary form of mobility, providing seniors accessibility, freedom and independence. The aging process often leads to a decline and/or compromises the ability to safely drive, resulting in the cessation of driving and/or need to cease driving.

Given the importance of the private automobile and the negative consequences associated with driving cessation, a vast literature base exists examining seniors’ perceptions around driving cessation. Past literature has not examined ethnic seniors’ perceptions around driving cessation in later years.

The premise of this thesis is to document ethnic seniors’ perceptions on the subject of driving cessation, drawing out ethnic differences in perceptions and highlighting where the information revealed within this thesis extends the current understanding on the topic of seniors’ perceptions around driving cessation.

The researcher worked with seniors from the Asian, South Asian, Caucasian and Caribbean/African communities. A total of 351 seniors participated within the study, and the researcher conducted one-on-one interviews with each senior. Thematic analysis was used to code all interview data and the 6 overarching categories encapsulate ethnic seniors’ perceptions around driving cessation in the following ways: an individual perspective; a social perspective; an instrumental perspective; changing familial interactions post-cessation; public transit, transportation alternatives and transit accessible locations; provincial driving legislation and driving programs.

Results demonstrate that seniors’ perceptions differ and/or coincide across ethnic groups, depending upon the category. Results demonstrate that ethnic seniors’ perceptions around driving cessation differ from those expressed in past literature on the topic, thereby adding and expanding the broader understanding regarding seniors’ perceptions around driving cessation.

This thesis may be used by academics, health care professionals, government agencies, transit authorities, senior caregivers and seniors themselves to better understand seniors’ perceptions around driving cessation and to better develop strategies to work with seniors from different ethnic backgrounds in order to aid in a safe and supported transition from driver to non-driver.
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Chapter 1: Introduction

Seniors’ Perceptions around Driving Cessation: A Multi-Ethnic, Multi-Cultural Perspective

Like many other industrialized nations, Canada is witnessing the aging of its population whereby seniors¹ (65 years of age and older) comprise a significant and growing number of the Canadian population. To date, there are over 5.4 million Canadian seniors, accounting for over 13.9% of the overall Canadian population, a number that is expected to grow in the coming years (Statistics Canada, 2008). By 2036, it is projected that seniors will account for between 23%-25% of the Canadian population – nearly doubling the number of seniors from 2008 – thereby making seniors the largest demographic within the Canadian population (Statistics Canada, 2008).

The very elderly population is also expected to grow substantially. In 2009, just over 1.3 million Canadians were 80 years of age and older, accounting for just under 2% of the Canadian population. By 2036, it is estimated that this demographic will grow to over 3.5 million, comprising just over 5% of the population (Statistics Canada, 2008).

In light of this aging watershed it is not surprising that Canada has one of the oldest populations in the industrialized world. As noted by the Canadian Senate, Canada boasts an older population, one which will only continue to age. Our Canadian landscape has now changed, where the aging population has ushered in a new era of needs, wants, and ways of life that must be met (Canada Senate, 2009).

Canada does not only boast an older population, but one that is vibrant and lively. One of the most defining characteristics of Canadian seniors is that they are, in general, physically active, readily engaging in out-of-home social activities, providing volunteer services and thriving as active members within their wider communities (Turcotte and Schellenberg, 2006).

For seniors, like all persons irrespective of age, mobility is the underlying and fundamental key to engaging in out-of-home activities and partaking within the wider community. Studies documenting life satisfaction and happiness in later years unanimously state that seniors who are mobile are more likely to engage in out-of-home and social activities, and are less likely to move to and/or be placed in institutional care (i.e. older age care facility) or require professional and/or medical assistance (i.e. personal driver to aid with mobility) when compared to seniors who are not afforded mobility (Lister, 1999). Seniors who are mobile are also more likely to feel that they are independent and do not have depend on others, and

¹ Seniors are also referred to in this work as mature adults, mature drivers, older adults and older drivers.
therefore feel greater levels of self-confidence as accepted members of the community (Pine, 2009). These seniors also perceive themselves to be in good or excellent health, express greater feelings of overall happiness satisfaction and are less likely to be depressed (Persson, 1993). Older adults who are mobile also tend to live approximately 3 to 5 years longer than to seniors who are not mobile. As such, mobility is the key to a satisfying and fulfilling long life in later years (Persson, 1993).

For the great majority of Canadian seniors, mobility is achieved by way of the private automobile, whereby the private automobile provides the primary form and/or main form of mobility. The majority of Canadian seniors, irrespective of trip purpose and length, use the automobile the primary method of transportation (Turcotte, 2012). For Canadian seniors, 85% of trips are undertaken by the automobile, whether as the primary driver and/or passenger, and less than 10% of trips are made using public transportation and/or other methods of transportation (i.e. taxi services). The use of public transportation as a form of mobility increases as one ages, although not significantly. For seniors aged 85 and older, 3% of all trips are made by public transportation when compared 2% for those under age 85 (Turcotte and Schellenberg, 2006). Even for those 85 years and older, 65% of all trips are made by the private automobile (Turcotte and Schellenberg, 2006).

The Provinces of British Columbia and Ontario, the 2 provinces with the highest proportion of seniors in Canada – 38% of Canadian seniors reside in Ontario and 14% reside in British Columbia – exemplify that the automobile is most prevalent form of transportation amongst seniors (Durst, 2005). In Ontario, over 72.3% of all trips made by seniors, regardless of purpose and distance, are made by the private automobile. In fact, the number of older drivers in Ontario has increased from 211,000 in 1993 to just under 450,000 in 2003 – a 102% increase (Newbold et al., 2005). Similarly, in the Province of British Columbia, over 68.3% of all trips made by older adults, irrespective of purpose and distance, are undertaken using the private automobile (Turcotte, 2012). In British Columbia, the older driving population comprises 13.6% of the province's driving population (Turcotte, 2012). As such, it is difficult to underplay the importance of the automobile in maintaining mobility for older adults in Canada.

Given the importance of the private automobile in maintaining mobility and the benefits derived from the ability to be mobile, it is not surprising that the issue of driving is one of the most difficult questions to even contemplate for the older driver. The question of driving cessation becomes increasingly prominent and exceedingly pressing with age, given the
physical, social and emotional aspects of driving cessation. From a physical perspective, the ability to safely drive, in general, diminishes greatly with age, whereby the capabilities for safe driving begin to diminish by about age 55, decline markedly after the age of 75, and are almost non-existent at age 85 (Persson, 1993). For many seniors, the aging process leads to physical and cognitive impairments that may affect an older adult’s level of consciousness, reasoning, perception, spatial judgment and motor ability reflexes, and therefore greatly impair an older driver’s ability to safely operate an automobile (Turcotte and Schellenberg, 2006).

There are 4 physiological functions needed to safely drive and that may decline in older age. These physiological functions include and are affected by the aging process in the following manner (Turcotte, 2012): psychomotor and physical skills (reduced reaction time, reduced handgrip on the steering wheel); sensory-vision skills and depth (reduced visual acuity, greater sensitivity to glare, reduced peripheral vision); sensory-hearing skills and depth (reduced ability to hear high and low frequencies, reduced ability to block out background noise); cognitive abilities (decline in memory and orientation, slower retrieval and processing and diminished spatial orientation).

The automobile accident rates amongst older drivers are often attributed to the effects of the aging process on the ability to safely drive. Older drivers are some of the safest drivers on the road and are the least likely age group to be involved in an automobile accident, which is generally attributed to the fact that older drivers make fewer trips on average then drivers from younger cohorts (Turcotte, 2012). However, for every mile driven, older drivers are more likely to be involved in an automobile accident when compared to other drivers. Further, senior drivers have the highest rate of at-fault collisions when compared to all other age groups (Ministry of Transportation Ontario, 2012). According to the Canada’s Ministry of Transportation, senior drivers have the lowest rate of at-fault collisions when they are in the 65 to 69 age group, where seniors within this age group are responsible for 17.1% at-fault collisions involving senior drivers (Ministry of Transportation Ontario, 2012). From that point on, the at-fault collision rate increases significantly, where seniors between ages 75 to 79 are responsible for just over 20% of all at-fault collisions involving senior drivers (Turcotte, 2012). Drivers aged 85 and older are responsible for just over 25% of all at-fault collisions involving senior drivers (Ministry of Transportation Ontario, 2012).

Within the Province of British Columbia, senior drivers were involved in 9.2% of all accidents and collisions in 2010 (personal communications, ICBC representative, March 1st, 2012). Regarding at-fault collisions, drivers between the ages of 70 and 75 were at-fault for
10.3% of all accidents and collisions, and the at-fault accidents rates increase with age similar to that at the national level (personal communications, ICBC representative, March 1st, 2012). In the Province of Ontario, there were 266,044 automobile collisions in 2009, and mature drivers were involved in just under 8% of these collisions (personal communication, Ministry of Transportation Ontario representative, March 11th, 2012). In the same year, older drivers were at fault for 6.3% of all accidents, and the at-fault accident rates increase with age similar to that at the national level (personal communications, Ministry of Transportation Ontario representative, March 11th, 2012). As such, the question of driving cessation becomes imperative given the declining ability to safely drive with age and increasing accident rates for senior drivers.

Not only are senior drivers likely to be involved in automobile accidents, they are the most likely age cohort to experience fatalities, given the inability of the elderly body to cope with the types of accidents and shocks occurred and sustained during an automobile accident. Seniors are 15 times more likely than those aged 60 years and younger to succumb to injuries sustained during an automobile collision (Turcotte, 2012). According to the Ministry of Transportation (personal communications, March 11th, 2012), 39.3% of seniors 75 years of age and older involved in an automobile collision are fatally injured.

In Ontario, there were 172,883 automobile collisions in 2009 whereby at least one person was injured and/or fatally wounded, whereby 5% of these involved seniors (personal communication, Ministry of Transportation Ontario representative, March 14th, 2012). In British Columbia, in 2010, senior drivers accounted for just under 4% of automobile accidents involving injury and/or fatally (personal communications, ICBC representative, March 2nd, 2012).

The decline with age of the physical and cognitive ability needed to safely drive and the propensity of being involved in an automobile accident in older age highlights the need to address driving cessation in later years; so too, however, do the negative social and emotional effects of driving cessation. From a social perspective driving cessation is a difficult topic to broach as, for many seniors, the mere idea of no longer driving invokes images of a life without the ability to be social (Lister, 1999). As noted above, the ability to drive and the mobility derived from driving provides older adults with the ability to readily engage in out-of-home activities (i.e. partake in social events, volunteer, etc.) and, thus, driving provides the mobility, which is the key that unlocks the potential for social activity (Fonda et al., 2001). As is further highlighted above, seniors that are active and engage in out-of-home activities are more likely to
report being satisfied with life and less likely to experience depression when compared to older adults who are not afforded the same level of mobility. From both a social and emotional perspective, the idea of driving cessation is imperative to discuss given the societal stigmatization of no longer driving in a North American society, whereby driving has come to symbolize youthfulness, ability to care for oneself, independence, strength and freedom, and where, conversely, to cease driving is associated with being over the hill and old (Eisenhandler, 1990).

As such, given the importance of the automobile in providing mobility for older adults, the health and social benefits of mobility in later years and the safety and negative consequences of no longer driving, the issue of driving cessation in later years and, in particular, seniors’ perceptions around the cessation of driving has been well researched and thoroughly documented from a health and social academic perspective. To gauge the full spectrum of seniors’ perceptions around driving cessation, academics have and continue to explore the topic from various perspectives, including a gendered perspective (i.e. older women’s perspective around driving cessation), the perspective of older adults residing in suburban and exurban locations and perceptions of pre-seniors (54 years to 64 years), seniors (65 years to 79 years) and eldest seniors (80 years and older).

The vast number of work and studies examining, documenting and assessing seniors’ perceptions pertaining to driving cessation, in general, finds and demonstrates that cessation is perceived within the following 6 frameworks.

First, the private automobile and driving is the sole form of mobility, where no other form of transportation provides the same degree of mobility (Harrison and Ragland, 2003). To cease driving would be to implicitly lose one’s mobility, which is believed to result in the seniors’ negative associations with driving cessation.

Second, the automobile and the act of driving allows for and provides connectivity to social outlets and other out-of-home activities that contribute to overall personal and life happiness and satisfaction. To no longer drive entails losing one’s sense of connectedness (Hakamies-Blomqvist and Siren, 2003).

Third, the automobile and the ability to drive one’s own automobile provides many older adults with a sense of independence, freedom and spontaneity and the ability to come and go as one pleases without having to wait around for others (Coughlin, 2001). Therefore, to cease driving is perceived as forcing one in later years to become dependent upon others to ensure
that the basic mobility needs (i.e. attending medical appointments, etc.) are met and where ancillary mobility needs (i.e. meeting with friends, attending a social even at the local community center, etc.) may be ignored.

Fourth, it is readily perceived that transportation alternatives (i.e. public transportation) are either non-existent and/or the only worthy forms of transportation (Coughlin, 2001). Other, more private forms of transportation, such as taxi services, are perceived as expensive, impractical and inaccessible. To stop driving is, therefore, viewed as losing one’s only form of transportation in later years and, thus, losing one’s primary mobility source, a fact that will result in the consequences relating to driving cessation as outlined above (Glasgow, 2001). Further, to cease driving is to become, for many seniors, dependent upon public transportation and be forced to encounter the numerous mobility barriers to using such transportation (i.e. inflexible travel times and routes, bus operators that are not senior friendly, etc.).

Fifth, the role of a senior’s physician and/or family members in relations in broaching the topic of driving cessation is also readily examined in current literature. To date, there is no unanimous agreement regarding seniors’ perceptions around the role of a physician and/or family in the driving cessation decision-making forum (Cutler, 1975). For many seniors, one’s physician and family members are granted the right to discuss and advise on their driving ability, as the former possesses the medical expertise to determine a driver’s fitness and as the latter has the responsibility to ensure the safety of the senior family member. For other seniors, one’s physician and/or family members do not have the right to discuss or broach the topic of driving cessation, as the former are unaware of daily physical and cognitive abilities of senior drivers and as the decision to cease driving is strictly a personal matter (Davidson, 2008).

Lastly, work on seniors’ perceptions around driving cessation documents the relationship between perceptions around cessation and preparing for cessation. Studies show that that the majority of seniors believe they will know the appropriate moment (i.e. failing health) to cease driving, and have made no preparations to cease driving or plans regarding personal mobility should they cease driving in the future (Persson, 1993). Other seniors perceive that should their ability to safely operate an automobile diminish, they would alter and restrict their driving behaviours by driving only during the day, avoiding highway driving and driving at off-peak times (Dellinger et al., 2001). A number of other seniors perceive that driving cessation will not be a life event that they will have to contend with and, therefore, do not even think of making any type of preparation for life after driving.
While current understandings around the topic of seniors’ perceptions around driving cessation are well-conceptualized and well-documented from a multitude or perspectives, a glaring gap still persists. To date, academic literature does not document and/or examine ethnic seniors’ perceptions around driving cessation and, as such, there is no understanding regarding how ethnic seniors’ perceive the cessation of driving in later years. Studies that focus on the topic of seniors’ perceptions around driving cessation, in general, examine such perceptions from a primarily Caucasian community-dwelling perspective, and when ethnic differences in the senior sample population is included, differences/similarities in perceptions are not explicitly drawn out or focused upon.

Ethnic seniors’ perceptions around driving cessation must, however, be understood, given that the Canadian older population is made up of seniors from a number of ethnic backgrounds and, in particular, many Canada is home to many seniors from the Asian, South Asian, Caucasian, Caribbean and African communities. Over half of all Asian and South Asian seniors reside in the provinces of Ontario and British Columbia and almost all Caribbean and African seniors reside in Ontario, and specifically, in the cities of Vancouver and Toronto and their surrounding municipalities (Durst, 2005). As such, Canada’s aging population is not homogenous and seniors’ perceptions around driving cessation must be understood outside of a solely Caucasian community-dwelling context.

Further, seniors’ perceptions around driving cessation must be understood from the perspective of ethnic seniors, given that ethnicity not only entails different cultural and racial backgrounds, but also different understandings around one’s life history, one’s conceptualization of current societal on-goings and different understandings of what is considered important and valuable in older years (Durst, 2005). As such, one’s ethnicity and the ways in which one’s ethnicity shapes one’s personal understanding may impact ethnic seniors’ perceptions around driving cessation.

This study serves to further enhance and expand the understanding of seniors’ perceptions around driving cessation by documenting and presenting the perspective of ethnic seniors. The following 3 research statements guide this thesis:

1. Document ethnic seniors’ perceptions around driving cessation, in order to begin understanding how ethnic seniors frame, conceptualize and express their views on the topic.
2. Document the differences in perceptions across the varying ethnic groups regarding seniors’ perceptions around driving cessation, in order to determine whether differences/similarities in perceptions emerge across the different ethnic groups included within this work.

3. Determine whether ethnic seniors’ perceptions around driving cessation differ and/or confirm findings in the vast literature base pertaining to seniors’ perceptions around driving cessation, which may allow for the needs of older ethnic drivers to be properly addressed in a culturally specific and contextual manner.

To address the guiding research statements, the researcher worked with seniors from the Asian, South Asian, Caucasian, Caribbean and African communities to better understand ethnic seniors’ perceptions around driving cessation. Grounded theory served as the overarching theoretical framework to truly and thoroughly gauge and understand ethnic seniors’ perceptions around the subject. Grounded theory was chosen by the researcher as it provides seniors’ with a primary and central role in guiding the development and results of this work, as ethnic seniors’ perceptions around driving cessation emerge naturally and are treated as the true and underlying bases for understanding how seniors perceive the cessation of driving in later years.

A total of 351 seniors participated in this study by readily sharing their perceptions around the topic of driving cessation in later years; 127 seniors are from the Asian community, 44 are from the South Asian community, 121 are from the Caucasian community and 59 are from the Caribbean/African community. Given that the great majority of persons from these ethnic groups reside in the City of Vancouver and Toronto proper and the surrounding areas of the City of Richmond and Surrey in British Columbia and the City of Vaughan and the Town of Richmond Hill in Ontario, the researcher worked with seniors from these locales.

To thoroughly comprehend seniors’ perceptions around driving cessation, the researcher conducted in-depth and in-person interviews with each of the 351 senior participants, where, on average, interviews lasted between one hour and 2.5 hours, taking place between August 2011 and January 2012. A semi-structured interview guidebook was used to guide the interview process, where seniors were asked structured questions, but were able to discuss the interview questions at length. The interview guidebook used during each interview was developed in conjunction with seniors from the Asian, South Asian, Caucasian and
Caribbean/African community, so ensure that interview questions are culturally appropriate and capture the types of topics seniors from varying backgrounds would like to discuss. To recruit seniors from different ethnic groups, the researcher worked closely with community centre representatives in each locale, contacted community liaisons and used public postering.

Once all primary interview data was collected, thematic analysis, guided by the central tenants of grounded theory, was used to code each interview, identifying common sub-topics, topics, themes and categories arising from the primary data. Thematic analysis was used within this work as it allows the researcher to engage with the data in a bottom-up analysis, whereby the researcher is an observer of the data and, thereby, findings emerge naturally without constraint and/or the influence of pre-conceived notions held by the researcher. A total of 140 sub-topics, 40 topics, 11 themes, and 6 categories were identified through the analysis process.

This study is organized in the following manner. Chapter 1, as is noted here, provides an introduction to this work, outlining the purpose of this thesis as well as the overall guiding research statements. Chapters 2 and 3 provide background to contextualize ethnic seniors’ perceptions around driving cessation. Chapter 2, ‘Context of Aging in Canada,’ provides demographic information on the changing age composition within a Canadian context. A particular focus is placed on the number of ethnic seniors’ from the Asian, South Asian, Caucasian and Caribbean/African community residing in the defined locations of the City of Vancouver and City of Toronto proper and the surrounding municipalities of the City of Surrey and City of Richmond, and the City of Vaughan and the Town of Richmond Hill. Chapter 3, ‘Legal Context of Driving for Mature Drivers in the Provinces of British Columbia and Ontario,’ outlines the current policies and legislation set for older drivers, licensing procedures and programs for mature drivers to be re-licensed and the role of licensing authorities in screening and ensuring that seniors are safe drivers.

Chapter 4, ‘Literature Review: Seniors’ Perceptions around Driving Cessation,’ brings together and examines the current literature base examining seniors’ perceptions around driving cessation and, as such, brings to light the fact that ethnic seniors’ perceptions on this topic have not been studied or addressed in current literature. Chapter 5, ‘Methodology and Data Collection,’ outlines the guiding methodological framework used to work with the data during the coding process and the structure of the coding process itself. Chapter 5 further outlines the particular ways in which results have been interpreted and presented by the researcher and the ways in which the results are to be understood by the reader. This chapter
also notes the recruitment procedures, participant demographics and development of the interview guidebook used during the interview, and the interview process itself.

Chapters 6 to 11 present the results derived from the interview process and coding and analysis process. Chapter 6, ‘Perceptions around Driving Cessation – An Individual Perspective,’ documents ethnic seniors’ perceptions regarding how seniors view, through a personal lens, the effects of driving cessation on their overall life and how they believe their lives will change post driving cessation. Chapter 7, ‘Perceptions around Driving Cessation: Social Perspective and Perceptions around Driving Cessation: Family Interactions,’ documents ethnic seniors’ perceptions pertaining to the changing social and familial interactions and pressures that are believed to ensue should seniors cease driving. Chapter 8, ‘Seniors’ Perceptions Pertaining to Instrumental Concerns around Driving Cessation,’ examines ethnic seniors perceptions around the instrumental concerns around cessation in later years. Chapter 9, ‘Preparing for Driving Cessation and Third Party Involvement in the Driving Cessation Decision-Making Process,’ examines ethnic seniors’ perceptions around the need to prepare for driving cessation and the hesitation and/or willingness to do so, and the role of one’s physician, family members and friends in seniors’ decision to cease driving. Chapter 10, ‘Public Transportation, Transportation Alternatives, and Transit Accessible Locations,’ examines and documents ethnic seniors’ views and attitudes in using public transit and forms of transportation other than the personal automobile, and whether seniors’ are willing to relocate to more transit accessible locations in order to maintain mobility should they cease driving. The final results chapter, Chapter 11, ‘Licensing Procedures/Policy and Driving Programs,’ documents how seniors perceive driving, and the current licensing procedures and policies in place pertaining to mature drivers within each province. Further, Chapter 11 highlights ethnic seniors’ perceptions regarding driving programs, noting whether seniors believe that they are appropriate or offensive and whether they would partake in such programs.

The final chapter, in conclusion, brings together and summarizes all findings presented within this study, highlighting ethnic seniors’ perceptions around driving cessation as they correspond to each of the 6 categories presented within this work. The concluding chapter also highlights additional research that may be undertaken following this work and how this work and the included findings may be beneficial to a wide number of parties working with seniors.
Chapter 2

Context of Aging in Canada

Chapter 2 provides demographic information specific to Canada’s aging population, as well as specific information regarding Canada’s older ethnic populations. In particular, this chapter examines and highlights aging demographics specific to the 6 defined study areas within this work, while further presenting aging demographics for the Asian, South Asian, Caucasian and Caribbean/African communities within the locations studied.

Section 2.1 provides demographic and statistical information regarding aging in a Canadian context. This section provides a brief overview of aging in Canada, British Columbia and Ontario and the 6 specific areas – City of Toronto and Vancouver proper, City of Richmond and Surrey, City of Vaughan and Town of Richmond – in which this study was conducted. Information provided within this section not only provides demographic characteristics of the aging population in general, but further highlights the aging demographics amongst the ethnic groups partaking within this study. Section 2.1, therefore, highlights that the 6 locations examined within this work provide the context in which to examine seniors’ and specific ethnic seniors’ perceptions on the topic of driving cessation.

Section 2.2 discusses the specific characteristics pertaining to aging for each the senior Asian, South Asian, Caucasian and Caribbean/African communities. In general, this section presents information pertaining to immigration, area of residence, living arrangements, primary language spoken, employment status and income. Section 2.2 demonstrates that aging is experienced differently across various the Asian, South Asian and Caribbean/African communities. The differences in the aging process for each of the 4 ethnic group examined within this work may serve to help better understand differences in perceptions around driving cessation, as is noted in later chapters.

2.1 Aging in Canada and the Provinces of British Columbia and Ontario

2.1.1 Aging in Canada

Throughout most of the 20th century, persons aged 65 years and older made up a fairly small proportion of the Canadian population. In 1920, for instance, older adults accounted for less than 5% of the overall population and in 1960 older adults accounted for less than 8% of the overall population (Turcotte and Schellenberg, 2006).
Today, the population structure of Canada has changed drastically. Low fertility rates, longer life expectancy and the influx of immigrants (primarily following World War Two) all attributed to our aging population (Cloutier-Fisher et al., 2009). Between 1981 and 2005, the number of seniors in Canada increased from 2.4 million to 4.2 million and their share of the total population increased from 9.6% to 13.1% (Cloutier-Fisher et al., 2009). During the same time period, the number of Canadians aged 70 years of age and older more than doubled, increasing from 695,000 to just over 1.5 million seniors, whereby their share of the population rose from 2.8% to 4.6% of the overall population (Cloutier-Fisher et al., 2009). As of 2011, adults aged 65 years and older accounted for 14.1% of the Canadian population (Statistics Canada, 2006). Figure 2.1 demonstrates the number seniors residing in Canada today, where it can be noted that seniors have been constituting an increasing percentage of the total Canadian population.

Figure 2.1: Population 65 Years and Older, Historical (1971-2011) and Projected (2021-2061)

While the Canadian population is made up of a number older adults, the distribution of seniors differs between the provinces. As is noted in Table 2.1, in 2005 the majority of Canada’s older population resided in Ontario, Québec and British Columbia; 38% of seniors reside in Ontario, 24.6% reside in Québec and just under 14% reside in British Columbia (Turcotte and Schellenberg, 2006). As such, it may be noted that both Ontario and British Columbia constitute a perfect environment in which to examine seniors’ perceptions around driving cessation.

2.1.2 Aging Demographics in Ontario and British Columbia

As if directly noted above, 38% and 14% of all Canadian seniors, as of 2005, resided in Ontario and British Columbia. Adults 65 and older constituted 13% of the population of Ontario and 15% of that of British Columbia (Statistics Canada, 2011). Figure 2.2 demonstrates the percentage of seniors in Ontario and Figure 2.3 highlights the number of seniors in British Columbia.
<table>
<thead>
<tr>
<th>Province</th>
<th>2001</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nova Scotia</td>
<td>657.4</td>
<td>658.3</td>
<td>659.8</td>
<td>661.4</td>
<td>663.0</td>
</tr>
<tr>
<td>New Brunswick</td>
<td>537.2</td>
<td>538.9</td>
<td>540.6</td>
<td>542.3</td>
<td>544.1</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>106.8</td>
<td>108.0</td>
<td>109.3</td>
<td>110.7</td>
<td>112.2</td>
</tr>
<tr>
<td>Newfoundland and Labrador</td>
<td>530.7</td>
<td>532.6</td>
<td>534.4</td>
<td>536.3</td>
<td>538.2</td>
</tr>
<tr>
<td>Total</td>
<td>2,191.5</td>
<td>2,210.3</td>
<td>2,228.7</td>
<td>2,248.0</td>
<td>2,267.3</td>
</tr>
</tbody>
</table>

Statistics Canada, Censuses of Canada, 2005

In Ontario, in 2005, there were currently 887,000 persons aged 75 years of age and older and 88,000 persons aged 90 and older (McDonald, 2011). In British Columbia, in 2005, the very senior population (80+) was 4.2% of the entire population of seniors in the province (Cloutier-Fisher et al., 2009).

Figure 2.2: Proportion of Population Aged 0 – 65+ in Ontario, 1971 to 2011
2.1.3 Aging Demographics of British Columbia and Ontario From An Ethnic Perspective

As is noted above, the Provinces of British Columbia and Ontario are home to a great number of Canadian seniors. The Provinces of British Columbia and Ontario are also home to a great diversity of ethnic older adults and, in particular, the older ethnic groups examined within this study.

As of 2005, Canadians of Asian origin constituted approximately 4% of the Canadian population, the majority of whom resided in either British Columbia or Ontario (Turcotte and Schellenberg, 2006). In British Columbia, as of 2006, the Asian population accounted for 10% of the overall population, and in Ontario, the Asian population accounted for 11.2% of the overall population (BC Stats, 2006). South Asian Canadians, in 2005, made up 3% of the overall Canadian population and the majority of South Asian persons resided in either British Columbia or Ontario (Turcotte and Schellenberg, 2006). In British Columbia, South Asian persons accounted for 6.2% of the overall population (as of 2006) and in Ontario, the South Asian population accounted for 5.4% of the entire Ontario population (Ornstein, 2006).

Persons form the Caribbean and African Canadian community constituted 1.7% and 1% of the Canadian population, respectively, where 67.4% of Caribbean Canadians and 60% of the African Canadian population resided in Ontario (Ornstein, 2006). Together, as of 2006, Caribbean and African persons residing in Ontario constituted just under 5% of the entire population (Ornstein, 2006).

Further, while the Asian, South Asian, Caribbean and African population made up a proportional number of persons residing in either province, these ethnic communities constituted the greatest percentage of the visible minority population in British Columbia and Ontario (BC Stats, 2011). As is noted in Figure 2.4, Asian and South Asians constituted a
significant number of the overall visible minority population in British Columbia. In Ontario, as is noted in Figure 2.5, Asian and Caribbean/African (denoted as ‘Black’) made up a significant number of the overall visible minority population.

Figure 2.4: Visible Minority Population, British Columbia, 2006

![Pie chart showing ethnic distribution in British Columbia, 2006.]

Statistics Canada, Census of Canada, 2006

Figure 2.5: Visible Minority Population, Ontario, 2006

![Pie chart showing ethnic distribution in Ontario, 2006.]

Statistics Canada, Census of Canada, 2006

Table 2.2 and Table 2.3 demonstrate the ethnic structure of those aged 65 and over in British Columbia and Ontario (BC Stats, 2011). As of 2005, Caucasian seniors made up the majority of seniors within each province, whereby Asian and South Asian seniors also constituted a significant number of seniors. Further, Caribbean and African seniors made up a small but still substantial number of seniors within the province of Ontario.

Table 2.2: Ethnic Structure For Those Aged 65 and Over, British Columbia, 2005

<table>
<thead>
<tr>
<th>Ethnic Origin</th>
<th>65-79</th>
<th>80+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Origins</td>
<td>58%</td>
<td>65.4%</td>
<td>59.7%</td>
</tr>
<tr>
<td>African Origin</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Arab Origins</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>South Asian Origin</td>
<td>2.8%</td>
<td>2.1%</td>
<td>2.7%</td>
</tr>
<tr>
<td>Asian Origins</td>
<td>10.2%</td>
<td>7.5%</td>
<td>9.6%</td>
</tr>
<tr>
<td>Latin, Central, and South American Origins</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Caribbean Origins</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Ethnic Origin</td>
<td>Age 65-79</td>
<td>Age 80+</td>
<td>Total</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>Aboriginal Origins</td>
<td>1.0%</td>
<td>0.50%</td>
<td>0.90%</td>
</tr>
<tr>
<td>Canadian Origins</td>
<td>7%</td>
<td>7.2%</td>
<td>7%</td>
</tr>
<tr>
<td>Other Single Origins</td>
<td>0.4%</td>
<td>0.3%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Multiple Origin</td>
<td>20.2%</td>
<td>16.6%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Statistics Canada, Age and Demographics, 2001

Table 2.3: Ethnic Structure For Those Aged 65 and Over, Ontario, 2005

<table>
<thead>
<tr>
<th>Ethnic Origin</th>
<th>Age 65-79</th>
<th>Age 80+</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Origins</td>
<td>60%</td>
<td>66.4%</td>
<td>61.7%</td>
</tr>
<tr>
<td>African Origin</td>
<td>1.4%</td>
<td>0.1%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Arab Origins</td>
<td>1%</td>
<td>0.1%</td>
<td>0.7%</td>
</tr>
<tr>
<td>South Asian Origin</td>
<td>5%</td>
<td>2.6%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Asian Origins</td>
<td>6.1%</td>
<td>4.3%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Latin, Central, and South American Origins</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Caribbean Origins</td>
<td>1.5%</td>
<td>2.1%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Aboriginal Origins</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Canadian Origins</td>
<td>5.7%</td>
<td>8.6%</td>
<td>7%</td>
</tr>
<tr>
<td>Other Single Origins</td>
<td>0.3%</td>
<td>0.8%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Multiple Origin</td>
<td>20.1%</td>
<td>13.6%</td>
<td>18.4%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Statistics Canada, Age and Demographics, 2001

2.1.4 Aging Characteristics of the City of Vancouver, City of Richmond, and City of Surrey

As the above sections demonstrate, a great number of seniors, and in particular, Asian and South Asian seniors, resided in the Province of British Columbia (as of 2005). As will be explored below, a number of seniors resided in the City of Vancouver and the surrounding suburban municipalities of Richmond and Surrey, including many seniors from the Asian and South Asian ethnic communities.

As of 2006, just over 13% of all the overall Vancouver population (or 76,512 individuals) was 65 and older; this was a growth of 6,000 seniors from 2001. In 2006, one in 8 persons residing in Vancouver is considered a senior (City of Vancouver, 2010). Figure 2.6 demonstrates the number of Vancouver seniors as a percentage of the overall population.
Not only is Vancouver home to a number of older adults, it is also a very ethnically diverse city. In 2006, 41.7% of all Vancouver residents noted that they were an ethnic minority, up 10% from 2001 (City of Vancouver, 2010). The 2 largest ethnic communities residing in the City of Vancouver (as of 2006) were Asian and South Asian; the Asian population stood at 402,000 persons, an increase from 380,500 persons from 2001, and the South Asian population stood at 207,200 persons, an increase from 164,200 in 2001. As such, the Asian community residing in Vancouver made up just over 14% of the entire population, and the South Asian community made up 9.9%. Figure 2.7 demonstrates percentage of ethnic groups residing in Vancouver, as of 2006.

In addition to the above, the City of Vancouver also has the highest percentage of ethnic seniors when compared to other urban locales within the Province of British Columbia (Cloutier-Fisher, 2009). In the City of Vancouver, as of 2006, just over 26% of all seniors identified as a belonging to an ethnic group other than Caucasian (City of Vancouver, 2010). Figure 2.8 demonstrates the visible minorities as a percentage of the overall Vancouver population. As mentioned above, the largest percentage of ethnic seniors residing in the City of Vancouver
identified as being from the Asian and South Asian community. Figure 2.9 shows the ethnic make-up of Vancouver’s visible minority population as of 2006.

Figure 2.8: Visible Minorities as % of Total Seniors Population

![Pie chart showing ethnic makeup of Vancouver's visible minority population as of 2006.]

Sharon Koehn, Ph.D and Andrea Gregg, B.C. ‘Speaking to the Interface,’ 2007

Figure 2.9: Ethnic Makeup of Vancouver’s Visible Minority Senior Population

![Pie chart showing ethnic makeup of Vancouver's visible minority senior population as of 2006.]

Sharon Koehn, Ph.D and Andrea Gregg, B.C. ‘Speaking to the Interface,’ 2007

There is very little information published in relation to senior demographics regarding the City of Richmond (personal communication, City of Richmond planner, October 11, 2011). The City does note, however, that as of 2006 adults aged 65 years and older constituted 13% of the overall population, an increase of 11.2% from 2001 (City of Richmond, 2006). Figure 2.10 demonstrates the age distribution of persons residing in the City of Richmond.

Figure 2.10: Population and Age Distribution, Richmond, BC, 2006

![Histogram showing age distribution of Richmond's population as of 2006.]

Statistics Canada, Census of Canada, 2006
Further, the City of Richmond does not publish data on the number of seniors according to ethnicity (personal communication, City of Richmond planner, October 11, 2011). Richmond is a diverse place in terms of ethnicity, whereby as of 2006 there were over 125 different ethnic origins reported (City of Richmond, 2006). The most commonly reported ethnic origin was Asian, where Chinese persons, with 78,790 people or 45% of the City’s population, made up the majority (City of Richmond, 2006). The other dominant ethnic groups residing in Richmond were those from the South Asian community (denoted in Table 2.4 as East Indian). Table 2.4 demonstrates the number of persons by ethnic origin in Richmond as of 2006. Visible minorities are now the majority in the City of Richmond, making up 65.1% of the overall population in 2006. The predominant minority group in the City were those of Asian origin, where persons of Chinese origins accounted for 45% of the total population (City of Richmond, 2006). The next most common ethnic group were those from the South Asian community (i.e. East Indian, Pakistani).

Table 2.4: Number of Ethnic Groups in Richmond, BC, 2006

<table>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>148,150</td>
<td>163,400</td>
<td>173,570</td>
<td>21%</td>
<td>45%</td>
</tr>
<tr>
<td>Chinese</td>
<td>50,215</td>
<td>65,325</td>
<td>78,790</td>
<td>21%</td>
<td>45%</td>
</tr>
<tr>
<td>English</td>
<td>30,720</td>
<td>25,800</td>
<td>23,945</td>
<td>-7%</td>
<td>14%</td>
</tr>
<tr>
<td>Scottish</td>
<td>20,010</td>
<td>16,990</td>
<td>16,905</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Canadian</td>
<td>20,045</td>
<td>23,000</td>
<td>15,475</td>
<td>-33%</td>
<td>9%</td>
</tr>
<tr>
<td>East Indian</td>
<td>8,635</td>
<td>10,850</td>
<td>12,390</td>
<td>14%</td>
<td>7%</td>
</tr>
<tr>
<td>Irish</td>
<td>13,140</td>
<td>12,090</td>
<td>12,085</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>German</td>
<td>11,440</td>
<td>9,680</td>
<td>10,375</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Filipino</td>
<td>5,035</td>
<td>8,145</td>
<td>10,155</td>
<td>25%</td>
<td>6%</td>
</tr>
<tr>
<td>French</td>
<td>7,345</td>
<td>6,720</td>
<td>6,260</td>
<td>-7%</td>
<td>4%</td>
</tr>
<tr>
<td>Ukrainian</td>
<td>4,770</td>
<td>4,385</td>
<td>4,255</td>
<td>-3%</td>
<td>2%</td>
</tr>
<tr>
<td>Japanese</td>
<td>3,865</td>
<td>4,050</td>
<td>4,035</td>
<td>0%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Statistics Canada, Census of Canada, 2006

Given the above demographics, it may be inferred that aging amongst these 2 ethnic communities is occurring in Richmond.

Similar to the City of Richmond, the City of Surrey does not publish a complete profile regarding its older adults (personal communication, City of Surrey planner, October 14th, 2011). The City of Surrey does, however, note that seniors 65 and older comprised over 11.5% of the overall population in 2006 (City of Surrey, 2006). Figure 2.11 demonstrates the share of population by age for the City of Surrey.
Like the City of Richmond, the City of Surrey has not published information regarding the number of seniors according to ethnicity. The City of Surrey does publish information regarding languages most spoken, as noted by City residents.

In 2006, 98% of Surrey residents identified that they were able to speak English, where 2% listed 2 or more languages other than English (City of Surrey, 2006). Of those Surrey residents only able to speak one language, English was the most commonly identified mother tongue (56.1%), while Punjabi was the second, at 19% (City of Surrey, 2006). Figure 2.12 lists the top 10 mother tongues, not including the official languages, and the number of speakers in the City of Surrey. As is noted, the most commonly spoken mother tongues were those belonging to people of South Asian and Asian origin.
In light of the above demographics and given that the City of Surrey is home to a number of Asian and South Asian persons and (as is Richmond) considered an older population, it may be inferred that aging amongst these 2 ethnic communities is occurring in Surrey.

Given the significant number of seniors and significant number of ethnic seniors from the Asian and Caribbean/African community, the cities of Vancouver, Richmond and Surrey provide the perfect urban locales in which to gage seniors’ and, in particular, ethnic seniors’ perceptions pertaining to driving cessation.

2.1.5 Aging Characteristics of the City of Toronto, City of Vaughan, and Town of Richmond Hill

A great number of seniors and, in particular, Asian, and Caribbean/African seniors, reside in the Province of Ontario. As will be below, a number of seniors and seniors from the Asian, and Caribbean/ African ethnic communities reside in the City of Toronto and the surrounding suburban municipalities of the City of Vaughan and the Town of Richmond Hill.

As of 2006, just over 14% of the overall Toronto population was 65 and older (Social Planning Toronto, 2009). The Toronto senior population grew by 10% from 1996 to 2006, a growth of 57,595 persons. Figure 2.13 demonstrates the population by age in the City of Toronto for 2006 and Table 2.14 demonstrates the percentage of persons 65 and older.

Toronto is not only home to significant number of older adults, it is also an ethnically diverse City. In the City of Toronto, 43% of the overall population identify as a visible minority, up from 42.8% in 2001. In 2001, there were 1,051,125 persons who identified as ethnic minorities, which increased to 1,162,635 persons in 2006 (Milan and Vezina, 2011). According to demographic profiles published by the City of Toronto, the top 3 minority groups residing in the City were South Asian (298,370 persons)², Asian (283,075 persons) and Black (denoted as Caribbean and African; 208,555 persons). The Asian population comprised 11.4% of the overall population, and the Black population made up 8.4% (City of Toronto, 2011). Figure 2.15 highlights the ethnic minority population of Toronto as of 2006, where it can be noted that Asian and Caribbean/African ethnic communities constituted the majority of all ethnic groups within the City of Toronto.

² While South Asian seniors compromise a large number the overall Toronto population, a particular focus on Asian and Caribbean/African seniors s made within this sections as these 2 ethnic groups where those interviewed from Toronto.
As the City of Toronto has a substantial older population and is ethnically diverse, it is not surprising that a number of seniors are from differing ethnic communities. Of all seniors residing in Toronto, 28% identified as an ethnic minority (Social Planning Toronto, 2009). Figure 2.16 demonstrates the ethnic minority groups as a percentage of the overall Toronto population. The largest percentage of ethnic seniors residing in the City of Toronto identified as being from the Asian and South Asian seniors community. It should be noted that within Table 2.16, the term ‘Asia’ denotes those seniors of Asian and South Asian origin.
Furthermore, of the 28% of all ethnic seniors residing in the City of Toronto, the overwhelming majority identified as Asian, South Asian and Black (denoted as Caribbean and African) (Statistics Canada, 2006). Figure 2.17 demonstrates the ethnic origin of all seniors who identified as a visible minority in Toronto in 2006.

Figure 2.16: Ethnic Minorities as Percentage of Overall Toronto Population, Persons 65+, 2006

![Pie chart showing ethnic origins of seniors in Toronto, 2006](image)

Statistics Canada, Census of Population, 2006

Figure 2.17: Visible Minority Seniors, City of Toronto, 2006

![Bar chart showing visible minority seniors in Toronto, 2006](image)

Statistics Canada, Census of Population, 2006

The Town of Richmond Hill does not provide a complete profile on its senior population. However, according to the demographic information pertaining to aging, Richmond Hill does note that they are currently “experiencing a period in which a larger share of the population is comprised of seniors” (personal communication, Town of Richmond Hill planner, November 1, 2011). Figure 2.18 demonstrates the age of Richmond Hill’s population by gender and age group. As of 2006, around 5,000 persons residing in Richmond Hill were between the ages of 65 to 69, where seniors between 75 and 79 comprised just over 4,000 persons; seniors aged 85 and older made up just under 2,000 persons (Town of Richmond Hill, 2006).
The Town of Richmond Hill does not publish data regarding age and ethnicity, although information regarding ethnic origin and mother tongue is available (personal communication, Town of Richmond Hill planner, November 1, 2011). Figure 2.19 lists the most common ethnic origins in the Town of Richmond Hill as of 2006. As is noted, persons with Asian origins (i.e. Chinese persons) comprised the largest population. Chinese Canadians, for example, made up close to 16% of the overall population of Richmond Hill (Town of Richmond Hill, 2006). Figure 2.20 demonstrates the percentage of mother tongues spoken in Richmond Hill as of 2006. English was the most dominant, followed by those languages characteristic of Asian origin (i.e. Cantonese and Mandarin).
Given the above demographics, it may be inferred that aging amongst the Asian community is occurring.

Similar to the Town of Richmond Hill, the City of Vaughan does not provide a complete profile on its senior population (personal communication, City of Vaughan planner, November 10, 2011). Regardless of this (and similar to Richmond Hill) the City of Vaughan has a substantial older population. As of 2006, 11.6% of all Vaughan residences were 65 and older (City of Vaughan, 2006). Figure 2.21 demonstrates the number of the persons residing in Vaughan by age and gender, where it can be noted that this demographic constituted a significant number of the overall population.

The City of Vaughan does not publish data regarding the number of seniors by ethnic origin (personal communication, City of Vaughan planner, November 10, 2011). However, Vaughan is a diverse city where residents reported over 120 ethnic origins in 2006 (York Region, 2006). Vaughan notes that the largest ethnic communities residing within the City (as of 2006) were those of the South Asian and Asian community. Figure 2.22 notes the percentage of ethnic groups residing in Vaughan; ethnic groups comprised over 26.5% of the overall population.
Figure 2.23 lists the most common ethnicities found in the City of Vaughan in 2006, whereby Asian and Black (denoted as Caribbean/African) were most significant.

Figure 2.22: Non-Visible and Visible Minority Population, City of Vaughan, 2006

![Pie chart showing non-visible and visible minority population](image1)

Statistics Canada, Census of Canada, 2006

Figure 2.23: Visible Minority Groups, City of Vaughan, 2006

![Pie chart showing visible minority groups](image2)

Statistics Canada, Census of Canada, 2006

Importantly, the City of Vaughan provides data regarding the number of seniors by ethnicity as an overall percentage of visible minority groups within the City. Of all ethnic communities residing in Vaughan those with the largest percentage of older adults is the Asian community (City of Vaughan, 2006). Figure 2.24 lists the groups with the largest percentage of all older adults by ethnic groups. As is noted in Figure 2.24, Asian seniors (i.e. Chinese, Filipino, West Asian, etc.) comprised (as of 2006) the largest percentage of the ethnic community. Black seniors also comprised a significant number of ethnic seniors, making up 6% of all visible minority seniors residing in the City of Vaughan.
Given the aging population in the City of Vaughan, the number of persons from the Asian and Caribbean/African ethnic communities and the number of seniors from these communities, it may be inferred that aging amongst these 2 ethnic communities is occurring.

In conclusion, given the significant number of seniors and significant number of ethnic seniors from the Asian and Caribbean/African community, the cities of Toronto and Vaughan and the Town of Richmond Hill provide the perfect urban locales in which to gage seniors and, in particular, ethnic seniors perceptions pertaining to driving cessation.

### 2.2 Aging Characteristics Amongst Different Ethnic Groups

This section brings to light the different life circumstances amongst older adults from various ethnic groups residing in British Columbia and Ontario. As this study examines seniors’ perceptions in relation to driving cessation from the Asian, South Asian, Caucasian and Caribbean/African community, Section 2.2 will provide an overview of aging within each of these communities. Section 2.2 is included within this chapter as it presents and demonstrates that the experience of aging differs across ethnic communities, an imperative fact when understanding ethnic seniors’ perceptions around driving cessation.

Section 2.2 is divided in the following manner. Section 2.2.1 provides a brief overview of aging characteristics amongst the general senior Canadian population. While there is much literature documenting the various issues of aging in Canada (i.e. health, income, etc.), this section will focus on a select few, including percentage of the population that is aged 65 age and older, current area of residence, general health issues, income, employment and retirement, living arrangements and language. Further, it should be noted that aging statistics and demographics pertaining strictly to Caucasian seniors are unavailable, given the numerous ethnicities that are considered Caucasian and, as such, general information relating to the senior
population is interpreted to apply to the Caucasian senior community. Each of the corresponding sections – 2.2.2 to 2.2.5 – documents the aging characteristics of the Asian, South Asian, Caribbean and African ethnic senior communities. Within each of these sections the following demographics are presented: time of immigration, primary area of residential location, ability to converse in official language, living arrangements, employment status and income in later years.

2.2.1 Aging Characteristics of the Canadian Senior Population

As is noted in section 2.1, Canada is currently experiencing the aging of an industrialized nation (Ministry of Finance Ontario, 2010). In 2005, there were 4.4 million Canadians aged 65 and older, making up just over 13% of the Canadian population (Ministry of Finance Ontario, 2010). In 2005, women accounted for just over 52% of persons aged 65 to 69. While women generally account for the majority of all seniors, an overwhelming 75% of persons aged 90 years of age and older were women (Milan and Vezina, 2011). As is noted in Table 2.5, women comprised a larger share of the senior population.

Table 2.5: Population Aged 65 Years and Older, By Sex in Canada, 1921 -2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
<th>Women aged 65 years and over as a percentage of total female population</th>
<th>Women as a percentage of population aged 65 years and over</th>
</tr>
</thead>
<tbody>
<tr>
<td>1921</td>
<td>205.3</td>
<td>215.0</td>
<td>420.2</td>
<td>4.8</td>
<td>48.8</td>
</tr>
<tr>
<td>1931</td>
<td>281.5</td>
<td>294.6</td>
<td>576.1</td>
<td>5.6</td>
<td>48.9</td>
</tr>
<tr>
<td>1941</td>
<td>376.9</td>
<td>390.9</td>
<td>767.8</td>
<td>6.7</td>
<td>49.1</td>
</tr>
<tr>
<td>1951</td>
<td>535.0</td>
<td>551.3</td>
<td>1,086.3</td>
<td>7.7</td>
<td>49.2</td>
</tr>
<tr>
<td>1961</td>
<td>621.7</td>
<td>622.2</td>
<td>1,243.9</td>
<td>7.8</td>
<td>50.0</td>
</tr>
<tr>
<td>1966</td>
<td>717.0</td>
<td>741.4</td>
<td>1,458.4</td>
<td>7.9</td>
<td>51.5</td>
</tr>
<tr>
<td>1971</td>
<td>823.0</td>
<td>716.6</td>
<td>1,539.6</td>
<td>8.3</td>
<td>53.5</td>
</tr>
<tr>
<td>1976</td>
<td>972.1</td>
<td>790.3</td>
<td>1,762.4</td>
<td>8.9</td>
<td>55.2</td>
</tr>
<tr>
<td>1981</td>
<td>1,135.5</td>
<td>887.1</td>
<td>2,022.6</td>
<td>9.7</td>
<td>56.1</td>
</tr>
<tr>
<td>1985</td>
<td>1,360.0</td>
<td>1,017.0</td>
<td>2,377.0</td>
<td>10.9</td>
<td>57.2</td>
</tr>
<tr>
<td>1990</td>
<td>1,589.1</td>
<td>1,147.5</td>
<td>2,736.6</td>
<td>12.1</td>
<td>58.1</td>
</tr>
<tr>
<td>1995</td>
<td>1,984.4</td>
<td>1,348.0</td>
<td>3,332.4</td>
<td>13.2</td>
<td>59.0</td>
</tr>
<tr>
<td>2000</td>
<td>2,066.4</td>
<td>1,513.8</td>
<td>3,570.2</td>
<td>13.8</td>
<td>57.7</td>
</tr>
<tr>
<td>2005</td>
<td>2,238.3</td>
<td>1,684.0</td>
<td>3,922.3</td>
<td>14.3</td>
<td>57.1</td>
</tr>
<tr>
<td>2010</td>
<td>2,438.5</td>
<td>1,866.3</td>
<td>4,304.8</td>
<td>14.8</td>
<td>56.4</td>
</tr>
</tbody>
</table>

Statistics Canada, Census of Canada, 2001

Figure 2.25 demonstrates that the majority of Canadian seniors, 77.4% in 2001, resided in Census Metropolitan Area (CMA). According to Statistics Canada the share of all Canadian seniors residing in a CMA increased from 53.8% to 69.7% between 1981 and 2001 (Statistics Canada, 2008). While the majority of seniors resided in a CMA, 9.1% of Canadian seniors lived in urban areas with a population of 50,000 or more and, in general, such locations are in close proximity to one of the numerous CMA’s (Turcotte and Schellenberg, 2006). As is noted in
section 2.1.2, a number of Canada’s senior population resided in Toronto and Vancouver and surrounding urban municipalities in 2006.

Figure 2.25: Percentage of Canadians Residing in Census Metropolitan Areas, By Age Group, 1981 and 2001

It should also be noted that older adults have lower levels of residential mobility. The likelihood of changing residence is strongly associated with one’s life course, and Canadian seniors have long been less likely to change residences (Turcotte and Schellenberg, 2006). Between 1996 and 2001, only about 19% of seniors changed addresses (Ministry of Industry, 2001). Seniors between the ages of 65 and 74 were slightly more likely to have changed primary residences when compared to those over 75, where 20% of the former group of seniors changed residences compared to 10% of the latter group of older adults (Ministry of Industry, 2001). Furthermore, as is noted in Figure 2.26, the percentage of older adults aged 65 to 74 who had changed residences in the last 5 years declined by 7.1% between 1981 and 2001, while the share of seniors aged 75 to 84 declined by 6.3% (Ministry of Industry, 2001). Reasons for changing residential location included change in marital status (i.e. marriage, divorce, widowed), long-term illness and/or disability and older adults with rented accommodations (Turcotte and Schellenberg, 2006).
Health Canada notes that the life expectancy at age 65 has increased in the last 20 years. To highlight, in 1985, those aged 65 could expect to live another 17 years, and by 2005 a person of the same age could expect to live another 20 to 25 years, well into their 80s (Health Canada, 2010). Most older adults residing in Canada consider themselves to be in very good and/or excellent health. In 2005, 44% of seniors aged 65 and older described their health as either very good and/or excellent, where 34% of seniors considered their health to be good (Turcotte and Schellenberg, 2006). Moreover, seniors (as of 2002) had high scores on the wellbeing scale, which is a measure of an individual’s feeling in relation to various aspects of their life (i.e. self-confidence, loved and appreciated, etc.; Health Canada, 2010). As is noted in Figure 2.27, the majority of seniors had a high score in the wellbeing scale, although seniors over the age of 75 scored slightly lower on the scale than younger seniors.

Further, Health Canada reports that many seniors engage in regular physical activity. In 2005, 52% of men aged 65 to 74 were active or moderately active physically. Senior women were less likely than their male counterparts to engage in physical activity, where 44% of those aged 65 to 74 reported being active or moderately active physically (Health Canada, 2010). 20% of male and female older adults over the age of 75 engaged in physical activity (Health Canada, 2010).
The financial wellbeing of Canadian seniors is another characteristic explored within this chapter. Statistics Canada notes that the financial situation of older adults has improved significantly over the last 25 years. To exemplify, between 1980 and 2003, the average total before-tax income received by senior couples increased by 24%, from $39,800 to $49,300 (Cloutier-Fisher et al., 2009). The average total after-tax income for Canadian seniors increased by 18%, rising from $36,300 to $42,800 (Cloutier-Fisher et al., 2009). As is further noted in Figure 2.28, the median after-tax income of unattached senior men increased by 43%, from $14,100 to $20,200 between 1980 and 2003, while that of unattached senior women increased by 42%, from $12,800 to $18,200 (Turcotte and Schellenberg, 2006). As such, the proportion of seniors with a low income after taxes has fallen from 10% in 1996 to 5% in 2003.

While the incomes of seniors, before and after tax, have risen in recent years, improvements in the relative incomes of seniors were more evident among older men than women.

Importantly, it should also be noted that poverty remains high among the elderly population; in 2003, 19% of all Canadians seniors lived below the low-income cut-off point
(Ministry of Industry, 2001). Furthermore, the incidence of low income is highest amongst older women who reside alone, where in 2003 16% of all senior women who lived alone ranked below the low-income cut-off point. Figure 2.29 demonstrates the prevalence of seniors defined as low-income when compared to other age groups.

Figure 2.29: People with Low-Income, By Age Group, 2006

A number of seniors actively participate in the labour force, even after the standard age of retirement of 65. In 2004, just under 300,000 Canadian seniors participated in the labour force, accounting for 1.7% of the total labour force (Ministry of Industry, 2001). In 2004, 287,000 senior were employed, and another 9,000 were actively looking for work. Furthermore, the majority of employed seniors were male, where in 2004 older Canadian men accounted for 65.7% of the senior work force. Figure 2.30 demonstrates the age composition of the Canadian labour force.

Figure 2.30: Age Composition of Labor Force, Canada, 1976 and 2004.

However, even though a number of Canadian seniors participate in the labour force, many seniors now leave the workforce long before the age of 65. According to the Statistics
Canada Labour Force Survey, the median age of retirement in Canada has fallen in the past 2 decades (Turcotte and Schellenberg, 2006). By the late 1980s, the average age of retirement was 60.6 years, a number which had not changed by 2005. The decline in the average age in which seniors enter retirement is likely attributed to the lowering of the minimum age in which an older adult could begin to draw benefits from the Canada Pension Plan. Since 1987, an older adult may begin drawing their Canada Pension Plan benefits at age 60, as opposed to 65 (Turcotte and Schellenberg, 2006). Figure 2.31 demonstrates the median age at retirement.

As is further noted in Figure 2.31, the median age at retirement for men was close to that for women until the mid-1990s. In 2005, the median age of retirement for men was 62.6 years, and 2.6 years higher for older adult women.

Business Canada, Ministry of Labor, 2001

Statistics Canada reports that when compared to previous years, a greater number of adults aged 65 and older were living with a spouse in 2001, at 54% of all Canadian seniors; the proportion of seniors living alone was reported at 22% (Ornstein, 2006). Women were significantly more likely to reside alone. In 2001, 43% of senior women resided alone, more than twice the proportion of senior men, which was reported at 18% (Milan and Vezina, 2011). Figure 2.32 highlights living arrangements of older Canadian adults.
Importantly, a great number of Canadian seniors live with extended members of their family, such as an adult child. In 2001, just over 69% of all people aged 65 and over lived with extended family members (Milan and Vezina, 2011). Senior women, and especially senior women in older age ranges, were far less likely than their male counterparts to be living with extended family members (Milan and Vezina, 2011). For instance, only 49% of women aged 65 to 84 resided with extended family members, and 40% of older women aged 85 and older resided with family. These figures both came in at around 30% points below those for men in the same age range. As such, almost a quarter – 7% – of the senior population lived with members of their extended family (Turcotte and Schellenberg, 2006).

Lastly, almost all seniors reported being able to fluently speak one or both of Canada’s official languages (English or French). In 2001 just over 4.5% of all seniors aged 65 years to 74 years were unable to speak English or French fluently (Turcotte and Schellenberg, 2006). 6.1% of seniors aged 85 and older were also unable to converse in either official language, even at a basic level. Figure 2.33 highlights the percentages of individuals who cannot carry a conversation in English or French.

Senior women were slightly more likely than senior men to be unable to speak at least one official language (Milan and Vezina, 2011). For instance, just over 5% of senior women aged 65 to 74 reported being unable to speak fluent English or French, compared to 3.2% of senior men in the same age bracket. As is noted in Figure 2.34, the same percentage gaps exists regarding the ability to converse casually in either official language by older adults.

Further, as the number of seniors who are unable to carry a conversation in either official language has increased, so has the proportion of seniors using a non-official language at home (Turcotte and Schellenberg, 2006). Statistics Canada reports that, in 2001, 13.5% of
seniors of all age ranges only used a non-official language in their home, and felt most comfortable doing so.

Figure 2.33: Percentage of Individuals Who Cannot Speak an Official Language, By Age Group, Canada

![Graph showing percentage of individuals who cannot speak an official language by age group in Canada.](image)

Statistics Canada, Census of Canada, 2001

Figure 2.34: Percentage of Individuals Who Cannot Speak an Official Language, By Age Group and Gender, Canada, 2001

![Graph showing percentage of individuals who cannot speak an official language by age group and gender in Canada.](image)

Statistics Canada, Census of Canada, 2001

2.2.1 Aging Characteristics Amongst the Asian Canadian Community

The Asian community of Canada is growing, where it is estimated that Canada receives close to one million new Asian immigrants each year. A number of Asian persons – just over 25% – immigrated to Canada between 1980 and 1990 (Ministry of Industry, 2001). Slightly over 5% of Asian persons arrived in Canada during the 1960s, and just 2% immigrated to Canada before 1959 (Statistics Canada, 2001).

The Asian Canadian community, regardless of age, is heavily concentrated in British Columbia and Ontario (BC Stats, 2011). In 2001, 82% of all Asian Canadians resided in either British Columbia or Ontario, and 72% of lived in either the Greater Vancouver Area or the Greater Toronto Area (Minister of Industry, 2001).

As of 2001, Asians 65 or older made up 10% of the Asian population (Social Planning Toronto, 2009). As is noted Table 2.6, older Asian adults made up 12% of the general senior population and, as such, there were fewer Asian seniors when compared to the overall Canadian senior population (Statistics Canada, 2001). Older women (65 and older) made up a substantial majority of seniors of Asian origin (Statistics Canada, 2001). According to 2001 Canadian census
statistics, and as noted in Table 2.6, 54% of older Asians were women, and in the overall population, women made up 56% of seniors.

### Table 2.6: Age Distribution of the Asian Community and Overall Canadian Population, 2001

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Asian Community</th>
<th>Total Canadian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Under 15</td>
<td>20.3</td>
<td>18.9</td>
</tr>
<tr>
<td>15 to 24</td>
<td>16.4</td>
<td>14.2</td>
</tr>
<tr>
<td>25 to 44</td>
<td>32.4</td>
<td>34.4</td>
</tr>
<tr>
<td>45 to 64</td>
<td>21.7</td>
<td>22.4</td>
</tr>
<tr>
<td>65 and over</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Statistics Canada, Census of Canada, 2001

Statistics Canada notes that, as of 2001, the great majority of Asian Canadians, regardless of age, were able to converse in one of Canada’s official languages. In fact, 85% of all Asian persons residing in Canada were able to speak one official language, and 15% could speak both English and French (Statistics Canada, 2001). While most Asian Canadians were able to converse in either English/French, the majority reported having a mother tongue other than English/French, such as Cantonese, Mandarin or Tagalog. In 2001, 85% of Asian Canadians reported that their mother tongue was a non-official language; 63% of Asian persons, irrespective of age, stated that they speak their mother tongue in their home while 4% shared that within their primary residence they speak a non-official language in combination with an official language (Cloutier-Fisher, 2009). Specific to older Asian adults, a great number – just over 66% – reported being fluent in a mother tongue other than English/French, and were more likely to use this language within the home.

Asian seniors residing in British Columbia and Ontario were less likely, when compared to other older non-Asian seniors, to live alone in later years. In fact, seniors of Asian origin are “especially unlikely to live alone when compared to any other older age cohort in Canada” (personal communication, Statistics Canada representative, November 10, 2011). As of 2001, only 10% of people of Asian origin aged 65 and older lived alone or lived alone with a spouse, when compared to 29% of all seniors in Canada (Statistics Canada, 2001). Asian seniors are, however, more likely to live with members of their extended family and, in particular, their
children. Just over 16% of Asian seniors resided with family members, compared to the only 5% of all Canadian seniors who reported doing so. Often, family members have younger children of their own, meaning that in these households several generations of Asian relatives reside together.

A number of older Asian seniors are also employed. As is noted in Table 2.7, 9.9% of older Asian men and 4.7% of older Asian women reported working past the standard age of retirement (Ornstein, 2006). As is noted in Table 2.7, Asian seniors had a lower employment rate when compared to the general Canadian senior population.

Table 2.7: Percentage of the Population Employed, by Age Group and Sex, 2001

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Asian Community</th>
<th>Total Canadian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 to 24</td>
<td>34.5</td>
<td>40</td>
</tr>
<tr>
<td>25 to 44</td>
<td>78.6</td>
<td>66.7</td>
</tr>
<tr>
<td>45 to 64</td>
<td>72.1</td>
<td>56.2</td>
</tr>
<tr>
<td>65 and over</td>
<td>9.9</td>
<td>4.4</td>
</tr>
<tr>
<td>Total</td>
<td>59.9</td>
<td>51.5</td>
</tr>
</tbody>
</table>

Statistics Canada, Census of Canada, 2001

Lastly, Canadian seniors of Asian origin have relatively low incomes. Table 2.8 demonstrates that in the year 2000, the average income for Asian seniors aged 65 and older was $18,000, about $6,000 less than the average senior income of $24,400 (Statistics Canada, 2001). Further, Asian seniors living on their own or with a spouse were especially likely to have low incomes. As of 2001, 70% of Asian seniors residing alone had incomes below the low-income cut-offs, compared with just over 40% of the general senior population (personal communication, Statistics Canada representative, November 10, 2011).

Table 2.8: Average Incomes of the Asian Community and Overall Canadian Population, by Age Group and Sex, 2001

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Asian Community</th>
<th>Total Canadian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Dollars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 to 24</td>
<td>8,113</td>
<td>7,789</td>
</tr>
<tr>
<td>25 to 44</td>
<td>34,357</td>
<td>24,790</td>
</tr>
<tr>
<td>45 to 64</td>
<td>36,577</td>
<td>23,969</td>
</tr>
<tr>
<td></td>
<td>Asian Community</td>
<td>Total Canadian Population</td>
</tr>
<tr>
<td>----------------</td>
<td>----------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>65 and over</td>
<td>21,293</td>
<td>30,775, 19,461, 24,437</td>
</tr>
<tr>
<td>Total</td>
<td>29,322</td>
<td>36,865, 22,885, 29,769</td>
</tr>
</tbody>
</table>

Statistics Canada, Census of Canada, 2001

Importantly, older Asian women reported having lower incomes when compared to their male counterparts. As is noted in Table 2.8, Asian women 65 years of age and older had an annual average income of just over $15,600, compared to the $21,200 reported by senior Asian men (Statistics Canada, 2001). Older Asian women who reside alone were also more likely to be characterized as low-income. In 2001, according to Statistics Canada, 74% of older Asian women (3 out of 4) who resided alone had incomes below the low-income cut-offs, compared with 59% of unattached senior Chinese men and 43% of all women aged 65 and over.

2.2.2 Aging Characteristics Amongst the South Asian Canadian Community

Canadians with South Asian origins constitute one of the largest non-European populations within Canada. By 2001, there were over one million South Asian Canadians, making up just over 3% of the Canadian population (Statistics Canada, 2011). The majority of the South Asian population, similar to that of the Asian population, immigrated to Canada and are, therefore, foreign-born. The majority of these South Asian persons are recent arrivals to Canada, whereby a great number arrived in Canada between 1996 and 2001 (Statics Canada, 2001). Between these years, people who reported having South Asian origin rose by 33%, whereas the overall Canadian population grew by only 4% (Cloutier-Fisher, 2009).

While a large number of South Asians now residing in Canada arrived between 1996 and 2001, 53% of South Asians arrived in the previous decade, and 22% of South Asians arrived between 1981 and 1990 (Cloutier-Fisher, 2009). Just over 5% of all South Asian persons in Canada today arrived prior to 1959.

Similar to their Asian counterparts and as is noted above, the large majority of South Asian Canadians reside in 2 provinces – British Columbia and Ontario (BC Stats, 2006). According to the 2001 Canadian Census count, 62% of all Canadian South Asian persons resided in Ontario, while another 22% lived in British Columbia (Ministry of Industry, 2001). Further, South Asian Canadians also account for a substantially large share of the overall population in British Columbia and Ontario, accounting for 5% of the populations in both of these provinces (Statistics Canada, 2001).
As of 2001, South Asian seniors 65 and older made up 6% of the entire South Asian Canadian population, a number far below the national average, which stood at 12% (Milan and Vezina, 2011). Like their Asian counterparts, South Asian women made up the majority of these seniors, where 51.8% of South Asian seniors were women; this stands below the national average, as women made up 56.1% of seniors in the overall population (Milan and Vezina, 2011). Table 2.9 demonstrates the age distribution of the South Asian community in relation to the overall Canadian population.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>South Asian Community</th>
<th>Total Canadian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>Under 15</td>
<td>25.7</td>
<td>24.4</td>
</tr>
<tr>
<td>15 to 24</td>
<td>15.3</td>
<td>15.7</td>
</tr>
<tr>
<td>25 to 44</td>
<td>33</td>
<td>34.4</td>
</tr>
<tr>
<td>45 to 64</td>
<td>20.3</td>
<td>19.2</td>
</tr>
<tr>
<td>65 and over</td>
<td>5.7</td>
<td>6.3</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Almost all South Asian Canadians stated that they were able to speak one of the official Canadian languages, where 93% of South Asian persons were able to carry on a conversation in English and/or French (Statistics Canada, 2001). Just over 7% of Canadians of South Asian origin could not speak either English or French. Further, and similar to their Asian counterparts, the majority of all South Asian persons (65%), regardless of age, shared that their mother tongue is a non-official language (Statistics Canada, 2001). Just over 46% of South Asian Canadians, across all age groups, indicated that they only speak a non-official language in their home; the most common non-official languages used within the home include Punjabi (29%), Tamil (10%), Urdu (9%), Gujurati (6%), Hindi (6%) and Bengali (3%) (Statistics Canada, 2001). Specific to older South Asian adults, the overwhelming majority – just over 92% – reported being fluent in a mother tongue other than English/French and were more likely to use this language within the home and preferred to converse in this language at all times.

Regarding family status and living arrangements, older South Asian Canadian adults were less likely than other adults to live alone. Only 8% of South Asian older adults lived
unattached or with a spouse, compared to 29% of all seniors in the greater population (Turcotte and Schellenberg, 2006). Like their Asian senior counterparts, older South Asian persons 65 and older were likely to live with an extended member of their family and, in particular, their children (BC Stats, 2011). Importantly, South Asian seniors often reported residing with extended family members who also have family of their own.

In the South Asian community, a number of older adults aged 65 and older reported working. As of 2001, Statistics Canada reported that over 10% of the older South Asian population was working, whereby only 8.4% of the general older Canadian population was employed during the same timeframe (Turcotte and Schellenberg, 2006). Importantly, South Asian men were more likely to work when compared to their older South Asian female counterparts. As is noted in Table 2.10, 16.9% of South Asian senior men worked whereas only 5.2% of South Asian senior women were employed.

Table 2.10: Percentage of the South Asian Population Employed, by Age Group and Sex, 2001

<table>
<thead>
<tr>
<th>South Asian Community</th>
<th>Total Canadian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
</tr>
<tr>
<td>Percentage</td>
<td></td>
</tr>
<tr>
<td>Age Group</td>
<td></td>
</tr>
<tr>
<td>15 to 24</td>
<td>49</td>
</tr>
<tr>
<td>25 to 44</td>
<td>84.5</td>
</tr>
<tr>
<td>45 to 64</td>
<td>78</td>
</tr>
<tr>
<td>65 and over</td>
<td>16.9</td>
</tr>
<tr>
<td>Total</td>
<td>70.3</td>
</tr>
</tbody>
</table>

Statistics Canada, Census of Canada, 2001

As can be examined in Table 2.11, a significant number of South Asian seniors reported having relatively low incomes. According to Statistics Canada, in 2000, South Asians aged 65 and older had an average annual income of just over $19,400, which was about $5,000 less than the national average for all seniors (Statistics Canada, 2001). South Asian seniors who lived alone were also likely to have low incomes, where 63% of unattached South Asian seniors had incomes below the low-income cut-off point, when compared to 40% of the overall Canadian senior population. Further, as is also noted in Table 2.11, senior South Asian women were more likely to have lower incomes than their senior South Asian male counterparts. In 2000, the average income of women of South Asian origin aged 65 and over was just over $15,000, compared with almost $24,000 for senior men of South Asian origin (Statistics Canada, 2001).
Importantly, older South Asian women living alone were more likely to be low-income when compared to senior South Asian males that reside alone, as well as when compared to the general older population that resides unattached. To exemplify, 70% of South Asian senior women who reside alone had incomes indicative of poverty when compared with 50% of unattached senior South Asian males and 43% of all Canadian unattached women aged 65 and over.

Table 2.11: Average Incomes of the South Asian Canadian Community and Overall Canadian Population, by Age Group and Sex, 2001

<table>
<thead>
<tr>
<th>Age Group</th>
<th>South Asian Community</th>
<th>Total Canadian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td></td>
<td>Dollars</td>
<td>Dollars</td>
</tr>
<tr>
<td>15 to 24</td>
<td>10,286</td>
<td>8,971</td>
</tr>
<tr>
<td>25 to 44</td>
<td>34,712</td>
<td>22,350</td>
</tr>
<tr>
<td>45 to 64</td>
<td>40,199</td>
<td>22,857</td>
</tr>
<tr>
<td>65 and over</td>
<td>23,970</td>
<td>15,012</td>
</tr>
<tr>
<td>Total</td>
<td>31,396</td>
<td>19,511</td>
</tr>
</tbody>
</table>

Statistics Canada, 2001 Census of Canada

2.2.4 Aging Characteristics Amongst the Caribbean Canadian Community

In Canada, the Caribbean Canadian community, at more than half a million, accounts for 2% of the population; the majority of Caribbean Canadians were born outside the country (Ministry of Industry, 2001). Just over 55% of all Caribbean Canadians are foreign-born, compared to less than 20% of the overall population. Just under 30% of all Caribbean persons residing in Canada arrived in the previous decade and 25% arrived between 1981 and 1990 (Turcotte and Schellenberg, 2006). Only 14% of Caribbean Canadians arrived in the 1960s and just over 2% came prior to 1959 (Turcotte and Schellenberg, 2006).

Unlike their Asian and South Asian counterparts, the Canadian population of Caribbean origin is largely concentrated in Ontario and Québec (BC Stats, 2006). In 2001, 91% of Caribbean Canadians resided in either Ontario or Québec. 69% of the overall Canadian Caribbean population, at 350,000, resided in Ontario (McDonald, 2011). In fact, Caribbean Canadians accounted for 3% of all residents of Ontario (McDonald, 2011). Further, the vast majority of Caribbean Canadians who resided in Ontario lived in Toronto. Almost 60% of all those who reported Caribbean origins lived in Toronto, where just over 280,000 Caribbean Canadians resided in Toronto proper and surrounding municipalities (McDonald, 2011). Overall, persons
with Caribbean origin made up just over 6% of the Greater Toronto Area population (Social Planning Toronto, 2009).

Given that the majority of Caribbean Canadians have made Ontario and, in particular, Toronto and surrounding municipalities, their home, it is not surprising that aging amongst this community has taken place. As of 2001, people aged 65 and older made up 6% of the Caribbean community of Canada, compared with 12% of the overall senior population (Statistics Canada, 2001). Specific age demographics pertaining to Caribbean Canadians in relations to the general population is noted in Table 2.12.

Table 2.12: Age Distribution of the Caribbean Community and Overall Canadian Population, 2001

<table>
<thead>
<tr>
<th></th>
<th>Caribbean Community</th>
<th>Total Canadian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td><strong>Age Group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 15</td>
<td>25.7</td>
<td>24.4</td>
</tr>
<tr>
<td>15 to 24</td>
<td>15.3</td>
<td>15.7</td>
</tr>
<tr>
<td>25 to 44</td>
<td>33</td>
<td>34.4</td>
</tr>
<tr>
<td>45 to 64</td>
<td>20.3</td>
<td>19.2</td>
</tr>
<tr>
<td>65 and over</td>
<td>5.7</td>
<td>6.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Statistics Canada, 2001 Census of Canada

As is further noted in Table 2.12, and similar to the above ethnic groups examined above, 62% of all Caribbean seniors in 2001 were women, while in the overall general senior population women made up 56% of seniors (Milan and Vezina, 2011).

Statistics Canada reports that “just about every Canadian of Caribbean origin reports that they can carry on a conversation in at least one official language” (personal communication, Statistics Canada representative, November 10, 2011). In fact, 76% of Caribbean Canadians spoke only English, while just over 9% reported speaking French, and 15% stated that they are bilingual. Most Canadians of Caribbean origin reported either English or French as their mother tongue (Ornstein, 2006). 82% of Caribbean persons reported that English is their mother tongue and 10% of persons from the Caribbean community stated that French is their mother tongue, while less than 7% reported having a mother tongue other than English or French (Ornstein, 2006). In light of this, very few Caribbean Canadians speak a language other than English or French in their home. In 2001, just 3% of persons from the Caribbean community shared that
they speak a non-official language when at home (Statistics Canada, 2001). Almost all seniors from the Caribbean community reported speaking English in the home, whereby close to 88% of Caribbean seniors reported only speaking and understanding English (Statistics Canada, 2001).

Older Caribbean seniors, similar to their Asian and South Asian counterparts, were less likely to reside on their own when compared to the overall senior population (Statistics Canada, 2001). However, the difference between seniors from the Asian and South Asian senior population and Caribbean senior population is that older Caribbean adults were somewhat less likely to live unattached or with a spouse. In 2001, 23% of those aged 65 and older in the Caribbean community resided alone, when compared with 29% of the general senior Canadian population (Statistics Canada, 2001). 18% of Caribbean seniors lived with direct relatives, such as a son or daughter, whereas only 5% of all seniors in Canada resided with extended family members (i.e. aunt, niece/nephew, cousin, etc.). Importantly, a number of Caribbean older adults also resided with their grandchildren. Just over 6% of all Caribbean older adults lived with a grandchild or great-grandchildren, and 6.2% of Caribbean older adults reported being the legal guardians and/or primary caregivers of their grandchildren (Statistics Canada, 2008).

Seniors from the Caribbean ethnic seniors community were more likely to be employed when compared to the senior population at large (Ministry of Industry, 2001). As is noted in Table 2.13, 9.5% of the Caribbean senior population aged 65 years and older were employed as of 2001, compared to 8.4% of the general senior population. Further, as is demonstrated in Table 2.13, 14.7% of all Caribbean senior men were employed, compared to only 6.2% of older women from the Caribbean community.

Table 2.13: Percentage of the Caribbean Population Employed, by Age Group and Gender, 2001

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Caribbean Community</th>
<th>Total Canadian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>15 to 24</td>
<td>47.2</td>
<td>51.4</td>
</tr>
<tr>
<td>25 to 44</td>
<td>84.9</td>
<td>76.7</td>
</tr>
<tr>
<td>45 to 64</td>
<td>79.6</td>
<td>70.9</td>
</tr>
<tr>
<td>65 and over</td>
<td>14.7</td>
<td>6.2</td>
</tr>
<tr>
<td>Total</td>
<td>69.5</td>
<td>63.8</td>
</tr>
</tbody>
</table>

Statistics Canada, 2001 Census of Canada
As is noted in Table 2.14, a number of seniors from the Caribbean ethnic community reside in households with a below average income. As of 2000, the average annual income of Caribbean seniors was $21,000, where the average income for all seniors in the year 2000 was $24,400 (Statistics Canada, 2001). Caribbean seniors who reside alone or with a spouse were most likely to have low incomes. 64% of Caribbean seniors who resided alone or with a spouse reported having incomes below the low-income cut-off point, a fact which may be directly compared to 40% of the general senior population (Statistics Canada, 2001).

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Caribbean Community</th>
<th>Total Canadian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>15 to 24</td>
<td>9,635</td>
<td>9,197</td>
</tr>
<tr>
<td>25 to 44</td>
<td>33,531</td>
<td>26,119</td>
</tr>
<tr>
<td>45 to 64</td>
<td>39,067</td>
<td>27,435</td>
</tr>
<tr>
<td>65 and over</td>
<td>26,070</td>
<td>17,745</td>
</tr>
<tr>
<td>Total</td>
<td>29,840</td>
<td>22,842</td>
</tr>
</tbody>
</table>

Importantly, as is noted in Table 2.14, female seniors from the Caribbean community had significantly lower incomes when compared to their male counterparts. The average income for older Caribbean women was just over $17,700, compared to over $26,000 for their senior male counterparts (Milan and Vezina, 2011). Also, unattached senior Caribbean women were more likely to have lower incomes when compared to their Caribbean male counterparts. As of 2000, 69% of unattached Caribbean senior women fell below the low-income cut-off point, compared to 53% of unattached Caribbean senior men and 43% of all unattached women in the general senior Canadian population (Milan and Vezina, 2011).

It should also be noted that Canadians of Caribbean origin receive a significant portion of their income from federal and provincial transfer programs. In 2000, 8.3% of the income of Caribbean seniors came from government transfers (personal communication, Statistics Canada representative, November 10, 2011).

2.2.5 Aging Characteristics Amongst the African Canadian Community

The last older ethnic community to be examined within this section is the senior African Canadian community. Similar to the ethnic groups examined above, the African Canadian
community is quickly growing. For instance, the number of Canadians reporting that they are of African descent rose by 32% between 1996 to 2006. African Canadian seniors identify as Black or African (51%), Somali (6%), South African (6%), Ghanaian (6%) and Ethiopian (5%) (Statistics Canada, 2001).

Similar to their Asian, South Asian and Caribbean counterparts, most African Canadians are born outside the country and are fairly new to Canada. In 2001, just over half – 53% – of all persons with African ethnic origins identified as a being newcomers to Canada (Statistics Canada, 2001). By 2001, over 58% had arrived in Canada in the previous decade, while 31% arrived between 1981 and 1990 (Statistics Canada, 2001). Slightly over 6% of African Canadians made their way to Canada in the 1960s, and less than 1% had come to Canada prior to 1959 (Statistics Canada, 2001).

The vast majority of African Canadians, 92%, resided in either Ontario or Québec. Ontario is home to over 65% of all Canadians of African descent, and by 2001 over 175,000 African Canadians resided in this province (Turcotte and Schellenberg, 2006). The African Canadian population currently makes up 2% of the population of Ontario, and, further, make up 4% of the overall Toronto population (City of Toronto, 2011).

Given that the majority of African Canadians have made Ontario their home, and in particular Toronto and surrounding municipalities, it is not surprising that aging amongst this community has taken place. However, unlike other ethnic groups studied within this work, African Canadians are considerably less likely that those in the overall population to fall into the senior demographic (Statistics Canada, 2001). As is noted in Table 2.15, people aged 65 and over constituted only 3% of the African population in 2001, whereby 12% – 4 times the senior African population – of all Canadians were 65 and older. As is further noted in Table 2.15, older women made up the majority of the African older population in 2001, at 54%, which was somewhat below the figure in the overall population, in which women made up 56% of seniors in 2001.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>African Community</th>
<th>Total Canadian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 15</td>
<td>32.7</td>
<td>20.2</td>
</tr>
<tr>
<td></td>
<td>32.2</td>
<td>18.6</td>
</tr>
<tr>
<td></td>
<td>32.4</td>
<td>19.4</td>
</tr>
</tbody>
</table>
Regarding language, 98.5% of African Canadians, regardless of age, reported being able to speak at least one of the official languages, while 1.5% of the African Canadian population could not speak either English or French (Ornstein, 2006). Even though almost all African Canadians were able to converse in either official language, 32% of African Canadians, irrespective of age, reported that they had a mother tongue other than English or French, such as Portuguese or Italian (Statistics Canada, 2001). Importantly, 18% of all African Canadians reported speaking a language other than English or French in their home (Statistics Canada, 2001). Over 60% of African Canadian seniors reported that they spoke (and preferred to converse in) a language in their home that is neither English or French (Statistics Canada, 2001).

Regarding family status and living arrangements, African Canadian seniors were less likely to live alone than the overall senior population, although only by a small percentage (Turcotte and Schellenberg, 2006). In 2001, 23% of African Canadian seniors resided alone or with a spouse, compared to 29% of all seniors. Similar to their ethnic senior counterparts noted above, a number of African Canadian seniors resided with their extended family and, in particular, their children. Just over 24% of African seniors resided with immediate family, such as a son or daughter, compared to 5% of their counterparts in the overall senior population.

As is noted in Table 2.16, a significant number of older African adults reported continuing to work past age 65. 17.2% of African senior men and 6.1% of African senior women were currently employed, accounting for 11.1% of the entire African Canadian population, compared to the just over 8% of all Canadian seniors who reported working past 65 (Ministry of Industry, 2001)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>African Community Total Canadian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
</tr>
<tr>
<td>15 to 24</td>
<td>16.6</td>
</tr>
<tr>
<td>25 to 44</td>
<td>33.4</td>
</tr>
<tr>
<td>45 to 64</td>
<td>14.5</td>
</tr>
<tr>
<td>65 and over</td>
<td>2.8</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

Statistics Canada, Census of Canada, 2001
Similar to their ethnic senior counterparts examined within this work, a number of African Canadian seniors also had relatively low incomes when compared to the general senior population. As is noted in Table 2.17, seniors from the African Canadian community had an average annual income of $21,600, $3,000 less than that for the general senior Canadian population (Statistics Canada, 2001). Particularly, older African adults who lived alone are most likely to have low incomes (Statistics Canada, 2001). To exemplify, 60% of all African Canadian seniors residing alone had incomes below the low-income cut-off point. This may be directly compared to 40% of the general senior population who lived alone. Importantly and similar to the Caribbean Canadian community, a number of African Canadian seniors (8.3%) received financial aid from provincial government transfers (personal communication, Statistics Canada representative, November 10, 2011).

As is further noted in Table 2.17, African Canadian senior woman reported having a lower income than their male African senior counterparts. In 2001, African older woman had an average income of slightly over $17,000, compared with almost $27,000 for African senior men (Statistics Canada, 2001). Similar to the above, senior African women who resided alone were very likely to have be low-income, whereby 64% of African Canadian senior women had incomes below the low-income cut-off point, compared to 54% of older African men who resided alone, and 43% of women in the general Canadian population who lived unattached (Statistics Canada, 2001). Importantly, as of 2000, 4.5% of older African women who lived alone received government financial transfers (personal communication, Statistics Canada representative, November 10, 2011).
Table 2.17: Average Incomes of the African Canadian Community and Overall Canadian Population, by Age Group and Sex, 2001

<table>
<thead>
<tr>
<th>Age Group</th>
<th>African Community</th>
<th>Total Canadian Population</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Men</td>
<td>Women</td>
</tr>
<tr>
<td>15 to 24</td>
<td>9,072</td>
<td>7,828</td>
</tr>
<tr>
<td>25 to 44</td>
<td>29,689</td>
<td>21,445</td>
</tr>
<tr>
<td>45 to 64</td>
<td>39,142</td>
<td>26,757</td>
</tr>
<tr>
<td>65 and over</td>
<td>26,692</td>
<td>17,310</td>
</tr>
<tr>
<td>Total</td>
<td>27,864</td>
<td>19,639</td>
</tr>
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Statics Canada, Census of Canada, 2001
Chapter 3

Legal Context of Driving for Mature Drivers in the Provinces of British Columbia and Ontario

Chapter 3 examines the legal context of licensing procedures and regulations pertaining to older drivers in the Province of British Columbia and the Province of Ontario. This chapter provides an understanding and outlines of the various roles government agencies play in overseeing the creation and implementation of policy and legislation pertaining to mature drivers. Chapter 3 is included within this study, as senior participants in this study frequently discuss current licensing procedures and policies relating to older drivers, and thus it is essential to have an understanding of licensing policy governing older drivers in the respective provinces. Chapter 11 of this work documents and highlights ethnic seniors’ perceptions around driving policy and legislation, whereby seniors often refer back to policy and legislation documented below. In reading Chapter 3, then, it is important to note where licensing procedures do not take ethnic and cultural (i.e. language) differences into consideration.

Section 3.1 provides a brief overview of the legal context of driving for seniors in British Columbia and Ontario, bringing to light the main differences and similarities between each province. Section 3.2 to 3.4 thoroughly examines licensing procedures in British Columbia as they relate to mature drivers, and section 3.3 to 3.3.4 examines, in detail, licensing procedures in Ontario.

3.1 Overview of Driving and Licensing Procedure in British Columbia and Ontario

This section of Chapter 3 outlines and provides a basic overview of the current licensing procedures, pertaining to mature drivers, in the Provinces of British Columbia and Ontario. Figure 3.1 and Figure 3.2 provide a visual description of licensing procedures in relation to older drivers within each province, highlighting both similarities and differences.

To begin, in the Province of British Columbia, the Ministry of Transportation (BC) delegates licensing provisions, policy, and rules and regulations to the Office of the Superintendent of Motor Vehicles (OSMV). Conversely, the Ministry of Transportation (MTO) in Ontario retains the authority over licensing provisions, policy and rules and regulations throughout the province. In each province, both the OSMV and the MTO have the authority to develop, implement and oversee all licensing matters pertaining to mature drivers, as defined as 65 years and older (MTO, 2012; OSMV, 2012).

Age-based licensing testing exists in both British Columbia and Ontario. Beginning at 80 years of age, and every 2 years thereafter, a mature driver must demonstrate to the Province
the cognitive and physical soundness needed to operate a motor vehicle of any standing (OSMV, 2012; MTO, 2012). As is noted in Figure 3.1 and Figure 3.2, screening processes to ensure that mature drivers are physically and cognitively able to safely operate an automobile differ between provinces. In British Columbia, a mature driver approaching their 80th birthday is issued a Driver’s Medical Examination Report (DMER, Appendix A). The DMER is to be completed by a physician, who must submit the DMER to the OSMV (OSMV, 2012). The DMER is available in English only (personal communication, OSM representative, February 13th, 2012), and is accompanied by an informational package explaining to the mature driver the purpose and reason for the DMER. The informational package is available in English only, and is not available to the general public 80 years of age and younger. In the Province of Ontario, drivers 80 years of age and older are required to participate in the Senior Driver Renewal Program (SDRP). During the SDRP, mature drivers receive an eye examination and participate in Group Education Session (GES), where driving in older age is discussed at length. Prior to finishing the GES, senior attendees write a knowledge-based examination that tests their ability to successfully identify roadway signage and various driving environments (MTO, 2012). The SDRP program is taught by a trained councilor, using the (English only) Senior Driver Education Booklet (Appendix B). Similar to the DMER, the MTO sends mature drivers nearing the age of 80 instructions regarding signing up for and attending the SDRP; these instructions are issued in English only (personal communication, MTO representative, February 20th, 2012). Further, the SDRP is administered in English/French only and translators are not allowed to attend SDRP sessions (personal communication, MTO representative, February 20th, 2012). The eye examination performed during the SDRP is also administered in English/French only, while the written knowledge-based examination is available in English/French and 17 other languages3 (MTO, 2012). Like the eye examination portion of the SDRP, translators are not permitted to be present during the completion of the knowledge based examination (personal communications, MTO representative, 2012).

Figure 3.1: Overview of Licensing Procedures in British Columbia
Office of Superintendent of Motor Vehicles (OSMV) officiates over driving/licensing legislation in the Province of British Columbia

Concerned citizen may notify OSMV regarding senior’s fitness to drive

Driver’s Medical Examination Report (DMER) to be completed by a province-based physician and submitted to the OSMV

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3 17 languages include: English, French, Chinese, Italian, Portuguese, Punjabi, Greek, Polish, Spanish, Korean, Russian, Croatian, Hindi, Tamil, German, Finnish and Somali.
The OSMV reviews the DMER, examining for medical conditions (physical/cognitive Inabilities) that may impair a mature driver’s ability to safely drive.

- The OSMV detects no medical impairment: driver’s license renewed immediately.
- The OSMV detects medical impairment: Driver re-examination test – including a knowledge-based exam and on-road exam (administered in English only, translator not permitted during official examination).

OSMV takes into consideration results of the Driver Re-Examination Test or DriveAble Assessment when making final decision pertaining to driving status.

- Mature driver notified by mail regarding driving status (notification in English only).
- Dissatisfied with decision by OSMV, driver may appeal Case: Administrative Justice Decision/ Supreme Court.

Figure 3.2: Overview of Licensing Procedure in Ontario

- Ministry of Transportation (MTO) officiates driving/licensing legislation in the Province of Ontario.
- Senior Driver Renewal Program (SDRP) administered by the MTO (SDRP administered in English/French only, translators not permitted in SDPR session).

SDRP Examiner screens for impairments (physical/cognitive) that affect ability to safely drive.

- Mature driver passes SDRP session and
instructor detects no medical impairment:

Driver’s License renewed immediately

Mature driver fails SDRP and instructor detects medical impairment:

On-Road Examination (administered only in English/French, translator not permitted during official examination)

On-Road examiner detects cognitive/physical impairment

Medical Advisory Committee (MAC): examines medical reports indicating Physical/Cognitive impairment of mature driver. MAC only considers medical reports from SDRP and on-road examiners, physicians and police officers (who may be acting on behalf of a concerned citizen)

MAC requests mature driver to undergo medical examination (letter stating type of medical test(s) required sent to mature driver, letter in English/French only)

Mature driver notified by mail regarding driving status (notification in English/French only)

Dissatisfied with decision by MTO, driver may appeal case: Superior Court of Justice/Supreme Court

Should the OSMV and MTO receive notice through the DMER and a formal letter completed by the SDRP instructor that the physical ability (but not cognitive ability) of a mature driver is questionable, the OSMV and MTO may request further examination (OSMV, 2012; MTO, 2012). As is noted in Figure 3.1 and Figure 3.2, both the OSMV and MTO may request that the mature driver in question take an on-road examination. In B.C., a mature driver is subject to the Driver Re-examination Test and in Ontario a mature driver is subject to an on-road examination. In both instances, mature drivers are required to complete an on-road test and are examined on their ability to identify and comply with roadway signage and navigate through various roadway situations (i.e. ability to drive through a common street or downtown area) (OSMV, 2012; MTO, 2012). Within each province, the on-road examination is administered in
English only, whereby a translator may be present prior to and following the examination to explain the logistics of the test and the outcome of the exam, but are not allowed in the vehicle at the time of the on-road test (OSMV, 2012; MTO, 2012). It should be noted, however, that in the Province of Ontario on-road examiners also screen for cognitive disabilities of mature drivers, given that such disabilities are often missed and/or not evident during the SDRP and as one’s physician is not the first reference point in examining and documenting a mature driver’s ability to operate an automobile (personal communications, MTO representative, March 6th, 2012).

Should the physical and/or cognitive soundness of a mature driver be undetermined following the DMER and SDRP, as is outlined in Figure 3.1 and Figure 3.2, the OSMV requires that the mature driver undergo the DriveAble Assessment and MTO defers the case to the Medical Advisory Committee (OSMV, 2012; MTO, 2012). The DriveAble Assessment is a cognitive screening test, whereby drivers are subject to an examination that determines whether a senior driver possesses the cognitive capacity needed for safe driving (DriveAble Assessment Centres, 2007). The DriveAble test is only utilized when the DMER states that the mature driver is afflicted with cognitive disabilities that may cause them to be unsafe drivers. The DriveAble examination does not screen for physical disabilities, as this is done through the driver re-examination test (OSMV, 2012). The DriveAble examination is only available in English, and translators are not permitted to attend the official assessment (personal communications, OSMV representative, March 1st, 2012).

The Medical Advisory Committee is a separate branch of the MTO that specifically examines physical and cognitive impairments that have not been officiated by the MTO due to the uncertainty regarding the medical affliction (MTO, 2012). The Committee reviews all relevant documentation regarding the mature driver’s case, as well as the diagnosis, treatment, and long-term effects of the affliction and prescribed medication in relations to one’s driving abilities (MTO, 2012). A formal document is issued to the mature driver regarding the necessary medical information (i.e. doctor’s letter, additional tests, etc.) needed by the Committee in order to make an informed decision regarding one’s driving status. This formal letter is issued is English only (personal communications, MTO representative, March 1st, 2012). To properly inform the mature driver of the role of the Medical Advisory Committee and reasons as to why their case has been turned over to the Committee, an informational brochure is also sent to the mature driver (MTO, 2012); this brochure is only issued in English (personal communications, MTO representative, March 1st, 2012).
In both British Columbia and Ontario, should a mature driver successfully pass the DMER and the SDRP, the OSMV and MTO immediately reissue the license of the mature driver (OSMV, 2012; MTO, 2012). Should the OSMV or MTO feel that it is in the best interest of the mature driver and other roadway users that the mature driver no longer drives, the driver’s license is immediately revoked (OSMV, 2012; MTO, 2012). The mature driver receives a formal notice indicating from the OSMV and MTO indicating that their license has been revoked; this letter is issued only in English (personal communications, OSMV and MTO representatives, March 2nd, 2012). In such cases, if a mature driver is unsatisfied with the outcome of their driving status they may appeal to a higher order court, in British Columbia being the Administrative Justice Court and Supreme Court and in Ontario being the Supreme Court of Justice and Superior Court (OSMV, 2012; MTO, 2012).

3.2 Driving and Licensing Procedures in British Columbia

3.2.1 The Role of the Office of the Superintendent of Motor Vehicles and the Driver’s Medical Examination Report

In the Province of British Columbia the Office of the Superintendent of Motor Vehicles (OSMV) is responsible for ensuring the safety of all roads in the province (OSMV, 2012). OSMV strives to be a nation and continent-wide leader in road safety, while working towards an ultimate goal of zero traffic fatalities, through the development and implementation of effective road safety policies (OSMV, 2012). The OSMV is delegated powers by the Ministry of Transportation British Columbia, whereby service-delivery and decision-making powers are undertaken by ministry staff, and in certain cases, agencies (i.e. police liaisons, policy analysts) to ensure that British Columbia is afforded the safest roads in Canada (Ministry of Transportation B.C., 2012).

The delegated powers of the OSMV are authorized by the Motor Vehicle Act (OSMV, 2012). This law appoints the Superintendent of Motor Vehicles (SMV) as the sole administrative authority governing all drivers in British Columbia. Under the Motor Vehicle Act the OSMV is tasked with the following responsibilities: review licensing decisions made by the Insurance Corporation of British Columbia (ICBC), ensure that all drivers are medically fit (physically and cognitively) to safely operate an automobile, deliver intervention and remedial education programming and review licensing sanction applied by the high-authority decision-making bodies (i.e. physician, police) (OSMV, 2012). Under section 29 of the Motor Vehicle Act, the SMV
is granted the absolute right to cancel a driver’s license should a driver not complete the required driver fitness assessment and exam (ICBC, 2012).

As part of the mandate for the OSMV, and in order to ensure the highest safety of all roadways in BC, the Motor Vehicle Act states and entrusts the SMV with full authority over the licensing privileges of mature drivers (Ministry of Transportation B.C., 2012). As such, the OSMV and SMV retain the sole and absolute right to review, consider, suspend and renew the driving license and driving privileges of mature drivers (OSMV, 2012). In order to make the most thorough and appropriate decision regarding the licensing status and privileges of mature drivers the OSMV takes into consideration a number of factors, based on a number of supporting resources (i.e. physician’s recommendations, etc.).

The primary tool utilized by the OSMV when making the decision pertaining to an older drivers’ ability to safely operate a motor-vehicle is the Driver’s Medical Examination Report (DMER). The DMER is a medical form that is completed by the physician of an older driver, allowing the physician to document the driver’s physical fitness and cognitive ability in relation to their overall ability and soundness to operate an automobile (OSMV, 2012). The DMER is only a requirement for mature drivers beginning at the age of 80, whereby at age 80 and every 2 years thereafter, a DMER form along with an informational brochure explaining the reason, purpose and procedure surrounding the DMER is mailed to the residence of the mature driver in question (personal communications, OSMV representative, March 1st, 2012). The DMER form and the accompanying information brochure are available only in English (personal communications, OSMV representative, March 1st, 2012).

The DMER is to be completed and returned only by a licensed physician operating in British Columbia with 45 days of receipt (OSMV, 2012). It is strongly recommended that the DMER be completed by a family physician who is well aware of the physical and cognitive ability and history of the mature driver, as opposed to a physician who does not share a close doctor-patient relationship (i.e. a physician operating in a walk-in clinic) (personal communications, OSMV representative, March 1st, 2012). According to a representative of the OSMV, this “lessens the possibility that the older driver gets away with false reporting, as a physician who is not the primary medical caregiver of the mature may be unaware of the driver’s true and full physical and cognitive abilities needed to be a good driver” (personal communications, OSMV representative, March 1st, 2012).
All physician-submitted DMER forms are examined by the OSMV to ensure that mature drivers are capable of safely operating an automobile. Should the OSMV corroborate the statements made by the physician of the mature driver, the OSMV will renew the driver’s license immediately (OSMV, 2012). However, should the physician of a mature driver raise any concerns regarding the DMER, the OSMV places the driver’s license on hold immediately (OSMV, 2012). Prior to making a final and binding decision regarding a driver’s fitness determination, and therefore the driving status of the mature driver in question, the OSMV examines a number of health-related factors (ICBC Safety Foundation, 2012).

As is noted within this section, the primary tool used by the OSMV in making a driver fitness determination assessment is the DMER. When a DMER is deemed unacceptable, the OSMV extensively reviews the medical reasons provided as to why the mature driver is believed to be physically and/or cognitively unable to operate a motor vehicle. In examining the DMER, the OSMV assesses the severity, progression, treatment and/or effects of the noted medical condition(s) in relations to an older adult’s fitness to drive (OSMV, 2012). In doing so, the OSMV compares the physician’s assessment with those stated and described in the Driver Fitness Guidelines. In using the framework set out by the Driver Fitness Guidelines and the medical conditions noted by the physician in the DMER, the OSMV considers several aspects prior to making the final decision regarding a mature driver’s ability to safely drive and, thus, their licensing status (i.e. research associating the medical condition with adverse driving outcomes, etc.) (BCAA Road Safety Foundation, 2012).

According to the OSMV, the majority of DMER are not of concern, and the vast majority of seniors (official statistics not released to the public) are relicensed following the submittal and review of the SMER by the OSMV (personal communications, OSMV representative, March 2nd, 2012). Less than 10% of all DMER forms are extensively reviewed by the OSVM, although this number is expected to increase significantly as the population of British Columbia continues to age (personal communications, OSMV representative, March 2nd, 2012).

While the DMER is the primary tool utilized by OSMV to determine the physical and cognitive faculties of drivers over the age of 80 years, the DMER is “not fool proof,” and thereby leaves a “grey area in the decision making process” (personal communications, OSMV representative, March 1st, 2012). For instance, a physician may “feel that a senior is unable to perform to the best of their abilities, but are unsure to the extent of such issues” (personal communications, OSMV representative, March 2nd, 2012). In these instances, the OSMV may
utilize 2 additional screening tools – Driver re-examination test and DriveAble Assessment – in conjunction with the DMER in making a final decision regarding the physical and cognitive fitness of the driver in question (OSMV, 2012).

3.2.2 Driver Re-examination Test

As is noted above, the OSMV may require additional information prior to making their final decision regarding a mature driver’s fitness to operate an automobile. In certain cases, the SMV may request that a driver’s re-examination test be undertaken by the driver in question in order to determine their physical ability to safely drive (OSMV, 2010). A driver re-examination test is only requested when it is stated on the DMER that a mature driver may be afflicted with a physical impairment that may cause them to be unsafe drivers (personal communications, OSMV representative, March 2nd, 2012). A driver re-examination test includes a brief exam of road signs and an on-road examination (OSMV, 2012). The portion of the examination pertaining to roadway signs may be completed in the language most comfortable to the mature driver⁴, whereas the on-road examination is completed only in English (personal communications, OSMV representative, February 29th, 2012). To successfully pass the on-road examination, the mature driver must demonstrate the ability to use automobile functions (i.e. turn on head lights, proper hand signals, etc.) and safely maneuver during different driving environments (i.e. drive through city streets) (OSMV, 2012). Following the on-road test the driver receives critical and constructive feedback from the examiner and the results of the test.

According to the OSMV, less than 2%'⁵ of all mature drivers are asked to participate in the driver re-examination test, and less than 0.5% fail (personal communications, OSMV representative, February 29th, 2012).

Following the driver re-examination test, results are submitted to the OSMV within 5 days (OSMV, 2012). The test results and any other comments made by the re-examination examiner are taken into consideration along with the DMER. Once the examination results have been reviewed by the OSMV, the mature driver in question is notified of their driving status.

Importantly, if a mature driver is uncomfortable speaking English, they may bring a translator of their choice to attend the pre-examination period, where the purpose and procedure of the exam are explained, and the feedback session, where the results and next

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⁴ Languages include this following: English, French, Italian, Portuguese, Chinese, Tamil, Punjabi, Greek, and Somali.

⁵ All statistics provided within this chapter are estimates provided by representatives of the OSMV and MTO. The researcher was informed that exact numbers and statistics could not be provided based on privacy and confidently laws.
steps are covered (personal communications, OSMV representative, March 5th, 2012). However, translators are not allowed in the car during the course of the on-road test (personal communications, OSMV representative, March 5th, 2012).

3.2.3 DriveAble Assessment

The DriveAble assessment is the third screening tool used by the OSMV when determining the cognitive ability of older drivers who are noted on the DMER form as encountering and/or exhibiting cognitive impairments. Mature drivers are only requested to undergo the DriveAble examination when it is recorded on their DMER form, by a physician, that they are encountering cognitive impairments that may directly compromise their ability to safely operate a motor-vehicle (OSMV, 2012). When it is stated on the DMER that a mature driver is afflicted with cognitive inabilities, the OSMV reserves the right to request that the driver in question undertake a DriveAble assessment (BCAA Road Safety Foundation, 2010). Importantly, when a mature driver's cognitive abilities are called into question by a physician, the OSMV will not request that the mature driver undergo a driver re-examination as the on-road test examination does not screen for and/or assess cognitive abilities needed for safe driving. Additionally, this may place the safety of the driver, examiner, and other road users in jeopardy, and as such, the OSMV requests that the mature driver directly complete a DriveAble assessment (OSMV, 2012). It should be noted that the DriveAble examination is only offered in English and exam officiators are not permitted to speak a language other than English to those undergoing the assessment (personal communications, BCAA Road Safety Foundation representative, February 3rd, 2012). Should a mature driver be unable to effectively communicate in English, a translator of choice may explain the examination prior to the assessment and may explain the test results following the examination. However, translators are not permitted in the examination room while the DriveAble assessment is being administered (personal communications, BCAA Road Safety Foundation representative, March 3rd, 2012).

The DriveAble assessment directly evaluates the essential cognitive abilities needed for the safe operation of a motor vehicle and was adopted by the Province of British Columbia in early 2001 (DriveAble Assessment Centre, 2007). The DriveAble assessment consists of two separate evaluations. The first evaluation consists of a pass/fail in-office assessment. During this portion of the assessment, the driver sits at a display monitor (i.e. computer screen) (DriveAble Assessment Center, 2007). In the in-office assessment, the driver completes six specific tasks,
each testing his/her cognitive abilities needed for driving. Each of the six tasks is completed by touching the monitor and/or pushing a button connected to the monitor. All drivers are provided an opportunity to practice each task prior to being officially tested (DriveAble Assessment Centre, 2007). It is important to note that according to the SMV, although a computer monitor is used during the in-office component, the test does not require any prior knowledge of computers or their applications (personal communications, BCAA Road Safety Foundation, March 3rd, 2012).

The driver is provided with the examination results immediately after the assessment is complete (DriveAble Assessment Centre, 2007). In addition, the DriveAble assessment is submitted to the OSMV for further review, whereby the results are examined on a priority basis by SMV staff. The results of the DriveAble assessment are then weighed as evidence of the driver’s ability to safely drive, and drivers are immediately advised in writing of any changes to their licensing status (OSMV, 2012).

According to representatives from the BCAA Road Safety Foundation, less than 1% of all drivers, irrespective of age, have been requested by the OSMV to undergo the DriveAble assessment (personal communication, BCAA Road Safety Foundation representative, March 3rd, 2012). To date, less than 0.02% of those examined failed to successfully pass the examination (personal communications, BCAA Road Safety Foundation representative, March 3rd, 2012). It is extremely rare that mature drivers [those over 65 years of age] are ever requested to undergo the DriveAble examination, although it is expected that the number of older drivers asked to complete a DriveAble examination will rise as the population of British Columbia continues to age (personal communication, OSMV representative, March 2nd, 2012).

3.2.4 Reporting a Senior’s Fitness to Drive

While the OSMV has the direct responsibility for screening and determining a senior’s fitness to drive, family members and concerned citizens may also report an older adult’s unsafe driving behavior to the OSMV (OSMV, 2012). The report must include the mature driver’s full name and other identifying information, although a driver’s license number is not required (OSMV, 2012). Reporting family members and/or concerned citizens must provide specific details regarding why they believe that the mature driver in question is unable to safely operate a private automobile (e.g. witnessing driving on the wrong side of road or a failure to adhere to roadway signage). The OSMV will not consider anonymous reports and/or verbal reports
In fact, the full name of the person providing the report and contact information is required.

Unsolicited reports expressing concern over a driver’s safety on the road are given high priority by the OSMV (personal communications, BCAA Road Safety Foundation, March 3rd, 2012). The OSMV will review the report made, and if a decision that additional medical information is required, the OSMV will directly contact the senior in question (OSMV, 2012).

According to the OSMV, less than 500 reports by concerned family members or citizens are made each year, and all reports are thoroughly investigated by the OSMV (personal communication, OSMV representative, March 3rd, 2012). As noted above, it is believed by the OSMV that as the population continues to age the OSMV will receive “a great influx” in reports made my concerned family members and/or citizens pertaining to the driving abilities of mature drivers (personal communication, OSMV representative, March 3rd, 2012).

3.2.5 Requesting Review to Reconsider a Driver Medical Fitness Decision

Should a mature driver be dissatisfied with the results pertaining to their licensing status, an Administrative Justice Decision may be requested. If a driver is denied their license based on a pre-existing medical condition and this medical condition improves, an Administrative Justice Decision may also be requested (OSMV, 2012).

During the review process, an adjudicator/case manager examines all information used to inform to the final decision, as set by the OSMV. The decision made by the adjudicator/case manager is then sent in writing to the mature driver in question, either confirming the prior decision made by the OSM or further advising of a driver fitness decision (OSMV, 2012).

Importantly, the decision made by the adjudicator/case manager regarding a mature driver’s status may be subject to judicial review at the request of the driver in question (OSMV, 2012). Thus, a court of law may rules on the appropriateness of the administrative justice decision under the Judicial Review Procedure Act (personal communications, OSMV representative, March 3rd, 2012). Anyone unsatisfied with the decision of the adjudicator/case manager has 30 days to make an appeal and is responsible for the full costs of the appeal.

3.3 Driving and Licensing Procedures in Ontario

3.3.1 The Role of the Ministry of Transportation Ontario and the Senior Driver Renewal Program

In the Province of Ontario, licensing and driving requirements are set by the Ministry of Transportation Ontario (MTO). Similar to the OSMV, the MTO is responsible for ensuring the
safety of Ontario roads. The Province of Ontario, according to the MTO, has one of the safest roadway and highway networks in the country due to efficient and rigorous driving legislation (MTO, 2012). As such, the MTO continues to be a leader in roadway safety, working to improve “rider safety throughout the province” by way of effective roadway legislation and policy development pertaining to all drivers, including mature drivers (MTO, 2012).

Similar to the OSMV, the MTO is granted power to preside over any matters pertaining to roadway safety under the Motor Vehicle Act of Ontario (MTO, 2012). The Motor Vehicle Act appoints the MTO as the sole governing authority over all drivers throughout the province (MTO, 2012). As with the OSMV, the MTO, as outlined in the Motor Vehicle Act of Ontario, is responsible for ensuring that all drivers are medically fit (physically and cognitively) to safely operate a private automobile, deliver intervention and remedial education programs and review licensing decisions as applied by high-authority decision-making bodies (i.e. physician, police officer). Regulation 34/94 of the Motor Vehicle Act of Ontario grants the MTO the exclusive and absolute right to preside over all matters relating to and/or regarding licensing procedures within the province, including licensing policies, renewals, restrictions, revocation and the right to cancel a driver’s license should a driver fail to complete the required driver fitness assessment or exam (MTO, 2012).

As part of the mandate for the MTO the Motor Vehicle Act of Ontario states that the MTO has the full and absolute authority over the licensing privileges of mature drivers (personal communications, MTO representative, March 3rd, 2012). Through the regulation 34/94, the MTO retains the right and discretion to review, consider, suspend and renew the driving license and driving privileges of mature drivers (MTO, 2012). In order to ensure that the most thorough and appropriate decision regarding the licensing status and privilege of mature drivers is made, the MTO utilizes a number of screening tools to determine of the overall fitness of a mature driver.

The primary screening tool used by the MTO to determine the fitness and driving ability of mature drivers is the Senior Driver Renewal Program (SDRP), a program implemented and administered by the MTO. This program is to be taken by all mature drivers upon turning 80 years of age and every 2 years thereafter in order for their license to be renewed (Ontario Seniors’ Secretariat, 2012). The SDPR encompasses a range of compulsory testing that allows the MTO to successfully determine the driving ability of mature drivers deemed necessary for safe driving.
Regarding the SDRP, a letter is mailed 90 days prior to a driver’s 80th birthday, informing him/her that they must attend a SDRP in order to be relicensed (MTO, 2012). The letter is published only in English and French, and no other language. Mature drivers are responsible for contacting the MTO to make an appointment to attend a SDRP; the MTO will not contact a mature driver to ensure that they have successfully registered for the program (personal communication, MTO representative, March 3rd, 2012). The SDPR includes a number of medical and practical examinations, as is noted below in detail, determined by the MTO and the Ontario Medical Association. All SDPR are administered by a trained MTO counselor, whereby the counselor is present at all times to walk older adult attendees through the program (MTO, 2012). It should be noted that the complete SDPR (i.e. eye examination, in-class portion, etc.) is offered and administered in English or French, and no other language (personal communications, MTO representative, March 3rd, 2012).

The SDRP session begins by testing a mature driver’s vision using a vision screener. Following the vision test, seniors must attend a 3 hour Group Education Session (GES) (Ontario Seniors’ Secretariat, 2012). Each session is comprised of 15 seniors aged 80 years and older. The majority of the session is dedicated to discussing how aging affects one’s driving abilities and driving tips to help older drivers how to remain safe on the road (personal communications, MTO representative, March 3rd, 2012). A Senior Driver Education Booklet, which highlights the various ways that seniors can ensure they are safe drivers regardless of age is also provided (MTO, 2012). Counselors encourage seniors to participate during the session by way of asking and/or answering questions and discussing personal driving experiences in older age (personal communication, MTO representative, March 3rd, 2012). While the Senior Driver Education Booklet is available in 9 languages, sessions are only available in English and French and language interpreters are not allowed to attend the session (personal communication, MTO representative, March 3rd, 2012). It is important to note that alternative forms of transportation and mobility should a senior be required to cease driving are discussed during the GES “only if there is enough time to do so” and, in general, discussions around alternative forms of transportation is “allotted 10 minutes in for class discussion, which the shortest amount of time for any topic covered in the class” (personal communication, MTO representative, March 3rd, 2012).

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6 9 languages include: Chinese simplified, Chinese traditional, Greek, Italian, Korean, Polish, Portuguese, Punjabi, Spanish, and Russian. A complete English copy of the booklet may be found at: [http://www.mto.gov.on.ca/english/dandv/driver/senior/renewal80.shtml#theSeniorDriverEducationBooklets](http://www.mto.gov.on.ca/english/dandv/driver/senior/renewal80.shtml#theSeniorDriverEducationBooklets)
During the final portion of the GES the counselor reviews traffic signs and roadway rules with participants. Seniors are then required to complete a written multiple-choice test, without any time limit, which examines their knowledge of the rules of the road and roadway signs; all of which are discussed throughout the GES (MTO, 2012). The knowledge-based examination may be completed verbally or in writing (Ontario Seniors’ Secretariat, 2012). The paper-based examination is offered in 17 languages, thereby accommodating the language needs of a number of mature drivers throughout Ontario. Should a mature driver speak 1 of the 17 languages, they are required to take the written examination and may not request to take the verbal examination (MTO, 2012). However, should the written examination be unavailable in his/her language, the mature driver may request the verbal examination; in that case, questions asked will be in the language the mature driver feels most comfortable in communicating in (MTO, 2012).

Following the SDRP session, the councilor provides passing attendees with written confirmation regarding their licensing status. Mature drivers may then report to the Driver and Vehicle Issuing Office where they may register for and receive their renewed license (Ontario Seniors’ Secretariat, 2012). Mature drivers receive the renewed license on the same day in which they participate in and pass the SDRP session.

According to the MTO, it is very “rare that a mature driver fail the GES or the SDRP” and it is estimated that less than 1% of all mature drivers attending the SDRP fail the session (personal communication, MTO representative, March 3rd, 2012). The SDRP, according to the MTO, is not designed and/or intended to fail mature drivers, rather to ensure that older drivers remain safe when driving in older age (MTO, 2012).

It should be noted, however, that the SDRP councilor retains the discretion to report a senior in question to the MTO, stating that additional information is needed to prove that the mature driver possesses the capabilities to safely drive. In general, the SDRP councilor may defer passing a mature driver attendee and recommend them to the MTO that on the basis of poor performance in class (e.g. lack of reasoning regarding driving situations, displays confusion when discussing signage and simple automobile maneuvers, etc.) and display of considerable difficulty in understanding and passing the knowledge-based signage and roadway examination (i.e. unable to identify simple and common roadway signs) (MTO, 2012). Where a mature driver attendee is displaying serious difficulty throughout the SDRP session, the counselor must refer this senior to the MTO, as such difficulty may be a sign of cognitive dysfunction (MTO, 2012).
Here, too, such instances are very uncommon, whereby very few seniors attending the SDRP classes are referred to the Ministry [of Transportation] (personal communication, MTO representative, March 3rd, 2012). However, the MTO does note that it is believed that such referrals may increase as “more and more seniors turn 80 and as more and more seniors turn 80 and are driving” (personal communication, MTO representative, March 3rd, 2012).

As is explored below, when the SDRP councilor refers mature drivers to the MTO for additional testing in order to ensure the driving capabilities of the mature driver in question, the MTO may utilize 2 screening tools – the on-road examination and the Medical Advisory Committee Review Process – to measure and determine the driving fitness of the senior driver in question (MTO, 2012).

3.3.2 On-Road Examination

As is noted directly above, should the SDRP instructor express any doubt regarding the physical ability of a mature driver, such concerns must be directly and immediately reported to the MTO. In receiving a notification of this nature, the MTO will request that the mature driver in question demonstrate their ability to safely drive (personal communication, MTO representative, March 3rd, 2012). A screening tool commonly used by the MTO is the on-road examination, designed and administered by the MTO. Similar to the driver re-examination test in British Columbia, the on-road examination is only utilized to determine a mature driver’s physical ability to safely drive, although cognitive inabilities may become evident during the on-road test, which were unnoticed during the SDRP sessions (MTO, 2012; personal communication, MTO representative, March 3rd, 2012).

It is important to note that the on-road examination is administered in English and/or French only (personal communications, MTO representative, March 3rd, 2012). For mature drivers who do not effectively communicate in either of these languages but are requested to complete the on-road examination, a translator may be present at the testing centre prior to the examination in order to explain the procedures and reasoning of the test, as well as after the examination to explain the feedback and results (personal communications, MTO representative, March 3rd, 2012). The translator is not allowed in the vehicle at any time.

According to the MTO, less than half of all seniors required to undergo the on-road examination fail (personal communications, MTO representative, March 3rd, 2012). Of these, the MTO provides two common explanations as to why they do not successfully pass the on-road
Firstly, such mature drivers fail to adhere to roadway rules, such as performing a ‘roll stop’ (as opposed to a complete stop) when approaching a stop sign, or failing to drive at 30k/hr in a dedicated school zone (personal communications, MTO representative, March 3rd, 2012). Secondly, they exhibit a lack of capability to safely operate a motor-vehicle (personal communications, MTO representative, March 3rd, 2012). When the mature driver exhibits any sign of physical and/or cognitive inability to safely drive, it is the duty of the on-road examiner to immediately issue a failing performance rating and contact the MTO directly following the examination.

Following the on-road examination, the examiner submits the results of the examination to the MTO, whereby the MTO takes into consideration the results of the on-road examination in conjunction with the report made by the SDRP instructor. Mature drivers are then notified of their licensing status by mail (MTO, 2012). For seniors who do not pass the on-road examination due to failure to adhere to roadway rules, they may re-take the on-road test until they are successful (Ontario Seniors’ Secretariat, 2012). The on-road test comes at no additional cost and may be taken within 90 days of the most recent test (MTO, 2012). However, when it is determined by the on-road examiner that the older driver in question lacks the physical and cognitive ability to safely operate an automobile, the MTO then submits the case to the Medical Advisory Committee for further review (personal communications, MTO representative, March 3rd, 2012).

3.3.3. Medical Advisory Committee Review Process Pertaining to a Senior’s Ability to Drive

When the MTO receives official notice that the driving ability of a mature driver is impacted and skewed by a physical and/or cognitive impairment, and where the MTO is unable to make a firm and final decision on the driving status of the mature driver, the MTO refers the case to the Medical Advisory Committee (MTO, 2012). The Medical Advisory Committee is a separate sub-section of the MTO and only examines and considers driving related cases when it is reported, in this case, that a mature driver may be afflicted with a cognitive and/or physical disability that may impact his/her ability to safely operate a motor-vehicle (personal communication, Medical Advisory Committee representative, March 3rd, 2012). The Committee is composed of a panel of 25 expert medical advisors, specializing in the areas of cardiology, psychiatry, endocrinology, ophthalmology, internal medicine, geriatric medicine and substance abuse (MTO, 2012). Cases are assigned to medical advisors based on their medical content. The
Medical Advisory Committee is tasked with reviewing and examining each case presented to the board, and is required under the Motor Vehicle Act of Ontario to make a final decision regarding the driving abilities and the medical fitness of the mature driver in question (MTO, 2012).

The Medical Advisory Committee will only review official reports noting the physical and/or cognitive inabilities of mature drivers when they are submitted to the MTO from the following 4 approved sources: the Senior Driver Renewal Program instructor, the on-road examination examiner, an Ontario based and certified physician and an Ontario based and certified police officer (MTO, 2012). Similar reporting duties apply to physicians and police officers, and are therefore briefly outlined below.

Physicians licensed to practice in the Province of Ontario must report patients to the MTO who, in the sound opinion of the physician (i.e. family doctor, optometrist), are unfit to safely operate a motor vehicle due to medical reasons (MTO, 2012). For a medical claim to be recognized by the MTO and Medical Advisory Committee, a physician must complete and submit a Medical Conditions Report (MCR; Appendix C).

Under Section 199(3) of the Ontario Highway Traffic Act, police officers are required to report drivers to the MTO who are suspected of being medically unfit to drive (MTO, 2012). Furthermore, Section 199(3) states that police services must report drivers who come to their attention upon the investigation of a collision; public complaint; and/or exhibition of poor driving, and drivers with suspected medical impairments, or who show signs of significant driving incompetence (MTO, 2008). Commencing in 2006, the MTO, in conjunction with the provincial, regional and local police authorities, designed and implemented the 70 and Over Collision Program. Police officers are required to report all accidents involving drivers aged 70 years of age and older, whether or not these older drivers are found at fault in causing the accident (Ontario Seniors’ Secretariat, 2012). According to the MTO (2012), these drivers must take a vision, knowledge, and road test, whereby the results of these examinations are directly reviewed by Medical Advisory Committee. Unlike the Province of British Columbia, a concerned citizen (i.e. family member, neighbour, friend, etc.) may not report a senior’s fitness to the MTO. Should a citizen express any worry regarding the driving ability of an older driver, they must report such concerns to a police officer, who will then notify the MTO and Medical Advisory Committee (MTO, 2012).

When the Medical Advisory Committee has received all the necessary information, it makes a decision based on the following: diagnosis, prognosis, severity of functional and
cognitive impairment, compliance with prescribed medication and treatment and whether it is believed that driver in question’s condition may improve or deteriorate further (MTO, 2012). The review of the medical information takes approximately 5 weeks to complete and the mature driver is advised of the outcome of the review and final decision by mail; a formal letter is sent by the MTO and Medical Advisory Committee explaining and outlining whether the driver’s license has been revoked or reinstated and the reasons for doing so (MTO, 2012). The letter is written in both English and French and no other language (personal communication, Medical Advisory Committee representative, March 3rd, 2012).

According to the MTO, very few mature drivers are subject to review by the Medical Advisory Committee (personal communication, Medical Advisory Committee representative, March 3rd, 2012). However, the overwhelming majority of seniors, whose medical diagnosis is subject to review by the Medical Advisory Committee, fail to be relicensed (personal communication, Medical Advisory Committee representative, March 3rd, 2012). The primary reason for this licensing outcome, as noted by the MTO, is grounded in the fact that when the Committee receives official notice of the driving ability of the mature driver in question, the mature driver’s ability to safely drive is almost non-existent (e.g. advanced stages of dementia) and/or where the mature driver is afflicted with a medical condition that will only further digress, placing not only the mature driver but also other roadway users in potential danger (personal communication, Medical Advisory Committee representative, March 3rd, 2012).

The MTO states that as the population continues to age and as mature drivers continue to drive into their older years, the number of cases referred to the Medical Advisory Committee will increase 10-fold (personal communication, Medical Advisory Committee representative, March 3rd, 2012).

3.3.4 Requesting Review to Reconsider a Driver Medical Fitness Decision

If a review by the Medical Advisory Committee results in a suspension, continued suspension or revocation of a driver’s license, the driver has the option to appeal the License Appeal Tribunal of Ontario (MTO, 2012). As outlined in Section 50 of the Highway Traffic Act, the Tribunal can confirm, modify and/or set aside the decision of the Medical Advisory Committee (MTO, 1996).
The decision of the Tribunal may further be appealed to the Superior Court of Justice within 30 days from the date the Tribunal releases its decision. All decisions made by the Superior Court are binding and cannot be disputed (MTO, 2012).

Importantly, Section 50 also states that licensing suspensions based on a failure to meet mandatory and standard vision requirements deemed necessary for safe driving cannot be appealed to either the Tribunal and/or Superior Court (MTO, 2012). Furthermore, the driver filing for an appeal must bear the costs of all court dates and/or other associated expense.
Chapter 4

Literature Review on Seniors’ Perceptions around Driving Cessation

Chapter 4 provides and examines current literature discussing seniors’ perceptions around driving cessation. To date, a vast literature base exists documenting and assessing seniors’ perceptions around driving cessation. Works examining seniors’ perceptions around the cessation of driving date back to the mid-1980s, when it became apparent that older drivers were more likely to be involved in automobile accidents when compared to other age cohorts. Seniors’ perceptions around driving cessation become a well-studied topic by the mid-1990s as academics and, in particular, gerontologists made evident that industrialized nations were not only aging, but aging with the automobile; as age-related health issues became apparent so would the ability to safely drive in older years.

Recently, as is explored below, this literature review brings to light that current works examine seniors’ perceptions from a variety of different perspectives, such as, for example, seniors’ perceptions around the role of family members intervening in the driving cessation decision-making process. Further, recent works on the subject of driving cessation examine seniors’ perceptions from new, unexplored perspectives, such as seniors’ perceptions around educational drivers workbooks and the relationship to driving cessation.

However, and most importantly, this literature review serves to demonstrate that past and/or more recent works examining seniors’ perceptions around driving cessation does not take into consideration ethnic seniors’ perceptions around driving cessation. As will be noted below, not a single study addresses ethnic seniors’ perceptions around any of the various topics discussed in literature around driving cessation.

This chapter follows the framework set out in the introductory chapter of this thesis, where there are, in general, 6 frameworks in which literature discusses seniors’ perceptions around driving cessation. It should be noted that, where appropriate, additional literature is reviewed to provide a more in-depth examination of the existing literature examining seniors’ perceptions around driving cessation. Chapter 4 is structured as follows: section 4.1 examines work documenting seniors’ perceptions around the consequences of driving cessation; section 4.2 examines studies assessing seniors’ perceptions around the private automobile and transportation alternatives in relations to driving cessation; section 4.3 examines works that take into consideration seniors’ perceptions around planning for the cessation of driving; section 4.4 documents studies assessing third-party intervention and the driving cessation forum;
4.1 Consequences of Driving Cessation

The ability and act of driving is of great importance to older adults, as driving affords older persons with a direct form of mobility and, therefore, personal independence and freedom. The ability to drive further allows seniors to engage in out-of-home activities, social events and outings and remain involved in their communities. Mobility provided by the private automobile and the ensuing benefits of such mobility naturally manifests itself in an overall higher personal satisfaction with life.

Given the importance of driving and the mobility benefits driving provides older adults, numerous studies that examine and assess seniors’ perceptions around life following driving cessation focus strictly on mobility and the direct benefits of this mobility.

4.1.1 Perceptions around Driving Cessation and Loss of Mobility

Driving is an essential life component for older drivers, as it represents a form of mobility. For many older adults the notion of no longer driving is equated to a lack of mobility. The work of Kostyniuk and Shope (1998) exemplifies this statement. In this study, Kostyniuk and Shope (1998) examine the issues surrounding the reduction and cessation of driving by older adult drivers, older former drivers and family members of older drivers. All participants were 65 and older, comprised of 11 men and 8 women. Seniors resided in urban locations surrounding the Greater Southfield Area, Michigan, and rural/small town participants resided in Midland, Michigan. Focus groups were conducted during April 1998, and were recruited by 2 professional recruitment firms. During focus group interviews participants were asked to name key factors associated with the decision to continue and/or stop driving, coping behaviors that compensate for reduced driving capabilities, crucial experiences and/or events preceding the decision to stop driving and attitudes and emotional factors surrounding the decision to stop driving. Following the interview process, interviewee responses were then grouped according to dominant themes. It should be noted that all participants were Caucasian community-dwelling seniors.

In assessing the interview data, Kostyniuk and Shope (1998) find that nearly all participants report strong emotional feelings about the importance of driving, and perceive the cessation of driving negatively. As one older driver states, “Just to be behind the wheel makes
you feel important. If someone takes your car away, you feel like a cripple. You lose your value to life because you lose your mobility” (Kostyniuk and Shope, 1998, p. 35). Kostyniuk and Shope (1998) note that responses relating to the importance of driving are in actuality concerns regarding mobility. For many older drivers mobility is directly linked to the ability to operate an automobile, whereby older drivers perceive that the cessation of driving would force them to lose their mobility and, as such, their independence, resulting in a dull and uneventful life. It is, therefore, not surprising that many older adults within the study note that the private automobile is the only form transportation that ensures mobility in older years.

Kostyniuk and Shope (1998) also highlight the importance of driving as a form of mobility for older former drivers. For many of the ex-drivers partaking with the study, driving is perceived as a means to achieving mobility and accessibility. During focus group interviews, numerous former drivers express a loss of personal mobility immediately following the act of cessation, whereby they are unable to be independent, free and readily partake in out-of-home activities. Following cessation and the resulting lack of mobility, many former drivers express feeling that their lives are void of eventful experiences. Numerous participants note that on the day they ceased driving, they also ceased being mobile. Given the relationship between operating an automobile and perceptions around mobility it is, therefore, not surprising that many former drivers feel a need to resume driving. Kostyniuk and Shope (1998) find that a surprising number of former drivers, particularly those who are younger seniors, express that they plan to begin driving again regardless of the reasons they stopped initially. As one states, “It was very unsettling [not being able to drive]. I hope to buy this car, and I intend to drive again. I want to get around” (Kostyniuk and Shope, 1998, p.36).

4.1.2 Perceptions around Driving Cessation and Loss of Independence and Freedom

Loss of mobility following cessation is readily linked to a loss of independence and freedom. Loss of independence and freedom, brought on by driving cessation, is perceived to be an adverse consequence of cessation often noted by drivers and former drivers alike. Lister (1999) explores the impacts and consequences post driving cessation for older stroke victims, while directly addressing the relationship between driving cessation and feelings of independence and freedom. The overall purpose of the study was to bring to light the ways in which older people experience the loss of driving in order to provide a basis upon which relevant and effective intervention strategies can be developed. Within the study, all
participants had experienced a recent stroke, and had had their licenses cancelled at the request of a medical profession. Participants were recruited from a stoke clinic located in Adelaide, South Australia. In total, 2 Caucasian women and one Caucasian man participated in the study, ranging in age from 70 to 80.

Lister (1999) used semi-structured in-depth interviews and field notes as the main data-gathering techniques. As the study was qualitative in nature, a phenomenological methodology was applied. During the interview process participants were asked to describe how they lost their license, feelings over the loss of one’s license and how feelings of loss changed and/or developed over time. The data collection and data analysis steps occurred simultaneously, and reductive processes where used to assess common and/or differing themes, as well as similarities between themes.

Lister (1999) identifies 6 overarching themes, with the loss of independence being a theme most often discussed by interviewees. All 3 participants perceive that the most difficult aspect of losing one’s ability to drive is the inability to be independent and spontaneous. The ability to perform activities at will and without constraint is perceived by all participants as a major loss and a traumatizing experience. As one older female ex-driver drive states, “Whenever I wanted to go somewhere, the car was there and I was independent. I could just do it. I could just go. Losing the license was the final seal on my independence” (Lister, 1999, p. 516). Consequently, both a female and a male participant describe developing feelings of and/or deep resentment over those who are able to maintain independence and freedom through driving. Such feelings are the result of perceiving that others are more capable drivers who have more independent lifestyles when compared to themselves. Both participants vehemently describe their lack of independence and freedom and their inability to travel spontaneously post-cessation, which thereby leads to the “same old routine ... which gets very monotonous” (Lister, 1999, p. 516).

The inability to be independent following cessation leads many participants to devalue activities that were once considered important and/or of great value. As the author writes, “The activities themselves were also described as not being valued to the same extent if they could not be performed completely independently or at will” (Lister, 1999, p. 17). Lister (1999) finds such perceptions to be of great concern, as many of the devalued activities were social out-of-home activities (i.e. community events, family gatherings and meeting friends), which generally are attributed to overall life satisfaction and self-esteem in later years.
Such findings are also confirmed in the work of Kostyniuk and Shope (1998), where drivers and ex-drivers perceive independence, afforded by the automobile, as intrinsically linked to mobility. For many older drivers and ex-drivers the ability be independent equates to the ability to travel from one location to another. In describing the relationship between driving and feelings attached to driving, the authors note, “[Driving] represented both psychological independence, as well as convenience of movement” (Kostyniuk and Shope, 1998, 45). As such, Kostyniuk and Shope (1998) conclude that driving is not only perceived an essential part of life for older adults, but is an essential element in maintaining one’s quality of life.

Negative perceptions around loss of independence and freedom among elderly non-drivers and drivers often stems from perceptions around having to depend on others to meet their mobility and accessibility needs. Burkhardt (1998) demonstrates many drivers perceive depending on others for mobility reasons as the first step in losing one’s independence and freedom following driving cessation. In this work, Burkhardt (1998) sets out to investigate which mobility changes occur following driving cessation, how they affect older persons and what these changes mean to the lives of the older persons. The study was completed between August and December 1996, and included 12 focus group interviews. All participants were 70 years of age and older, and resided in Maine, Maryland and Florida. Burkhardt (1998) notes that the majority of participants were women and that the majority of interviewees were current drivers. Burkhardt (1998) also notes that a number of seniors from varying ethnic backgrounds were interviewed for this study, although the author does not publish what the ethnic backgrounds of these seniors was.

During the focus group interviews, a number of negative attitudes and negative consequences associated with driving cessation are expressed. Current drivers are primarily concerned with maintaining mobility, and overwhelmingly perceive that driving cessation would not only curtail mobility but also hinder one’s personal independence. This may force those who can no longer driver to become dependent on others, thereby creating a cycle whereby lack of independence means relying on the kindness of others, and relying on others results in a lack of independence, freedom and spontaneity. Many interviewees express that depending on family and friends to maintain personal mobility would entail careful planning regarding where they go, the specific times in which to travel and the length of time needed to complete the activity/task should one’s personal driver is waiting on them. Older drivers also perceive dependency on others as personally inconvenient and restricting, given that trip making will rely
on the schedules of others. Thus, it is perceived that waiting times for non-drivers would increase prior to and following the trip, so that those providing transportation are not inconvenienced. In addition, older drivers perceive that the loss of independence, resulting from driving cessation, would ensure that certain trips are eliminated. Both women and men express concern that they would have to forgo trips at night, social trips, reduce shopping trips and restrict the times and places for obtaining health care.

Burkhardt (1998) also highlights that both drivers and former drivers’ perceive that asking others for transportation should only be done when reciprocity is possible. Many former drivers note that they would offer those providing them with transportation cash payment, a cooked meal, babysitting services, volunteer services and/or other favours. Burkhardt (1998) notes that not wanting to be inconvenient and burden following driving cessation is a real and perceived concern of all driving participants, who would willingly pay for their mobility and independence.

In concluding, Kostyniuk and Shope (1998), Lister (1999) and Burkhardt (1998) state that appropriate transportation alternatives must be developed in order minimize the feelings of lost independence and freedom following driving cessation. In particular, Lister (1999) states that effective interventions and programs must be developed to address feelings of lost independence to ensure that other feelings, such as depression and reduced life satisfaction, do not develop.

4.1.3 Perceptions around Driving Cessation and Personal Identity

Given the perceived mobility following cessation in later years and the negative ensuing consequences as noted above, numerous studies link the cessation of driving to a change in personal identity. In general, studies examining the relationship between personal identity and cessation in later years note that the change in a seniors’ self-identity is grounded in 2 primary factors. The first factor is related to the fact that the cessation of driving is perceived as signaling a seniors is “now over the hill, and officially old” (Carp, 1988, p. 5), and the second being that entering into old age without the ability to drive signals a feeling of role loss. To date, 2 of the most influential studies highlighting the relationship between driving cessation and a loss in personal identity are found in the works of Carp (1988) and Eisenhandler (1990).

In one of the first studies to highlight the importance of understanding the relationship between driving cessation and the ensuing consequences, Carp (1988) examines the
relationship between the personal mobility of older adults and the influence and impacts such mobility has on personal wellbeing and quality of life in later years. In particular, Carp (1988) focuses on the relationship between driving cessation and the loss of mobility and the overall wellbeing of seniors post-cessation. Carp conducted an extensive gerontological literature review on emotional and social wellbeing in relation to senior mobility. The overall purpose of this comparative meta-analysis was to compare and determine whether literature examining emotional and social wellbeing and psychological health was correlated to mobility challenges and/or constraints following cessation in older years.

Overall, Carp (1988) finds that an older person’s ability to operate an automobile is directly related to one's overall emotional and psychological health and social well-being. Of particular importance, however, Carp (1988) demonstrates and highlights the significant relationship between driving cessation and personal identity following driving cessation in later years. For Carp (1988), personal identity may be compromised following cessation as a great number of older adults perceive that the inability to drive marks a definitive passage into old age. To exemplify this point, the author points to the numerous studies that find that older drivers are extremely apprehensive about losing their ability to drive, as it makes them “feel officially old” (Carp, 1988, p. 6) and/or signals that older drivers “over the hill and have now entered into the realm of old age” (Carp, 1988, p. 11). Driving represents a social threshold and to cross this threshold is to signify that one is now no longer just a senior citizen in the legal sense, but also in the physical sense, as “only seniors are viewed as no longer possessing the ability to operate an automobile” (Carp, 1988, p. 14).

Carp (1988), therefore, is not surprised to find that older drivers who perceive themselves to be better than the average driver their age and exert high levels of mobility, to also perceive themselves and self-identify as young. Carp (1988) finds that to lose one’s license in older age may also negatively affect perceptions around personal identity post-cessation. According to Carp (1988), driving and the ability to drive is the only mode of transport whose feasibility is determined by official decree. As such, just as the receipt of the first driver’s license is an important rite of passage to adulthood and unconstrained mobility and independence, the revocation of one’s driver’s permit formally denotes old age, and inability to maintain personal mobility and independence. The author notes that it is, therefore, not surprising that older former drivers often perceive themselves to be ineffectual, dependent, weak and incapable to properly provide care for themselves. Carp (1988) further notes that given that driving is seen as
a male dominated activity, to cease driving (for older male drivers) is to signify that one is no longer manly and can be an emasculating experience.

For Carp (1988), older ex-drives may perceive themselves in a negative light when they are forced to depend upon others for transportation. Carp’s (1988) extensive meta-analysis demonstrates that older drivers perceive that it is only acceptable to ask others for rides when the favour may be returned. However, when the favour cannot be reciprocated the give-and-take process that is a prerequisite for healthy interpersonal relationships is violated. When this interpersonal relationship collapses, many older former drivers perceive themselves to be incapable of engaging within the parameters of societal norms, thereby altering a seniors’ self-identity. Accordingly, “The passenger not only feels dependent but also suffers loss of social equity and therefore self-esteem and self-identity” (Carp, 1988. p. 14).

Lastly, Carp (1988) describes that change in personal identity may result from the lack of perceived control following driving cessation. In drawing upon different works examining the sense of mastery in later life, Carp concludes that transportation modes, and the differing degree of personal control they provide, positively and directly affect one’s sense of self. Carp (1988) finds that driving one’s own car supports one’s sense of personal control at a stage of life when control in other domains (i.e. aging body) has been lost. To this end, older ex-drivers, who are dependent upon others and/or public transport for mobility, often perceive themselves to be lacking control over one of the most vital aspects of older life. As Carp (1988) concludes, driving may be one of the few areas in an older person’s life where they can still be in control of their lives.

In closing, Carp (1988) states that mobility is key to social, emotional and psychological wellbeing in later years. In particular, changes in one’s self-identity negatively impact the emotional and psychological wellbeing of adults entering later life. To ensure that seniors are afforded emotional and social health, Carp recommends that future studies explicitly focus upon the relationship between one’s driving status and wellbeing in later life.

Building off the work of Carp (1988), Eisenhandler (1990) also examines the interconnected relationship between the role of the personal automobile in later life and its impacts on old age identity. In this study, Eisenhandler (1990) seeks to determine whether a specific old age identity exists and the degree to which such an identity is stigmatized by greater society. In achieve this end, Eisenhandler (1990) assesses how the possession of the driver’s permit provides elderly adults with an asphalt identikit. Eisenhandler (1990) assumes that the
asphalt identikit allows older drivers to maintain a younger and, therefore, a non-stigmatized identity.

Within this study, Eisenhandler (1990) conducted in-depth semi-structured interviews with a stratified random sample of 50 elderly adults over the age of 60, residing in the northeastern United States. In total, 31 women and 19 men participated in the study, whereby all men and only 13 women were licensed and active drivers at the time of participation. The author does not provide the topics discussed during the interview process. Following the interview process, re-occurring themes were identified, and the frequency of each theme was tallied. It should also be pointed out that Eisenhandler (1990) notes that all participants were Caucasian community-dwelling older adults.

Eisenhandler (1990) demonstrates that older drivers perceive the loss of one’s license to be negatively associated with old age, and stigmatized as such by greater society. Eisenhandler (1990) finds that for older people within the study the retention of a driver’s license not only reveals one’s “older age status,” but is also perceived to demonstrate to the wider community one’s functional and social competency, irrespective of older age. As Eisenhandler (1990) notes, holding a license verifies that one has aged, but it suggests that one has managed to keep the deleterious effects of old age out of identity.

As such, Eisenhandler (1990) notes that a license is not only a government issued document, but is a disidentifier given that it dispels many of the negative features of old age and the aging process commonly assumed by greater society. Many interviewees perceive the possession of a license as a form of protection that allows older adults to ward off any disruption of identity as it is proof that one is fully integrated into greater society and that one is still functioning as young, regardless of their actual age (Eisenhandler, 1990). Furthermore, the possession of a license provides interviewees with a sense of safety from wider society’s stigmatization of older non-drivers. Thus, retention of a license allows older adults to perceive that their self-identity remains intact.

Furthermore, Eisenhandler (1990) finds that for many older interviewees, the possession of a license and the ability to drive ensures that one is able to maintain their existing roles within their communities, whereby one’s role is directly related to one’s self-identity. The ability to maintain one’s role with the community is often described by interviewees as the primary way in which to keep one’s identity intact and robust. Those who have ceased driving and no longer possess a license express frustration over changing societal roles and,
consequently, their overall identity. Male interviewees express concern over no longer being perceived as the “helpful older gentlemen” (Eisenhandler, 1990, p. 8). Importantly, Eisenhandler (1990) draws attention to the great lengths many participants will go to ensure that their self-identity is not negatively affected by driving cessation and/or driving inabilities. Eisenhandler (1990) finds that many older adults within the study knowingly and willingly overlook driving inabilities, while many others are reluctant to address safety concerns directly. One older woman states that a series of major medical illnesses forced her to retire at age 62, but proudly states that “I didn’t give driving up yet” (Eisenhandler, 1990, p. 11) In light of this, Eisenhandler (1990) concludes that the irony is that the symbolic tie between driving and being part of a large, active world is instrumental in keeping one’s self-identity intact, but at the same time it presents danger to the individual and wider society.

Lastly, the work of Eisenhandler (1990) brings to light that the revocation of one’s license and the onset of driving cessation often results in an uncomfortable shift in family dynamics. This results from a role reversal scenario, whereby adult children often assume a more parental role. In such instances, the self-identity of an older person drastically changes. Both older former drivers and those who still drive perceive the inability to drive as reverting to a child-like status, whereby others are responsible for their transportation needs, which is for some a degrading and embarrassing thought. Many older female interviewees who no longer drive emphasize the esteemed familial roles they continue to fill, in order to ensure that some measure of self-identity is still present; however, these women share that they believe there are limits to these roles as they do require instances when driving is necessary. As such, Eisenhandler (1990) argues that since these older women no longer possess a license to serve as a disidentifier, they are openly confronted by the stigmatized identity of being old placed upon them by wider society and family members. Many of these women express that outside of their familial roles, they feel irrelevant to not only the outside world, but themselves. Losing a driver’s license adds to this perception.

Eisenhandler (1990) recommends only one solution regarding old age identity and driving in later life: greater society needs to come to an understanding whereby age and the aging process is accepted by all and seen in a positive light, and whereby one’s license and driving status is not a symbol used to evaluate and reject the label of old age.
4.1.4 Perceptions around Driving Cessation and Life Satisfaction

While the above sections highlights seniors’ perceptions around mobility loss, loss of independence and freedom and changes to one’s self-identity post-cessation, it is not surprising that such perceptions are often correlated to one’s overall life satisfaction in older years. Seniors who are more afforded mobility are often and/or more likely to report higher levels of overall life contentment. In particular, seniors who are afforded mobility by way of the private automobile are much more likely to express and report sentiments of higher life satisfaction when compared to non-driving older adults.

In one of the first studies to examine driving cessation and changes in life satisfaction, the author (Cutler, 1975, p. 55) opens with the following quote:

*Whether old age is a period of retirement leisure, fruitful in personal fulfillment and social contribution, or a sterile stretch of ‘free time’ depends, in large part, upon the individual’s access to services and goods he needs, and to activities and people he enjoys. In other words, the quality of later life depends upon the quality of housing and environment, made dynamic by transportation [emphasis in original text].*

In this work, Cutler (1975) assesses the interconnected relationship between the availability of transportation and life satisfaction, and thus, hypothesizes that those without the means of personal transportation and, in particular, the private automobile are more likely to experience and/or perceive declines in one’s overall life satisfaction. Conversely, stable and/or increasing life satisfaction will be more prevalent among those who have personal transportation.

The study included 104 persons aged 65 and older, from Oberlin, Ohio. All participants were non-institutionalized, community-dwelling Caucasian older adults, and whereby the majority of the participants were women (74 participants). Participants were interviewed in 1970 and again in 1972 in order to determine whether changes in life satisfaction occurred. At each interview stage, participants were asked to rate how they perceived and/or rated their life satisfaction using the Life Satisfaction Scale. Interviewees were grouped into two categories: those who are able to drive but do not have means to personal transportation, and those who are able to drive and do have means to personal transportation. Multiple classification analysis was used to compare the former and later groups in order to determine whether driving the private automobile correlates to life satisfaction.
Cutler (1975) determines that the hypothesis put forth is well supported by the study’s findings, whereby a greater proportion of the elderly without access to transportation, and in particular the automobile, perceive themselves to have a lower life satisfaction level when compared to those who readily have access to transportation. This is true even when controlling for health, age, sex, income and residential location. Cutler (1975) further reports that 54% of those persons without transportation available between 1970 and 1973, or who had transportation available at the time of the first interview but not at the time of the second interview, have declining life satisfaction scores. Only 36% of older adults with transportation during the same time period perceive having a lower level in life satisfaction. On the other hand, 64% of older adults within the sample who have personal transportation readily available to them report being satisfied with life, whereas only 46% of those without transportation report being content.

Cutler (1975) also finds that the cumulative effects of mobility constraints are directly related to the changes in an older person’s satisfaction with life. Approximately 2/3 of all interviewees with personal transportation have stable and/or increasing levels of life satisfaction between 1970 and 1973, whereas over half of all interviewees without personal transportation perceive themselves to be unsatisfied with life and report decreasing levels of overall life satisfaction.

According to Cutler (1975), there are numerous reasons for decreasing levels of life satisfaction as a result of insufficient transportation options. Cutler (1975) links low self-reported life satisfaction to having to depend on others to provide older former drivers with transportation options. Given that many older adults may not feel comfortable asking others for transportation, heightened feelings of isolation may also play a central role in perceptions around life satisfaction. Cutler (1975) notes that, within the study, older former drivers without personal transportation report going to about 2½ times fewer social outings and/or destinations as those who are able to drive themselves. The latter group is also more likely to express that accessing transportation is a problem for them, and that accessing desirable destinations is done by less efficient modes of mobility. The author writes, “One of the consequences of a small amount of mobility was a heightened feeling of dependence when others must be relied on for conveyance, and these feelings may have adverse effects on life satisfaction” (Cutler, 1975, p. 56).
The work of Cutler (1975) provides additional empirical confirmation that the quality of an older person's life is highly dependent upon the availability of means of personal transportation. Therefore, Cutler (1975) recommends that gerontologists interested in prolonging the life of older adults must take into consideration transportation and mobility, and the direct link to overall life satisfaction, an area which at the time of the study was overtly overlooked. In concluding, “Just as few gerontologists would exclude socioeconomic, demographic, and health variables from a research instrument, it seems equally clear that questions about transportation and mobility should be included routinely along with these standard items” (Cutler, 1975, p. 58) to better understand the wellbeing of older adults in later life.

The work of Carp (1988) further finds that not driving one’s own car was associated with lower life satisfaction. Carp (1988) notes that even when older former drivers are regular automobile passengers, they are not content nor do they perceive themselves to be satisfied with life when compared to older drivers. Levels of satisfaction, according to Carp (1988), are highly correlated to issues of dependency and safety.

Like Cutler (1975), Carp (1988) finds that when older drivers are forced to depend on family, friends and others for their mobility and accessibility needs they are less likely to express satisfaction with life. Carp (1988) notes that older former drivers who generally receive automobile rides from others more often than not express discontent during their older years, due to their transportation constraints and feelings of dependency. In the numerous studies examined by Carp, only older drivers are satisfied with their ability to get around and life. All other older persons who are forced to use additional modes of transportation (i.e. public transit, rely on family and friends, etc.) generally express dissatisfaction with life. The author writes, “Automobiles provide access to widely distributed services and facilities, and safety and independence, for those who can drive them” (Carp, 1988, p. 19). Thus, even when older former drivers are automobile passengers, and travelling by their preferred travel mode, perceptions of and/or feelings of dependency and loss of control over mobility are not alleviated. Accepting automobile rides reinforces loss of independence, and independence is almost always associated with driving oneself.

Interestingly, Carp (1988) also points to the fact that perceptions around lower life satisfaction in later years may be linked to safety concerns about being an automobile passenger following driving cessation. Many older former drivers rely on fellow older friends
and family members for transportation to social events, medical appointments and shopping errands. However, older former drivers may distrust the driving abilities and skills of their friends and family members, and such fears must be suppressed given that transportation alternatives are not always available and/or feasible. Further, given that older friends and family are most likely to provide automobile rides to former drivers, this personal relationship ensures that it is inappropriate to speak out about their driving abilities. As such, Carp (1988) notes that showing nervousness may not only jeopardize future rides, but may offend friends and family members.

4.2 The Private Automobile and Transportation Alternatives

As is noted in the previous section, the importance of mobility for seniors cannot be understated. Further, the central importance of mobility as provided by the automobile is perceived as primary and/or sole form providing and sole form linking seniors to the world. As such, numerous studies examine the various means by which to mitigate against the negative consequences of driving cessation (i.e. mobility loss, loss of independence and freedom, and loss of self-identity) for older non-driving seniors. Numerous studies suggest and argue that the negative effects of driving cessation may be eased with alternative modes of transportation. These include, but are not limited to, public transportation, taxi services and volunteer driver programs. Given the stated importance of transportation alternatives in alleviating mobility and resulting challenges characteristic of driving cessation, numerous studies examine older persons’ perceptions regarding various forms of transportation besides the private automobile.

4.2.1 The Private Automobile

Given the mobility provided by the private automobile in later years and importance of seniors’ relationship to driving and driving cessation, studies that examine the transportation and transportation alternatives in later years, naturally examine and assess seniors’ perceptions around driving cessation. All studies reviewed by the researcher, unanimously find that the private automobile is not only perceived as the sole form of mobility, but the most desired and suitable form of transportation providing mobility.

Glasgow et al. (2001) and Coughlin (2001) examine the perceptions and preferences of transportation alternatives amongst older adults. Glasgow et al. (2001) focuses on the perceptions and preferences as stated by older adults living in three rural communities in
upstate New York (Moravia, Groton and Auburn), and Coughlin (2001) looks exclusively at older adults residing in Boston and the suburban community of Framingham, Massachusetts. The purpose of both works is to better understand how older adults stay connected to their communities as they age and transition through various life stages, and the role of transportation within this. Further, in each respective work, the authors examine the perceived role of alternative transportation in providing older former drivers means to engage in out-of-home community activities. To achieve this end, Glasgow et al. (2001) and Coughlin (2001) both conducted focus group interviews with older adults to determine whether they perceive transportation alternatives as adequate in enabling them to maintain vital and necessary connections with the wider community. Both Glasgow et al. (2001) and Coughlin (2001) find that older adults have differing perceptions around various transportation alternatives, but that seniors’ perceptions around alternative modes of transportation are, in general, negative, especially when a comparison is made to the private automobile.

While each author uses focus groups as the primary data collection tool, the defining age differs between studies. In the Glasgow et al. (2001) study, interviews were conducted with younger older adults (65 to 74 years of age) and older seniors (75 and older). In Coughlin’s (2001) study, all interview participants were at least 75 years old. A total of 27 older adults participated in the work of Glasgow et al. (2001), and 45 older adults were deemed eligible to participate in Coughlin’s (2001) study. A number of seniors from different ethnic groups participated in Coughlin’s (2001) study, where 5 seniors were African American and 3 Latin American. In the work of Glasgow et al. (2001), all seniors were Caucasian. Glasgow et al. (2001) conducted interviews in the spring of 1994, and Coughlin (2001) conducted interviews in April of 1997. During each interview process questions explored preferences and perceptions relating to the value of and role of transportation in daily life, trip-making decisions, transportation alternatives and maintaining mobility when customary transportation is not available. In each respective study, interview responses were grouped under the different transportation alternatives discussed (i.e. public transport, taxi services, church transportation services, etc.), and Coughlin (2001) further grouped seniors’ perceptions as they relate to the role of the automobile (i.e. independence, freedom, etc.).

Not surprisingly, the private automobile is the preferred mode of transportation amongst all participants within both studies. This finding is true irrespective of age, residential location and or driving status. Glasgow et al. (2001) finds that older adults who have made the
transition from being a driver to being a former driver are more likely prefer the private automobile to all other forms of transportation. Positive perceptions around the automobile stem from the convenience, flexibility, privacy and sense of autonomy provided by the car. Not one interviewee in Coughlin’s (2001) study provides a negative association with the private automobile. Glasgow et al. (2001) notes, however, that many older interviewees and former drivers offered conflicting perceptions regarding the private automobile. Negative perceptions associated with the automobile and driving are related to the expense of owning and operating a vehicle, physical disabilities and/or other health problems that making safe driving difficult and poor vision that can increase the stress of driving. Nevertheless, these drivers note that the automobile provides convenience not afforded by other transportation modes, and older senior drivers continue to drive irrespective of expressing negative perceptions.

In fact, many older adults prefer to be a passenger when they are uncomfortable to drive themselves and/or should they cease driving. The works of Glasgow et al. (2001) and Coughlin (2001) confirm this, as all participants perceive being a passenger as the most favourable transportation alternative. Many interviewees, across both works, note that comfort with driver, door to door service, and reliability contribute to making this an attractive mode of transportation. Most importantly, both Glasgow et al. (2001) and Coughlin (2001) find that the majority of participants who request automobile rides from family and/or friends, are drawn to this mode of transportation as it offers a social aspect and can serve as a form of social integration. As the author writes, “The strong social network and intergroup reliance that resulted from sharing rides with friends, family, or neighbors appeared to have strengthened levels of social integration and the ability of some older people to meet their higher order needs for greater social integration” (Glasgow et al. (2001), p. 96). However, perceptions around the inconvenience for others in having to provide mobility for older adults are seen as a drawback to this form of transportation. As one older adult expresses, “You don’t want to bother other people, because they have their own things to do” (Glasgow et al. (2001), p. 98). Glasgow et al. (2001) highlight that older people who often made such statements are more likely to negatively perceive requesting and/or accepting rides from others. Both authors further find that all participants perceive asking friends for rides, as opposed to family members, as more appropriate.

In light of these findings, Glasgow et al. (2001) and Coughlin (2001) suggests that there is a need for policies that encourage and foster friends and family members to provide rides for
seniors. Thus, both authors support the development of public policy that recognizes transportation of older family members as a valid reason, for example, for leave from employment.

4.2.2 Transportation Alternatives: Public Transportation

One of the most common transportation alternatives cited as relieving and/or mitigating against the negative attributes of driving cessation is that of public transportation. Public transit is often seen as the natural alternative to the private automobile as it provides safe mobility, and when planned appropriately, a high degree of mobility. Further, public transit is present within the great majority of urban locales and a number of suburban locales and is, therefore, assumed to be an accessible transportation option available to older adults post-cessation. Public transit authorities have and continue to strive to ensure that public forms of transit are senior appropriate, offering discount passes and designing fleet and transit stations to be physically accessible for seniors. Given the importance of public transit, numerous studies explore seniors’ perceptions on this transportation alternative.

In fact, the most frequently discussed transportation alternative, in both the works of Glasgow et al. (2001) and Coughlin (2001), is public transport. During the focus group interviews participants were asked to discuss how they viewed public transport, whether it enabled older adults to be mobile and whether it was a suitable transportation alternative. From the interview responses, Glasgow et al. (2001) and Coughlin (2001) draw a number of conclusions pertaining to older adults’ perceptions around public transport. Both find that respondents perceive public transportation in a positive light in certain circumstances. The overwhelming majority of participants, however, do not view public transport as a favourable alternative mode of transportation that meets their various mobility and accessibility needs. Coughlin finds that all participants are able to provide at least one negative characteristic associated with Boston and Framingham’s public transport system.

Positive perceptions relating to public transport include the opportunity for riders to relax and have others drive them in poor weather, speed of transit fleet and the ability to exercise independence without having to depend on others for transportation. In Coughlin’s (2001) work, affordability is cited as a positive characteristic of public transport. One older woman proudly expresses that she pays only 15 cents to ride the bus. Importantly, both Glasgow et al. (2001) and Coughlin (2001) note that older drivers and older non-drivers perceive
public transport as a forum where they may socialize. During an interview session held in Boston, one older woman notes that is she friends with some of the bus drivers, which makes taking public transit more enjoyable.

The negative perceptions around public transit are, in general, related to the limited schedule of services and fixed transit routes. In both studies, interviewees perceive bus schedules and routes to be inflexible, limit spontaneous trip making, require unnecessary waiting times and are infrequent during off-peak hours and in the evening. Other older adults perceive public transportation to be unsafe, noting that concerns regarding personal safety have made transit a less attractive transportation alternative when compared to driving and/or being driven. Coughlin (2001) finds that older women are particularly concerned about dangerous persons (i.e. gangs, etc.) that might be encountered while using public transportation. Glasgow et al. (2001) finds that many older adults perceive public transit to be inaccessible, given that many older participants are forced to walk long distances to access a bus stop. One female focus group respondent sadly states, “You have to walk two blocks to a different bus later. I can’t handle it. It eliminates my trip” (Glasgow et al. 2001, p. 102). Coughlin (2001) notes that many participants express that quick stops, being “jostled” on the bus and difficulty in getting on and off the bus make all add to making public transport inaccessible for seniors.

As many participants cite negative attributes regarding public transport, it is not surprising that public transit is not a preferred mode of transportation following driving cessation. Glasgow et al. (2001) and Coughlin (2001) note that the overwhelming majority of participants perceive that public transport curtails independence and does not enhance mobility or accessibility for the majority of trips taken by older adults. Older drivers and non-drivers alike echo this statement. However, many older adults state that if they were to cease driving they would most likely use public transit, especially if friends and/or family were unable to provide transportation. In many instances, Coughlin (2001) finds that public transit is the only other transportation mode many older adults can identify alongside riding with rides with family and/or friends. Coughlin (2001) notes that this inability to identify alternative modes of transportation other than public transit may stem from a lack of awareness regarding other forms of transportation offered within one’s community (i.e. seniors’ taxi service) and/or the lack of existing alternative modes of transportation.

Interestingly, Glasgow et al. (2001) highlight that a small number of younger senior interviewees note that they would readily use public transit should they cease driving, and
express positive perceptions around the use of public transit. Glasgow et al. (2001) speculates such comments may result from the fact that for many younger senior interviewees, using the bus is a matter of choice rather than necessity. As such, Glasgow et al. (2001) find that for many older senior drivers and non-drivers who rely on public transit, this form of transportation is not a suitable method of mobility following driving cessation; the more dependent an older person is on public transit as a primary means of transportation, the more negative the evaluation.

According to Coughlin (2001), some older adults residing in inner-city Boston are more likely to use public transit, and are more likely to believe that public transit is an acceptable transportation mode following the cessation of driving. All older adults residing in the suburban location of Framingham openly express that public transit is an unacceptable way to travel should one no longer drive. Coughlin (2001) notes that differences in perceptions may be the result of a lack of public transportation services in suburban locations.

Regarding public transportation, Glasgow et al. (2001) and Coughlin (2001) state that changes to the public transportation system that reflect the needs of older adults may entice this demographic to use these services following driving cessation. Accessible fleets with kneeling buses, increased transit frequency and more flexible routes may foster and enable older adults to take advantage of public transit. Glasgow et al. (2001) and Coughlin (2001) further state that additional information is needed regarding the perceptions around and preferences of transportation alternatives as older adults transition from a driver to a non-driver. This information may help transportation authorities, planners and policy-makers make the appropriate decisions regarding seniors’ mobility.

It is also important to note that Glasgow et al. (2001) concludes that public transit may play a central role in allowing older non-driving adults to maintain mobility in later years. For Glasgow et al. (2001), seniors are most attracted to transportation alternatives that allow them to socialize. Given that many seniors within this study state that public transit allows older adults the freedom to socialize and maintain mobility, Glasgow et al. (2001) note that it is crucial that transportation authorities and governments implement senior-friendly initiatives, including senior accessible fleets and programs whereby seniors may take the bus with friends.

Similarly, Coughlin (2001) writes, “Transportation policy could also recognize and accommodate the degree to which transportation is perceived as an opportunity, in end of itself, for social engagement” (Coughlin, 2001, p. 22). The presence of a social component offered by public transit may entice older adults and may make the transition phase to an ex-driver more
manageable. Coughlin (2001) notes that it is important that public policy support incentives to use public transit for individuals who make trips together and/or in groups.

4.2.3 Transportation Alternatives: Taxi Services

To date, there are few studies that examine seniors’ perceptions around taxi services as an alternative transportation mode following cessation. Studies that do generally note this method of transportation is highly unfavourable due to cost. As is explored below, 2 studies are generally cited as adequately capturing seniors’ perceptions around taxi services in lieu of automobile use post-cessation.

Taxicabs are an alternative transportation mode identified by older adults in both studies. Both Marottoli (2001) and (2000) and Coughlin (2001) report that taxicabs are, in general, perceived by the majority of participants as an unrealistic travel method should one cease driving. Negative evaluations of taxicabs stem from the expense of these services, the discourtesy of drivers and the lack of availability. Taxi services are only perceived as necessary for those returning from a medical appointment involving a procedure that leaves older adults unable to drive and/or when a friend and/or family member is unavailable to provide transportation home. Coughlin (2001) finds that the door-to-door service is perceived as the most attractive feature of using a taxi, but the issue of cost outweighs this benefit.

Similar to public transit, Coughlin (2001) suggests that taxi services may ease the transition from driver to non-driver in a safe manner. As all older adults express an overwhelming preference for the automobile, Coughlin (2001) notes that the use of taxis is a viable form of public transportation for older adults who no longer drive. Thus, Coughlin (2001) recommends that state and local policymakers should consider ways to encourage taxi services for hire are moderately priced and operated by courteous drivers. To achieve this end, policy should be developed to support the implementation of customer service standards, such as a consumer “bill of rights” for taxis, whereby taxis would have to meet these standards in order to obtain and maintain licenses.

Marottoli (2001) examines perceptions around taxi services in the City of Boston, Massachusetts. In this study, the author held focus group interviews with seniors residing in inner-city Boston, whereby interviewees were asked to discuss their perceptions around driving cessation in a city that boasts a wide-ranging and accessible transit system. Interviewees were mostly males (12), where a smaller number were female (6). Participants were primarily
Caucasian, although a small number of African American seniors also participated. Participants ranged from 70 to 83 years of age and all were licensed at the time of the study. Methods used to assess data were not made available by the author.

Similar to the work of Coughlin (2001), Marottoli (2001) finds that a majority of focus group participants unfavourably perceive taxi services in the Boston area and, further, share that taxi services are not adequate transportation alternatives for older adults who cease driving. According to senior participants, taxi services, given their high cost, are not a realistic alternative for many seniors. For all seniors discussing the topic, the high costs are the sole reason as to why they would not use such transportation following cessation. As one older male senior notes, the “outrageous costs that come with using taxis makes sure I won’t use it” (Coughlin, 2001, p. 45). Seniors partaking in the work of Marottoli (2001) further express concern that their fixed post-retirement incomes are a great barrier to using taxi services.

Both Marottoli (2001) and Coughlin (2001) share that seniors readily express that they would like to use taxi service in the likelihood of driving cessation, only if such services are made affordable to older adults. Interestingly, seniors partaking in both studies do not frame taxi services in terms of a senior-friendly taxi service (i.e. taxi services with senior-friendly drivers, etc.), but rather focus solely upon issues of taxi affordability.

Importantly, both Marottoli (2001) and Coughlin (2001) state concern over seniors’ negative perceptions around taxi use, given that taxi services may play a significant role in ensuring safe mobility and accessibility in later years and post-cessation. As such, both authors write that transit authorities and local and higher level of governments must work with taxi service agencies to ensure that affordable and accessible taxi services are available to older adults post-cessation.

4.2.4 Transportation Alternatives: Transportation that Model the Private Automobile

While the above demonstrates that seniors hold positive perceptions around the personal automobile, but negative perceptions around the public transportation and taxi services, it is not surprising that studies find that seniors hold very positive perceptions around transportation alternatives that model, in almost every way, the private and personal automobile. While only a few studies exist, such studies demonstrate a willingness among seniors to use transportation alternatives that model the private automobile, including rides from family and friends, private drivers and seniors’ taxi services.
Other works demonstrate that the only transportation alternative that would make decisions around driving cessation more comfortable and/or facilitate the transition from driver to ex-driver are those that closely resemble the private automobile and/or are similar to driving oneself. The work of Kostyniuk and Shope (2003) demonstrates that such perceptions are held by numerous older adults.

In this study, Kostyniuk and Shope (2003) examine older adults’ preferences, experiences with alternatives to driving and preparations made in likelihood of driving cessation. Focus group interviews and telephone surveys were conducted with former and current drivers aged 65 and older residing in the state of Michigan. Driver license records from the Michigan Department of State were used to obtain a sample of subjects for the survey, and names and addresses of people aged 65 and older who were currently licensed to drive or whose driver’s license had expired in the previous 2.5 years were sent a letter inviting them to partake in the study. A total of 1,053 older adults participated, whereby the majority of interviewees were Caucasian (92%). Other ethnicities interviewed were African American (5%), and 3% of respondents refused to provide their ethnicity. Specific questions explored during the interview are as follows: How much do older drivers and former drivers rely on the private automobile? What experience do older drivers and former older drivers have with public transportation? And, do older drivers plan for meeting their future mobility needs if or when they might be unable to drive?

Similar to the works of Glasgow et al. (2001) and Coughlin (2001), Kostyniuk and Shope (2003) find that older adult drivers and former drivers perceive the private automobile as being the preferred mode of transportation, for reasons stated above. Further, Kostyniuk and Shope (2003) find that the majority of participants, irrespective of driving status, hold negative views around public transit and taxi services. When discussing plans for meeting future mobility in the likelihood of driving cessation, the majority of participants perceive that current alternative modes of transportation are not suitable. In fact, the majority of participants share that they would not use public transit and/or taxi services post-cessation, while a smaller number of participants share that they would only use such service should they be forced to.

However, all interviewees express that the only acceptable transportation alternative following driving cessation and/or that may help facilitate becoming an ex-driver are those that provide similar convenience and comfort characteristic of the private automobile Kostyniuk and Shope (2003). One transportation alternative that is deemed acceptable and widely received by
participants in the likelihood of driving cessation is that of a senior taxi service. Participants share that such a taxi service must come equipped with a number of senior-friendly characteristics, such as affordability, senior-friendly drivers and taxi automobiles that are equipped to carry mobility devices like walkers and/or canes. As such, all participants note that should such services be present taxis would be an acceptable transportation alternative. In fact, seniors in this study openly share that a senior-friendly taxi program may even ease the decision to cease driving and/or facilitate the discussion around driving cessation. For these seniors, partaking in the work of Kostyniuk and Shope, a senior-friendly taxi service has all the necessary characteristics associated with the personal automobile (i.e. efficiency, comfort, reliability, ability to travel at will, etc.), with the added bonus of having someone else act as the primary driver.

A second transportation alternative that is noted as being acceptable post-cessation are community volunteer driving programs. In general, a community volunteer driving program provides older former drivers with transportation, whereby the mode of transportation is the automobile belonging to the former driver. Seniors express that should such services be present post-cessation they would be readily used, given that a volunteer driving program allows seniors to remain in their own automobile, provides a high level of mobility and accessibility, provides door-to-door service and to the exact destination, is convenient and allows older drivers to retain trip spontaneity. As such, a volunteer driving program retains the many characteristics associated with the personal automobile. A small number of seniors partaking within this study have used community driving volunteer services in times when they were unable to drive (i.e. post-surgery, etc.). Over 89% of all respondents who use such services are satisfied, as they provided them with services that are similar to the private automobile.

As such, Kostyniuk and Shope (2003) highlight that many older participants, irrespective of age, note that the idea of driving cessation may be more manageable if programs that allowed older drivers and older former drivers to continue to use their automobile, while having a more capable person drive, are regulated through policy. For former drivers, this may allow them to retain the independence often felt with driving one’s own car, while many other former drivers note that such programs may enable them to come to terms with no longer driving. To exemplify the latter point, Kostyniuk and Shope (2003) note that many older drivers who perceive that they will cease driving within the next 5 years due to health related reasons share
that they perceive that they will likely seek out private driving programs as this would allow them to remain mobile via automobile and more easily adjust to being unable to drive.

Lastly, Kostyniuk and Shope (2003) find that a number of seniors state that another transportation alternative available post-cessation that closely resembles the private automobile is transportation assistance provided by family and/or friends. However, all seniors who discuss this topic express deep hesitation in arranging and/or requesting rides, as it might inconvenience and/or burden family and friends. As such, these seniors openly state that they would not utilize this form of transportation alternative unless absolutely necessary.

In closing, Kostyniuk and Shope (2003) note that the lifelong reliance on the automobile means that non-traditional transportation alternatives (i.e. private driving programs, etc.) must be developed to ensure the mobility of older adults who have ceased driving. As this work demonstrates, alternative transportation for older persons would be more acceptable if the range of options is expanded by more appealing alternatives that offer many of the characteristics of the private automobile. As such, Kostyniuk and Shope (2003) recommend that programs that allow older former drivers to keep the car keys, but arrange for someone else to drive them, may be developed. For older adults who cannot afford to hire a driver, Kostyniuk and Shope (2003) suggest that a group ownership of a fleet of automobiles, which are driven by volunteers, may be feasible. Given the satisfaction of volunteer driver programs, Kostyniuk and Shope (2003) note that logistic and legal issues (i.e. liability, insurance, etc.) must be addressed in order to expand the scope and services of this particular mode of alternative transportation. Lastly, the authors state that policymakers develop badly needed innovative alternatives to address driving inabilities and driving cessation amongst older adults.

4.3 Planning for Driving Cessation

Carp asks, “When do older adults begin planning for driving cessation?” (Carp, 1988, p. 14). Kostyniuk and Shope ask “How does an older adult plan for driving cessation?” (Kostyniuk and Shope, 2003, p. 11). Given the perceived importance of the private automobile for older adults, the perceived benefits derived from driving and the perceived negative consequences of driving cessation, the decision to plan driving cessation is complex and difficult, and numerous studies have examined and documented seniors’ perceptions around planning for driving cessation.
In general, studies examining seniors’ perceptions around planning for driving cessation assess seniors’ perceptions on this topic within the following 3 frameworks: if seniors have planned for driving cessation, health reasons in relations to planning for driving cessation, and the ability to safely drive in older years in relation to planning for driving cessation.

4.3.1 Planning for Driving Cessation: Do Seniors’ perceive it Necessary to plan for Driving Cessation?

Regarding the first framework, a number of studies examine whether seniors do in fact plan for driving cessation, and have often found that the majority of seniors do not plan for driving cessation. Other studies demonstrate that for seniors who plan for the event of cessation, planning occurs in phases along a continuum. A number of other studies demonstrate that planning for cessation allows seniors to feel a sense of control over their lives and the decision to cease driving.

In documenting the lived-experience of driving cessation amongst older women, Bauer et al. (2003) demonstrate that older adults do not actively plan to stop driving. While all women drove at the time of the study, most interviewees had been openly resistant to the idea of driving cessation, fearful that it would impinge upon their freedom and ensure that they would become dependent on others.

The premise of this study was to better understand the phenomenon of driving cessation amongst older women. In particular, Bauer et al. (2003) sought to uncover the meaning older women attach to driving cessation, and how the experience has affected their larger social context. Those eligible to partake in the study were women over the age of 65 who had driven within the past 2 years. A total of 6 Caucasian older women participated within the study. A collected case study design was used to gain knowledge of the personal impact of driving cessation on older women. In a collective case study, the interest is more on the effects of jointly studied cases than it is on one particular case. A semi-structured interview format was used to help reduce interviewer bias and keep the interview focused. To this end, each participant was asked to describe the circumstances under which she would stop driving, her expectations about the experience of no longer driving, how or if she planned ahead for driving cessation, the lifestyle changes that ensued and current transportation and mobility status.

Narrative structuring, which focuses on the stories being told, reveals several themes throughout the interviewing process. A dominant theme that emerges surrounds the process relating to perceptions around preparing for driving cessation. Of the 6 participants, not all plan
to discontinue driving. For these older women, driving cessation is not a complemented event, as each believe and perceive it would not be a lifestyle change they would have to face. Half of the women are noted as being familiar with driving cessation, as each have a close friend currently transitioning from being an active to inactive driver. Nevertheless, these 3 women perceive driving cessation as only happening other older persons.

Given this, these senior women have not begun thinking about transportation alternatives and have not begun discussing the topic of safe driving or driving cessation with family members. However, these senior women do share that should they ever notice a decline in personal driving ability, the cessation of driving may not be the best coping strategy, and they openly share that they would undertake a number of self-regulating driving behaviours, such as driving shorter distances and driving only during the day.

For the older women who did not make any preparations in the likelihood of driving cessation, the event of cessation, should it happen, would come as a complete surprise as these women perceive that the cessation of driving will not occur in their lifetime.

Bauer et al. (2003) notes that seniors who do not plan to cease driving due to the fact that they do not believe it will occur to them are at great risk of facing mobility challenges should they be forced to cease driving. According to Bauer et al. (2003), planning for cessation allows seniors to prepare for transportation alternatives, come to terms with the likelihood of driving cessation and ease the transition to becoming an ex-driver. Bauer et al. (2003) further recommends that driving programs be developed to address the perception that driving cessation only happens to others, as this leaves older adult unprepared should they suddenly be forced to relinquish their driving rights. In short, Bauer et al. (2003) highlights that driving cessation is a likely event in the lives of older adults, which older driving adults must come to terms with and prepare for.

Yassuda et al. (1997) demonstrates that senior drivers do not plan for driving cessation, even when seniors perceive and/or admit that cessation may occur in the distant future. In this work, 59 drivers and ex-drivers partook in focus group sessions, discussing older adults perceptions about driving and driving cessation. In total, 10 focus group sessions were held in an upper-middleclass retirement community in a North Florida university town. The other 4 group meetings occurred at a health maintenance organization. Participants ranged from in age from 62 to 94, were mostly women (70%), and most were current drivers (81%). All participants were
Caucasian community-dwelling seniors. Following the interview process, an open-coding methodology was used to identify and sort the general and re-occurring topic.

A total of 9 themes are identified by Yassuda et al. (1997), with ‘Driving Cessation Issues’ being the topic most often discussed. Within this theme, Yassuda et al. (1997) reports that most participants openly stated that they did not plan to cease driving. According to Yassuda et al. (1997), this finding should not give the impression that older adults are in denial about driving cessation. Many participants do not rule out driving cessation in the distant future and/or believe that the occurrence of driving cessation only afflicts others.

Irrespective of this, older adults report that, for numerous reasons, they do not plan to cease driving. First, it is commonly perceived that the distant future is, in fact, quite distant. Thus, there is little need to plan for the cessation of driving in the immediate future. For many participants, preparing for the cessation of driving should only occur when one’s abilities to safely drive begin to diminish, an occurrence that happens with age and, therefore, in the future. Secondly, while many seniors do not perceive themselves to be free of occurrences that may lead to driving cessation, most participants are likely to seek ways to avoid the cessation of driving. As such, Yassuda et al. (1997) note that driving management and maintenance of safe driving skills as opposed to planning for ‘retirement form the road’ is most important to those partaking within the study. Participants frequently seek and employ various driving management techniques, such as driving only during the day and/or driving only in good weather, as a form of avoiding driving cessation all together.

As the work of Yassuda et al. (1997) was one of the first works looking at seniors’ perceptions around driving cessation, the authors recommend that additional research be undertaken to better understand seniors’ perceptions around driving cessation, with a particular focus on the denial often encountered regarding cessation.

Regardless of the above, a study by Liddle et al. (2008) demonstrates that in certain instances older drivers do prepare for driving retirement, as they perceive it to be a likely life event. According to Liddle et al., planning to cease driving occurs on a gradual continuum comprised of three phases, each highly dependent upon personal perceptions around the cessation of driving. Each phase along the continuum signals a new relationship with the decision to cease driving, leading to older former drivers coming to terms with the decision.

The work of Liddle et al. (2008) is the first stage of a project that aims to develop a framework for facilitating the adjustment to driving cessation. To achieve this end, and to
identify the process of driving cessation, Liddle et al. (2008) document the needs and experiences of older adults who ceased driving. The study was post-positive in nature, whereby there is a focus on investigating an issue from a number of perspectives in order to achieve more knowledge about it and be better placed to transfer the findings to the wider community. Participants were recruited from urban community-dwelling areas in Queensland, Australia. All interviewees were 65 years of age and older, and a total of 9 (6 female and 3 male) Caucasian older adults participated. All participants had ceased driving at the time of the study. A stratified purposeful sampling method was used in conjunction with opportunistic sampling method. Participants were recruited through media outlets, word of mouth and community centres.

All participants had ceased driving 2 to 5 years prior to the study, and report a number of reasons for making the decision. Reasons to discontinue driving include health reasons, doctor’s advice, anxiety related to driving, relocation, retirement, finances and making time for license renewal. All interviewees report having voluntarily retired from driving, and all reported the involvement of other people in the process. Face-to-face, audio-taped interviews were conducted with study participants. Each study was conducted in the participant’s home and lasted between 30 to 90 minutes. During the interview process, participants were asked to describe their experiences prior to and following decision. In particular, participants were asked to reflect upon the decision-making process pertaining to driving cessation. Small sections of the interviews were coded according to content, using inductive categories reflecting the terms used by participants. Each category was examined for patterns, similarities and differences, leading to the emergence of the 3 phases.

The first phase of continuum is the Predecision Phase. During this phase older drivers are initially unaware of physical and/or health related changes that may compromise their driving ability. Slowly, older drivers perceive changes in their ability to safely operate an automobile. Perceptions around changes in driving ability stem from age-related changes, health conditions and/or changes to the conditions of the road. As one former driver states, “I began to think that my reaction times were getting a bit slower and also my eyesight wasn’t very good because I had cataracts ... I found that I had to get right up almost to within the green noticeboards on a highway to read what it said and I thought, ‘You know I’m getting a bit dangerous.’” (Liddle et al., 2008, p. 380). Furthermore, Liddle et al. (2008) note that during this phase seniors begin to struggle with the various perceptions and emotions that may arise following driving cessation. When reflecting back on the Predecision Phase, some participants
state gaining awareness about driving cessation and instinctually identify the various ways in which it would alter and impact their societal roles and overall lifestyles.

The Decision Phase is marked by both ‘making the decision’ and ‘owning the decision.’ In ‘making the decision,’ participants evaluate and assess information about alternative transportation and lifestyle options. As participants acknowledge that driving cessation is inevitable, and are able to perceive that their mobility needs will be meet, the decision to cease driving is made. The transition to ‘owning the decision,’ whereby ex-drivers cognitively replay the decision to cease driving in order to maintain a sense of control, follows.

The Post-Cessation Phase is the final stage on the continuum. During this stage, former drivers find new ways to be involved in their communities and remain socially active. This process includes attempts to maintain lifestyles by continuing with previous roles and/or commencing new roles and routines. This phase is further categorized by ‘coming to terms’ with no longer driving. Here participants note experiencing multiple losses and developing new ways of accepting and coping with these losses. Personal perceptions pertaining to one’s life following driving cessation vary between interviewees. Certain participants highlight the negative aspects of no longer driving, while others describe the positive feelings and benefits of driving cessation.

The work of Liddle et al. (2008) demonstrates that older drivers do prepare for the cessation of driving, especially when they perceive their abilities to safely drive have diminished. The authors further note that the decision to cease driving is complex, and follows a continuum, whereby one’s perceptions around the act influence the overall outcome. In closing, Liddle et al. (2008) state that the continuum developed within this work may allow for strategies and interventions to be developed at each of the 3 phases. Appropriate strategies and interventions may better facilitate the transition to becoming an ex-driver, challenge certain assumptions and perceptions around the driving cessation process and life following cessation and address the mobility needs of those who are contemplating the act of no longer driving.

A study conducted by Fonda et al. (2001) finds that when older drivers plan for the cessation of driving, they perceive themselves to be in control over their lives and the decision to cease driving, and are less likely to experience depressive symptoms following cessation.

The central purpose of the study conducted by Fonda et al. (2001) is to better understand whether changes in driving patterns (i.e. driving cessation and driving reduction) have negative consequences for the depressive symptoms of older adults. According to the
authors, older people who stop driving will be at greater risk of worsening depressive symptoms than seniors who are active drivers.

Participants were recruited from the Asset and Health Dynamics Among the Oldest Old (AHEAD) study, a national panel study designed to enable the characterization of older adults’ health transitions and their effects on financial resources, formal and informal support, health care and so forth. A total of 4,102 older adults aged 70 and older participated within the study. Interviews were conducted in 1993 (Wave 1), 1995 (Wave 2) and 1998 (Wave 3), and participants were asked to describe whether they felt depressed and/or expressed depressive symptoms, the process of driving cessation, the decision to cease driving and feelings around the decision to cease driving. Using multinomial regression models, the dependent variables of self-rated depression and depressive symptoms were compared at all the waves to control for variables of socio-demographic characteristics, current and changes in health and functioning and spouses’ driving status. The authors do not note the ethnic backgrounds of participants.

Fonda et al. (2001) reports that older drivers who stopped driving at all 3 waves perceive themselves to be highly depressed when compared to those who continue to drive. Older adults who stopped driving at all 3 waves are also more likely to exhibit depressive symptoms in comparison to those that did not cease driving. Fonda et al. (2001) finds that that those who are more likely to self-report as being depressed and/or experience depressive symptoms have not driven in approximately 2.5 to 3 years. However, Fonda et al. (2001) notes that seniors who had ceased driving one year prior to the commencement of the study share that they are depressed and/or experiencing depressive symptoms similar to those found amongst seniors at wave 3 of the study, causing the authors to speculate that the initial shock of no longer driving elevates feelings of depression.

The above findings lead Fonda et al. (2001) to conclude that for a number of older former drivers the length of time related to not driving is positively associated with increases in senior perceiving that they are depressed and/or experiencing depressive symptoms. However, it is essential to note that Fonda et al. further note that while the length of time related to not driving increases with time, this does not hold true for all participants. Fonda et al. (2001) highlight that seniors who make the decision to cease driving at their own accord are less likely to perceive themselves to be depressed and/or experience depressive symptoms at any stage of the 3 waves. In fact, while many of these seniors do express missing the ability to drive, they share that ‘owning the decision’ has mitigated the shock, and therefore decreased feelings of
depression. Making and owning the decision to cease driving fosters a sense of ownership and pride amongst seniors.

In closing, Fonda et al. (2001) propose a number of initiatives that may be used to promote strategies to prevent the negative consequences associated with driving cessation, especially given the increased likelihood of self-reported and actual depressive symptoms that arise post-cessation. Such strategies include the distribution of driver self-evaluation workbooks that encourage safe driving and aid seniors in making the decision to cease driving. For those older adults who must cease driving, Fonda et al. recommend that transitional programs be initiated in order to prepare seniors for life without the automobile, with a particular focus on encouraging seniors to make and own the decision to cease driving.

The work of Liddle et al. (2008) further confirms the above findings. Liddle et al. (2001) highlights that older adults may perceive the occurrence of cessation more positively when they believe that they alone made the decision. During the Decision Phase respondents who report ‘owning the decision’ to stop driving, were more likely to perceive driving cessation in a positive given that they had made the decision. Having a sense of control over their lives and mobility status allows older former drivers to be more content with their final decision.

Interestingly, older adults who did not plan to cease driving and/or have control over the factors which led to driving cessation tend to alter their perceptions of how involved they were in the driving cessation decision after the fact. Liddle et al. (2008) find that, owning the decision appeared more important to retired drivers regardless of the extent of control that they actually had over the decision. One former drivers initially expresses, “Well really I had no option, the specialist told me that I’m blind. In other words I didn’t really have a choice,” while later stating “Yes, it was my decision. I planned to stop driving, it was all me in the end” (Liddle et al., 2001, p. 388).

Regarding the decision to cease driving, both authors note that any tools and programs that aim to address driving cessation amongst seniors must work to encourage older drivers to proactively make the decision to cease driving.

4.3.2 Planning to Cease Driving: Health Perspective

While the above examines seniors’ perceptions around driving cessation, a great number of other works focus on the relationship between driving cessation and seniors’ perceptions around personal health. Like seniors’ perceptions around the decision to cease
driving in general, seniors’ perceptions around health-related factors leading to cessation is complex. Studies examining this relationship find that a number of seniors perceive that one’s health has no relationship to driving cessation, whereby other seniors perceive that one’s health directly affects the ability to drive. Other studies conclude that seniors are unaware of health-related factors and the degree to which such factors influence one’s ability to safely drive and, therefore, inaccurately perceive themselves to be unsafe drivers, resulting in the premature act of driving cessation.

Self-reported health (SRH) pertaining to functional, visual and cognitive impairments may influence older adults’ assessments of their health. Self-reported health may indicate perceptions and/or awareness of one’s prior and current health experiences, lifestyle choices, as well as comparisons with persons of similar age, gender and race. As such, SRH may add an additional dimension in the decision to cease driving.

Studies that examine the relationship between perceptions around self-reported health and driving cessation find that older drivers who self-regulate and older former drivers are more likely to report having medical problems and driving difficulties due to changes from aging. These older drivers are also more likely to perceive having fair and/or poor health.

Authors Hakamies-Blomqvist and Wahlstrom (1998) sought to better understand why older Finnish drivers give up driving.

Study participants, who consisted of licensed holders and former licensed holders, completed a questionnaire discussing their reasons to continue and/or stop driving, current living conditions, current health conditions/status and driving behaviour. All participants were Caucasian community-dwelling older adults 70 years of age and older. Participants were either current or former drivers, and 55% were female. Senior participants were contacted by the Finnish Ministry of Transportation. Results were assessed using multiple regression analysis.

According to the study’s findings, the primary factor which leads to the cessation of driving was a medical condition and/or deteriorated health. Those who report one or more medical condition and/or deteriorated health are also more likely to perceive themselves as being unhealthy, in poor health and/or in fair health and more likely to relinquish their license willingly or allow their license to expire. These same participants are also more likely to perceive

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7 Self-reported health (SRH) is a measure pertaining to self-rated perceptions around functional, visual, and cognitive impairments may influence older adults’ assessments of their health. Self-reported health may indicate perceptions and/or awareness of one’s prior and current health experiences, lifestyle choice, as well as comparisons with persons of similar age, gender, and race. SRH is a common tool used in measuring seniors’ perceptions around health.
themselves in be in worse health and/or experience debilitating conditions when compared to other drivers their age. A gradual shift in health (i.e. the development of one or more medical condition) often accompanies a shift in one’s self-reported health status. For instance, when no medical conditions are present older drivers perceive themselves to be in ‘great health.’ However, when diagnosed with at least one medical condition, the same driver notes a decline in their overall health, which in many instances correlates to the prevalence of driving cessation. Older drivers who have renewed their license perceive themselves to be healthy, and report having no or fewer medical conditions and, therefore, do not believe there to be any reason to cease driving and/or consider driving cessation. As such, Hakamies-Blomqvist and Wahlstrom (1998) firmly conclude that older adults’ perceptions around personal health influence decisions around driving cessation.

Seniors’ understanding of their health may influence driving outcomes and driving status, even without the consultation of medical professionals. Only 6.9% of all retired drivers ceased driving based on the recommendation of their family physician or other health care professional. All other former drivers ceased driving based on personal self-assessments, primarily pertaining primarily to health.

Hakamies-Blomqvist and Wahlstrom (1998) further find that older adults’ self-reported health status was also influenced by gender. Older males who did not renew their license at age 70 note having various medical conditions, stating that their current health status is ‘ordinary,’ ‘bad,’ and ‘very bad.’ Older women who ceased driving also reported having various medical conditions, perceiving their health to be ‘bad’ or ‘very bad.’ However, 41.1% of former male drivers state that failing health was the primary factor in the decision to cease driving, compared to only 20.2% of females. For older women who did not renew their license, perceptions around failing health are considered to be a secondary factor leading to the cessation of driving. No longer needing to drive is the primary reason cited for non-renewal. For many female participants, the presence of a spouse who is licensed and driving fosters the perception that their mobility and accessibility needs would not be compromised.

Importantly, Hakamies-Blomqvist and Wahlstrom (1998) note that perceptions around personal health may significantly impacts one’s driving status. While the findings suggest that perceptions around self-reported health may be more indicative for older men than women, the authors caution that since the female license holders of the study cohort are a small and highly selected group, the results concerning them are of limited generalizability. As such, Hakamies-
Blomqvist and Wahlstrom (1998) note that additional research is needed to more thoroughly understand the relationship between self-reported health and driving outcomes amongst older women. This is of central importance, as women out-live men and will therefore need additional years of transportation assistance, and due to the fact the automobile has become the primary and preferred form of transportation for many younger senior women.

In closing, Hakamies-Blomqvist and Wahlstrom (1998) discuss the need to better understand the role of self-reported health in relation to the driving continuum. Thus, it is also essential to determine the relationship between self-reported health and driving outcomes when compared to other factors that may result in retirement from driving. For instance, whether perceptions around health financial limitations are more indicative of driving cessation. A more complete understanding may allow health care professionals, family members and/or other support systems and transportation planners work with older adults as they transition from active to retired drivers. Hakamies-Blomqvist and Wahlstrom (1998) question whether self-reported health may further be used as a screening tool by health care practitioners, as older drivers who indicate deteriorating health conditions may be signalling the onset of driving cessation. The authors note that is beneficial to develop an empirically based self-reported health screening tool that may predict the occurrence of driving cessation.

Building off the work of Hakamies-Blomqvist and Wahlstrom (1998), Sims et al. (2007) sought to confirm whether perceptions around personal health could predict driving cessation amongst older adults. Older persons, for the most part, are well aware of bodily and health changes spurred on by the aging process. The predictive nature of self-reported health and health outcomes have been well established in the literature discussing aging. For instance, the link between perceptions around health and mortality is well documented. Thus, Sims et al. (2007) sought to better understand whether a relationship exists between self-reported health and mobility, hypothesizing that perceptions around health may adequately predict driving cessation in a cohort of community-dwelling older adults, even when other health, socio-demographic and economic factors are present.

Within this study, Sims et al. (2007) use data from the University of Alabama at Birmingham Study on Aging (SOA). The SOA is a longitudinal study of mobility among community-dwelling older adults residing in Alabama. In-depth interviews were conducted with 649 older adults aged 65 and older, whereby 50% of interviewees were African American, 50% were male and 51% were rural. As no general measure of health and/or functional status exists
all interviewees were asked to describe their health in general, and subsequently asked to rate their overall health as ‘poor,’ ‘fair,’ ‘good,’ ‘very good’ or ‘excellent.’ All interviewees were asked to provide socio-demographic and economic status, a verified list of all medical diagnoses, information on medications currently prescribed and the diagnosis of geriatric syndromes. Prior to concluding the interview, a Mini-Mental State Examination was completed. A follow-up interview was conducted 2 years later, whereby participants were asked to describe their health and whether they had ceased driving. To determine if self-reported health was a primary determinative factor in the decision to cease driving, bivariate logistical regression models were used to estimate the probabilities of predicting driving cessation against other factors, such as age and income.

At baseline interviews, 35.8% of participants report having poor or fair health, and 64.2% of participants report being in good or excellent health. African Americans, males and those residing in rural areas are more likely to perceive having poorer overall health. In assessing data collected at the initial interview stage and at the follow up stage, it is found that after 2 years 9.9% of participants had ceased driving. Importantly, 17% of interviewees who state being in poor health during the initial interview had ceased driving (Sims et al., 2007). Only 1% of the participants who initially perceive themselves to be in excellent health ceased driving. In addition, those who perceive their health to be poor or fair are 243% more likely to cease driving when compared to persons who perceive themselves, at the baseline interview, to be in ‘good’ or ‘excellent’ health.

Sims et al. (2007) further find that even when adjusting for other variables, such as age and income, older drivers who self-report having fair to poor health are significantly more likely to cease driving. It should be noted that Sims et al. does not differentiate between perceptions around health and driving outcomes according to race.

As such, Sims et al. (2007) conclude that perceptions around health predict driving cessation after 2 years in a cohort of community-dwelling older adults. This study further demonstrates that older adults may be well aware of the medical conditions and/or health statuses that can impair safe driving abilities, and therefore cease accordingly. Older adults who describe themselves as being in poor health have higher rates of specific medical diagnoses, geriatric syndromes, overall comorbidity and poorer performance on tests of vision, cognition and psychical performance. The authors note that older adults utilize personal perceptions around health in the decision-making process relating to driving outcomes.
In closing, and similar to the works of Hakamies-Blomqvist and Wahlstrom (1998), Sims et al. (2007) note that self-reported health can be easily assessed during routine clinic visits, and may therefore be used to identify older at-risk drivers and older drivers near driving retirement. Additional research is needed to develop a self-reported health empirically-based measurement that may be utilized by health care professionals in order to advise older drivers on driving cessation. Such a tool may also allow older drivers to better assess whether they should cease driving, and thus allow mature adults to plan for mobility following driving cessation.

The work of Dellinger et al. (2001) confirms the above, noting older adults’ perceptions around personal health as indicators of driving ability that may also result in premature driving cessation. However, Dellinger et al. (2001) further notes that seniors may perceive their ability to safely drive as impacted by their overall health, but may choose to ignore warning signs.

Data for the study conducted by Dellinger et al. (2001) was collected by the 1994 Lipid Research Clinics Prevalence Studies (LRCPS), which assessed indicators of health in community-dwelling adults in Southern California. This data was examined to compare the reasons given by those who had ceased driving to those who continued to drive within a 5-year period. The sample consisted of 1,950 respondents, whom were largely Caucasian and middle to upper-middle class, female (58.8%) and 55 years of age and older.

Of the 1,950 eligible respondents, 91% report that they are in ‘excellent,’ ‘very good’ or ‘good health.’ Only 8.3% perceive themselves to be in fair or poor health. A total of 141 participants had ceased driving at the time of the study, whereby the primary reason for driving cessation was due to perceptions that their medical conditions would make them unsafe drivers. For the just over 95% of respondents who had ceased driving during the study due to perceived medical problems and/or conditions that left them unable to safely drive, the decision to cease driving was made without the advice of a medical professional; vision problems is the most common reason given. Other reasons provided are cardiovascular conditions, Parkinson’s disease, arthritis, slow reaction time and slow driving, whereby participants’ understanding of such medical disorders in relation to safe driving was self-learned without the medical input of a physician. As such, older adults who list having at least one or more medical problem and had ceased driving are also more likely to note that they are in fair or poor health, again emphasizing to the authors that the primary reason to cease driving was the fact that they believed they were unsafe drivers.
However, Dellinger et al. (2001) find that older adults who perceived and report having fewer medical conditions are more likely to cease driving when compared to those who list having one or more medical condition. Logistic regression further confirms this finding, whereby the number of medical conditions is inversely related to driving cessation.

According to Dellinger et al. (2001), 2 important conclusions may be drawn from this. First, this seemingly contradictory finding suggested that many older adult experiencing fewer medical conditions may have inappropriately ceased driving. Dellinger et al. (2001) explain the inconsistency of the results by noting that they may be understood in a broader and more general notion of health. For instance, the occurrence of those who ceased driving but list fewer medical conditions may be due, in part, to the less-than-perfect match between medical diagnosis and perceptions around personal health. For these older drivers, making the decision to no longer operate an automobile may have been based on an individual assessment of capabilities and health rather than on a professionally advised medical diagnosis.

Secondly, Dellinger et al. (2001) notes that those who continue to drive, but report having more than one medical condition, may perceive themselves to be free from any medically associated impairments. As such, these seniors may be unaware of the abilities needed to safely drive. However, some of these seniors may perceive and/or be fully aware of their inability to drive, but deny that that their medical conditions may hinder their ability to safely drive and, therefore, ignore the need and/or signs to cease driving. Dellinger et al. (2001) notes that these seniors may be actively convincing themselves that current medical problems are less problematic then they appear and/or medical issues may pass with time and, thus, continue to drive. Dellinger et al. (2001) also speculates that seniors may downplay the true effects of their medical conditions in relation to their driving abilities, thereby minimizing the need to cease driving. In this respect, Dellinger et al. (2001) states that there a number of older drivers that currently are driving under unsafe conditions, placing not only themselves but other roadway users in danger.

Thus, the author concludes that perceptions around self-reported health may entice older drivers to continue to drive or cease driving or be ignored altogether. Dellinger et al. (2001) further concludes by noting that perceptions around health, which are not professionally validated, may force older drivers into premature driving retirement or may allow seniors to believe that they are not experiencing any health-related issues that may impair their ability to safely drive. In light of this, Dellinger et al. (2001) notes that it is imperative to develop a self-
assessment tool in order to better understand the factors that are perceived to be detrimental to safe driving. In doing so, health care practitioners may better assess the validity of such claims, thereby ensuring that older adults do not cease driving unnecessarily or at an inappropriate time.

4.3.3 Planning to Cease Driving: Seniors’ Ability to Safely Drive

While the above demonstrates seniors’ perceptions around health and planning for driving cessation, additional factors exist in relation to seniors’ perceptions around planning for cessation. There are, in general, 2 additional primary reasons relating to seniors’ perceptions around the need to plan for driving cessation. As will be explored below, these 2 reasons include older driving adults’ perceptions around personal confidence regarding their ability to drive and the ability to cope with road-related stresses.

In an older study conducted by Marottoli (2006), the relationship between self-perceived confidence and driving ability is assessed amongst community-dwelling older adults. The overall purpose of this work is to better understand whether one’s beliefs in their driving abilities influences driving status. For Marottoli (2006), self-perceptions around driving abilities are important for numerous reasons, and thus require a thorough understanding by gerontologists, health care professionals and those working with older adults. First, older adult drivers who lack the ability to safely drive, but do not perceive themselves to be incapable of operating an automobile, may engage in behaviours that compromise their safety and the safety of those around them. Conversely, those who are aware of such limitations may be prompted to restrict or curtail their own driving, and/or cease driving.

The study took place in New Haven, Connecticut, whereby participants were drawn from Project Safety initiated in 1989. All total of 125 older adults aged 72 and older participated. All participants were interviewed in-person between October 1994 and July 1995, and were asked to discuss driving patterns, adverse driving events and driving performance. Furthermore, interviewees completed a driving confidence rating scale, which assessed participants level of confidence in driving on a scale of 0 (not at all confident) to 10 (completely confident), and were requested to self-rate their driving abilities compared to other drivers their age using a Richter scale. ANOVA testing was used to determine the relationship between confidence and self-rating of driving ability. All participants, according to demographic information provided, were Caucasian.
The majority of older adults rate themselves as being average and/or above average drivers when compared to other adults their age. This is truer for men than women. Older adults who rate themselves as ‘much better’ drivers than their peers tend to have higher confidence levels when compared to interviewees who rate themselves a ‘little bit better’ or the ‘same’ as other drivers. Marottoli (2006) also find that older men who rate their driving abilities and confidence as above average are more likely to drive under risky conditions and drive more miles when compared to their female cohort. Most importantly, Marottoli (2006) note that older adults, irrespective of age and gender, who rate themselves as ‘above average’ in driving abilities and confidence are more likely to have a history of adverse driving incidents. Conversely, those who perceive themselves to be ‘much worse’ or ‘worse’ drivers and provide a lower self-confidence rating are more likely to self-regulate their driving and/or cease driving.

As such, Marottoli (2006) conclude that many older drivers who perceive themselves to be adequate and/or above adequate drivers may in fact be engaging in unsafe driving practices. These participants’ perceive that there is little reason to evaluate their driving abilities and/or consider driving cessation presently or in the future, given their driving capabilities. Interviewees who provide lower scores on both the driving abilities and self-confidence tests more frequently state that they have considered driving cessation or driving less, given that they feel unable to safely operate an automobile. Thus, Marottoli (2006) recommend that additional work is needed to better understand the relationship between driving abilities, self-confidence when driving and driving status so that it may be possible to design interventions to enhance confidence and awareness to appropriately adjust driving practices to match functional limitation and capabilities, and determine an appropriate time to cease driving.

The Toronto-based study, conducted by Rudman et al. (2006), examines the perspectives of pre-seniors and seniors on driving self-regulation and driving cessation in later life, demonstrates that a majority of seniors perceive that roadway stress (i.e. near automobile accident, driving speeds, driving in rush hour, etc.) may lead to the planning of driving cessation and the cessation of driving itself, attempting to better understand how aging drivers who did not experience a medical condition that required driving cessation regulate their driving. This study, qualitative in nature, used focus groups with 79 community-dwelling older persons in (29 pre-seniors, 24 senior drivers, and 26 ex-drivers) Toronto, Ontario. The majority of participants were female (> 50% in each focus group category), had 2 or more children and were financially comfortable. Focus groups were conducted from early October 2001 to May 2002 by a trained
interviewer using a semi-structured interview guide. The interview guide addressed driving behaviour, influences on driving and the regulation of driving. While each focus group (pre-senior, senior, senior ex-driver) were homogenous, in respect to age and driving status, the authors do not note whether seniors from varying ethnic and racial backgrounds were included.

Using an inductive data-analysis approach, 4 central themes emerge, including ‘monitoring and regulating of self.’ Within this theme, participants note that feelings of declining health, coupled with additional factors such near-accidents, would factor into the decision to cease driving. Interviewees further express that should health-related ailments reduce overall confidence levels related to driving they would most likely cease driving and/or implement strategies of self-regulation.

While theme and topic frequency data was not provide by the authors, reasons to cease driving and planning for driving cessation were the most discussed theme amongst focus groups, and is noted by interviewers as receiving the highest level of interest during focus group sessions. Within these 2 themes, the topic of experiencing roadway stresses is an important and primary indicator of the need to plan for and/or discontinue driving, and is considered to be of great importance by all participants, regardless of age. These seniors frequently state that they perceive themselves to be unable to handle and/or cope with quickly changing roadway environments, whereby they believe that the stresses presented in such environments may cause them to lose their confidence and/or ability to function and reason and, thus, end up in an automobile accident.

In particular, those who perceive and/or view themselves as at fault in causing an automobile accident, due to roadway stresses that are perceived to be encountered while driving, are more likely to link the cessation of driving and planning for the event to experiencing an accident or near accident. Interestingly, health and age-related changes, and changes to driving ability, are mentioned by participants, but not necessarily linked to the cessation of driving. The authors thus state, “This experience of encountering the differing roadway stresses in older age was often framed as the only factor that would lead to the voluntarily cessation of driving” (Rudman et al., 2006, p. 75).

Pre-seniors are more likely to perceive driving stressors as the sole reason to retire from driving and begin planning for driving retirement when compared to seniors, to whom driving cessation would be the result of “a really close call due to the intense driving environments on
the road” (Rudman et al., 2006, p. 70). Seniors are also likely to perceive intense and stressful driving environments as the primary reason to cease and plan for no longer driving, but discuss this topic slightly less when compared to pre-seniors. During a focus group interview, one senior states, “[I would only stop driving] if I had an accident or near accident or couldn’t handle the road anymore” (Rudman et al., 2006, p. 71). Furthermore, several ex-drivers also share that that their ultimate decision to begin planning for driving cessation, which consequently led to ceasing driving, was tied to the inability to properly cope with the changing roadway environments, given that they such roadway environments had become perceived as dangerous, fast paced, and unmanageable. For ex-drivers, the decision to plan for driving cessation was the result of perceiving that they would experience a shocking near accident or fatally hurt themselves and others due to their inability to safely deal with current roadway environments. To exemplify this, one former driver is quoted, “I feared a girl jaywalking from my blind side and walked in front of my car, I believed this would happen in older age and that I wouldn’t be able to put the brakes on fast enough because my vision is going. So I said, ‘Well, driver’s test or not [I’m going to plan on stopping] now before I hurt someone and not imagine hurting someone” (Rudman et al., 2006, p. 69).

Thus, Rudman et al. (2006) concludes that the perceptions relating to roadway stresses are a leading cause for planning for and/or driving cessation amongst older adults residing in Toronto. As such, Rudman et al. argues that there is a need to develop interventions that help aging drivers make the transition to ex-drivers in a timely and personally acceptable way. To achieve this, Rudman et al. (2006) develops a preliminary driving self-regulation model, which maps out the interconnectedness between perceptions around interpersonal factors (family/physician feedback), intrapersonal factors (symbolic and practical importance of driving) and environmental factors, which are presented on an interconnected spectrum. Taken together, these factors may be used to better understand the processes and forums in which older adults make the decision to cease driving. Each individual factor comes together to inform perceptions around one’s level of comfort when driving, and once an individual reaches a personally unacceptable level comfort the decision to cease driving is made. Within this model, perceptions around accident involvement are considered an environmental factor. As such, Rudman et al. (2006) highlights the need to take into consideration all 3 factors, thereby providing a more complete understanding as to why seniors self-regulate and cease driving.
Rudman et al. (2006) further notes that research is needed to understand the environmental factor paradigm, while also providing a more thorough understanding of how each of the 3 factors are connected. Furthermore, Rudman et al. (2006) highlights that in including informants at various points on the driving self-regulation model and by considering the entire spectrum, the study brings to light the importance of considering where older drivers are within the process and what perceptions are considered most relevant in the decision-making process around driving cessation. For instance, Rudman et al. (2006) notes that the model may demonstrate whether a mature driver has begun to consider and acknowledge the impacts of environmental factors, and whether they regulate their driving to avoid near accidents. Equipped with this knowledge, proper interventions may be undertaken and/or developed to ensure that older drivers safely transition to ex-drivers.

4.4 Third Party Intervention and Driving Cessation Amongst Older Adults

As noted above, the decision to plan for the cessation of driving is complex. Adding to this complexity are the perceptions regarding who has the right to plan and/or decide when an older driver is unable to operate an automobile. While many older drivers cease driving voluntarily, others are forced to stop driving. In such instances, a physician and/or family member may recommend that it is an appropriate time to plan for the cessation of driving, and/or have one’s license revoked.

Many older driving adults express numerous and conflicting views regarding the involvement of loved ones and health care professionals in the decision to cease and/or plan for retirement from the road. The work of Rudman et al. (2006) sheds light on such conflicting views. Focus group interviews demonstrate that many participants perceive that their own opinion about their ability to drive and when to plan for driving cessation is the only one that counts.

Rudman et al. (2006) further notes that many other interviewees perceive that the primary source of feedback regarding the need to plan for driving cessation and/or completely cease driving should be from family members and/or physicians. With regard to family members, most pre-seniors perceive that they might listen to their spouses should driving become an issue. For older seniors, especially those who are widowed, many perceive there to be a role for their children to discuss preparing for driving retirement. Yassuda et al. (1997) also finds that older drivers perceive that the decision to cease driving should be made in conjunction with family members.
However, Rudman et al. (2006) notes that much uncertainty exists around the role of family members discussing driving cessation with their older adult parents. Many older interviewees perceive that such interactions may result in shifts in family relationships and/or overall family dynamics. One pre-senior, thinking it is inappropriate for a child to tell a parent what to do, expresses concern that a conversation pertaining to driving cessation may upset the balance in the family. Additionally, senior participants perceive that advice from family members on preparing for and/or addressing driving cessation may come at an inopportune time. For instance, one senior states, “Some family members have had such difficulty taking Dad’s car keys away … The family would not want to hurt his feelings and might hold back a bit too much” (Rudman et al., 2006, p. 66). Overall, Rudman et al. (2006) finds that the most common opinion across all age groups was that while family members might be able to provide useful feedback about driving, the responsibility should rest primarily with the senior driver.

Similar conflicting opinions exist regarding the role of physicians in the decision-making process around planning for and/or deciding when to cease driving. The work of Adler and Rottunda (2006) adequately describes such conflicting viewpoints. The overall objective of the study was to better understand issues and behaviours around driving cessation, and to identify ideas for programs and policies that could help ease the transition to a non-driving status. A series of 3 focus groups were held with adults aged 70 and older who had ceased driving within the past 2 years. Overall, 12 Caucasian participants (8 women and 4 men) participated in the study, whereby the majority resided in urban and suburban locations in an unspecified Midwestern American city. Participants were recruited via newspaper ads, radio announcements and posters placed in high-rise apartment buildings, libraries, pharmacies and clinics. Content analysis was used to identify several themes related to the driving cessation process and recommendations for ways to address other driver issues.

During the focus group interviews, active drives were asked to discuss what may prompt them to cease driving. Respondents perceive that driving cessation may occur due to health-related changes, costs related to driving, a frightening experience and the advice of family and family physicians. Active drivers perceive that physicians play a role in driving cessation, as physicians are well aware of age-related changes that may affect one’s driving abilities. As such, physicians may adequately advise older drivers of the appropriate time begin preparing for the cessation of driving.
Conversely, Rudman et al. (2006) finds there are varying opinions about the ability of family physicians to accurately provide older drivers insight into the appropriate time to plan for and/or cease driving. Many participants perceive that their family doctors are unable to provide a correct and/or thorough assessment regarding their driving abilities, given that most participants only see their physician for a yearly medical check-up.

Many other senior drivers perceive that their doctors know them well, and believe that their family physicians are an appropriate intervening party. These participants further view their physicians’ opinions as authoritative. One participant notes, “I know if a doctor told me I couldn’t drive, I certainly wouldn’t drive” (Rudman et al., 2006, p. 70). Interestingly, the majority of participants state that they would prefer having a family physician discuss preparing for life without the automobile then their children.

In closing, both Rudman et al. (2006) and Adler and Rottunda (2006) note that there is a role for family members and physicians in working with older drivers as they retire from driving. Additional research is needed to better understand how loved ones and family doctors may begin discussing and addressing the various aspects of driving cessation.

4.5 Seniors’ Perceptions around Driving Programs

To date, a number of academic bodies and government institutions have developed and published self-aid workbooks that specifically pertain to driving and driving cessation in older years. Such workbooks enable seniors to better understand their abilities and the necessary abilities to safely drive in older age. However, few studies document seniors’ perceptions around such workbooks; those that do find that seniors have varying perceptions around the usefulness of workbooks in aiding with the decision to cease driving and better understand their driving abilities.

The work of Eby et al. (2003), described in the previous chapter, demonstrates that that educational driving workbooks are a useful self-assessment tool for older adults, as they promote self-awareness and general knowledge around one’s driving skills and, thus, the appropriate time to begin considering the cessation of driving. Eby et al. (2003) further demonstrates that educational driving workbooks may encourage older drivers to drive more safely and/or seek clinical assessment when they believe that their abilities to safely drive have diminished.

All 99 study participants, who were primarily Caucasian (94%), completed a Drivers Decision Workbook and a road test. A final questionnaire reported increases in self-awareness
and general knowledge after completing the workbook. Participants were also asked if they perceived the workbook to be a useful tool in the decision-making process around driving cessation. Questions pertaining to this section of the questionnaire included 3 yes/no questions and one scale-based question.

Nearly 3/4 of respondents report that they would use the Drivers Decision Workbook in the future if it is made available, as they perceive the workbook to be an excellent tool to assess one’s driving skills, and a forum in which to begin thinking about life without the automobile. Women, however, are more likely to hold such perceptions than men. Nearly all interviewees, irrespective of age and gender, report that they would recommend the workbook to friends and family members who drive. Most importantly, Eby et al. (2003) finds that the all respondents perceive that the workbook may be useful in aiding older drivers to discuss driving abilities and driving cessation with their families. The majority of participants believe this to be the most significant and contributing factor of the Drivers Decision Workbook.

As such, given the positive perceptions solicited regarding the Driving Decision Workbook Eby et al. (2003) suggests that educational programs may allow families with older drivers to more easily discuss driving cessation. Importantly, Eby et al. (2003) notes that the sample used within this work is not representative of the general population, and thus perceptions around the workbook may be skewed, and Eby et al. (2003) concludes by noting that similar studies utilizing more representative samples of older people, particularly with regard to education and race, should be conducted.

The work of Tuokko et al. (2007) demonstrates that educational driving programs are perceived differently by older men and women. In particular, differences in perceptions emerge regarding whether educational drivers programs are the most acceptable way in which to decide one’s mobility status. The work of Tuokko et al. (2007) examines the perceptions of risk, beliefs, attitudes and openness to change of 86 older participants voluntarily attending a driver education program. The authors seek to better understand whether a driver education program allows older adults to identify and/or become aware of changes in driving ability and/or knowing when to cease driving.

The sample population used within this worked consisted of 28 Caucasian men and 58 Caucasian women, all residing in suburban areas. The authors do not provide demographic characteristics of interviewees, and it is therefore difficult to determine the ethnic make-up of the sample population. All participants volunteered to attend one of 6 driving education
sessions specifically for older adults. Participants were recruited through various means, including seniors’ centers, posterering and through letters to members of seniors’ centres. All study participants held valid driver licenses. A driving educational questionnaire, as opposed to a driving educational workbook, was utilized, whereby the primary difference is that the latter does not provide participants with feedback. During each session, participants were asked to complete a driving questionnaire concerning perceptions of risk, beliefs and openness to change regarding driving behaviour, and to discuss concerns regarding driving in older age. Trends were examined by using a Likert-scale. The responses on each of the individual items for men and women were compared using x² analysis.

Results demonstrate that men and women markedly differ in their perceptions around driving educational programs, and their ability to draw attention to driving in older age. In assessing driving questionnaires, Tuokko et al. (2007) finds that men do not perceive the program to be useful in drawing attention to their driving abilities. Woman within the sample are less likely to endorse this statement. In terms of awareness of driving difficulties, 85% of all respondents note that they find at least one driving situation stressful, and were aware of such difficulties prior to attending the program. Tuokko et al. (2007) also finds that many participants attending these driver education sessions are willing to consider the possibility of changing their driving behaviour. However, women are 60% more likely to state that they are willing to change their driving behaviour when compared to their male counterparts. Men within the study are more likely to be concerned with maintaining mobility, as opposed to changing their driving behaviour and/or ceasing driving. Importantly, women are also more likely to note that education driving programs may make it easier to discuss driving inabilities and driving cessation with family members, and in particular their children, while no men identify with this theme.

Given the various differences between men and women and their perceptions around educational driving programs Tuokko et al. (2007) makes the following recommendations. First, educational driving materials that differ in emphasis may be designed specifically for groups according to gender. As men are more resistant to making changes in their driving behaviour, older male drivers may benefit from programs that emphasize exploration of alternatives to driving and discuss issues surrounding driving alternatives, such as the pros and cons of using public transport. As women perceive families to play a fundamental role in decision regarding driving cessation, it may therefore be useful for driving programs to incorporate materials that facilitate interactions between older women drivers and their families. Secondly, Tuokko et al.
notes that additional research is needed regarding the role of education driving programs in changing driving behaviour and influencing the decision-making process around driving cessation. Importantly, Tuokko et al. (2007) states that additional research is needed to assess and identify psychological factors conceptualized as mediators between knowledge and behaviour that may affect the outcomes of driving education programs.

In conclusion, this chapter brings to light seniors’ perceptions around driving cessation. This chapter finds that numerous studies examine seniors’ perceptions around driving cessation, from various perspectives, demonstrate that it is a complex process. Most importantly, however, this chapter demonstrates that current work examining seniors’ perceptions around driving cessation does not examine ethnic seniors’ perceptions, whereby not a single study examines how older ethnic drivers and/or former drivers conceptualize the various aspects of driving cessation in later years. As is noted within this chapter, studies that examine seniors’ perceptions around driving cessation either do not specifically examine, include or draw out ethnic seniors’ perceptions and studies that include ethnic seniors’ perceptions do not clearly highlight such perceptions and/or demonstrate whether there are differences and/or similarities between various ethnic groups.

As such, this thesis will serve to add to the current understanding around seniors’ perceptions of driving cessation by documenting ethnic seniors’ perceptions.
Chapter 5

Methodology and Data Collection

This chapter outlines the methodology and data collection procedures undertaken within this work. Chapter 5 includes 6 separate sections and is divided in the following manner. Section 5.1 outlines the overarching theoretical framework guiding this study, as well as guiding and informing the coding and analysis process of the primary interview data collected throughout this work. Section 5.2 documents the coding process, outlining the various steps undertaken during the process. Furthermore, due to the large amount of primary interview data collected, Section 5.2 also provides an explanation regarding how the results of this work are to be interpreted in order to fully understand and grasp ethnic seniors’ perceptions around driving cessation. Section 5.3 outlines the data collection procedures, highlighting the eligibility parameters as well as recruitment procedures used within this study. Section 5.4 documents the total number of senior participants partaking in this study and specific socio-demographic characteristics of participating senior. Section 5.5 documents the various stages – pre-interview stage and main interview stage – pertaining to the development of the interview guidebook and the interview process undertaken to better understand ethnic seniors’ perceptions around driving cessation. The last section included within this chapter, Section 5.6, documents the data storage measures undertaken to ensure the protection of all primary data interview.

5.1 Theoretical Framework

Within this section the overarching theoretical framework guiding this study is outlined and examined, while the analytical tools and framework used to interpret the primary data (interview responses) is also presented. As is explored below, grounded theory and thematic analysis are the underlying theoretical frameworks applied to this work to better understand ethnic seniors’ perceptions around driving cessation. This section also outlines the various reasons as to why grounded theory and thematic analysis are best suited to understanding and analyzing ethnic seniors’ perceptions regarding the cessation of driving.

5.1.1 Theoretical Framework: Grounded Theory and Thematic Analysis

Grounded theory, as developed by Glaser and Strauss in 1967 is the overarching framework utilized within this work. Grounded theory is defined as a “theory that carefully develops concepts that are put together by statements about mutual relations forming an integrated conceptual framework that explains or predicts a phenomenon or an event, and
The underlying premise of grounded theory is to generate and explore new and undocumented knowledge—a grand theory—that is likely to emerge from social processes and the complexities of social life (Ely et al., 1997). In explaining and predicting such societal complexities a pure theory emerges, which can then be applied and used in practice, challenging preconceived notions and beliefs regarding the studied topic (Ely et al., 1997).

To ensure that a new knowledge base is formed, grounded theory proposes a systematic and rigorous qualitative methodology that when properly undertaken produces a “sound and reflective theory” that thoroughly and accurately describes the latent patterns arising from the primary data (i.e. interviews) (Ely et al., 1997). When the data is analyzed with such analytical rigor, a constant comparative method emerges whereby every part of the data is thoroughly and equally assessed (Hallberg, 2006). As such, a strict and close line-by-line reading of the primary data will directly lead to the identification of codes, categories and their properties. The codes, categories and properties are continuously compared with all other parts of the data to explore variations, similarities and differences in the data (Hallberg, 2006). Theory can be generated from an understanding of the categories and the links or overlaps between them (Hallberg, 2006). Figure 5.1, ‘Analytical Steps of Grounded Theory,’ outlines the analytical steps leading to the generation of new knowledge. This constant comparative method of grounded theory is strict enough to be helpful to the research in exploring the content and meaning of the data, but not saddled with so many confining rules as to be too rigid for a grounded theory researcher (Ely et al., 1997).

**Figure 5.1: Analytical Steps of Grounded Theory**

Properties: themes or identifiers located in data

Substantive Categories: made up of similar properties (i.e. words, phrases, expressions, etc.)

Links Between Categories: properties that have an affinity for each other through links and overlaps

Substantive Theory: conceptualizations developed from the categorized data

Links Between Substantive Theory: overlaps between categorized data that explains research focus

Grand Theory: new theory and/or understanding of the research
Following the rigorous methodological practice outlined in grounded theory ensures that it is the data itself, as opposed to the researcher, which works to create a theory (Hallberg, 2006). As such, a researcher is working up from the data and not imposing upon it. Therefore, grounded theory emphasizes that new knowledge and theory regarding a particular societal construct is solely produced by the feelings, words, and perceptions as expressed by those studied (Fereday et al., 2006). Thus, the data and theory remain closely connected and are, therefore, inseparable.

To ensure that the data develops in an organic and natural manner, the researcher is viewed as a neutral observer whose sole purpose is to discover data in an objective way (Hallberg, 2006). Data, therefore, “just emerges without the researcher doing anything at all” (Hallberg, 2006, p. 149). The researcher is an instrument in the research process, whereby it is the researcher’s prerogative to live and be one with the data (Hallberg, 2006). To ensure neutrality, it is essential that all categories, codes, and properties are developed without preconceived concepts being forced upon the data by the researcher. Rather, a researcher is to reflect on the many interpretations of the data and attempt to discover alternative ways of understanding and, therefore, be a simple observer as the data is born. This self-constrained action is described as “disciplined restraint” and/or “reflexivity,” which involves the researcher to reflect on and/or question interpretations and results and note whether the data is truly organic (Hallberg, 2006, p. 152).

As an observer and instrument of the research data and process, the researcher must constantly reflect on both the data and the process of examination through iterative analysis. Iterative analysis ensures that the true and rightful meanings of data are conveyed (Fereday et al., 2006). During this phase, researchers repeatedly and continuously move back and forth between and amongst the data and concepts, and between individual ideas and research explanations (Fereday et al., 2006). Iteratively is the repetition of the analytical steps of grounded theory, examined from different directions, over all data, until no new concepts emerge and the “overall analytical patterns steadies or ceases to shift as new parts of the analysis are added” (Hallberg, 2006, p. 158). As such, iteration ensures that the data is saturated and has completely and openly spoken (Ely et al., 1996). Nevertheless, to fully describe and explain the phenomena researched, researchers must remain constantly vigilant and well attuned for new insights at all analytical points that may present themselves in the data (Hallberg, 2006). This reiterative process ensures that the quality of the results of the grounded
theory studies is trustworthy, that data and results are intrinsically intertwined and that any results are easily transferable and useable (Fereday et al., 2006).

Through a thorough and vigorous analysis process, grounded theory ensures that the data analysis is complete and the data themselves are strong, comprehensive and truly representatives of the participants (Hallberg, 2006).

To assess the primary data, which within this work is interview data, thematic analysis is utilized. Thematic analysis is defined as, “*a method for identifying, analyzing and reporting patterns [themes] within data*” (Braun and Clarke, 2006, p. 78). Thematic analysis involves scanning a data set in order to identify and/or find repeated patterns of meaning. Thematic analysis is independent of any one particular and/or defining theory and epistemology, and can, therefore, be applied across a range of theoretical and epistemological approaches (Braun and Clarke, 2006). Given this theoretical freedom, thematic analysis provides a flexible and useful research tool when assessing raw/primary data, and provides a detailed and complex account of data (Fereday et al., 2006). Within this work, thematic analysis follows the fundamental principles of grounded theory to ensure that data analysis process is one that ensures that data and results are closely connected.

The broader framework of thematic analysis includes inductive and theoretical thematic analyses, whereby the latter provides a bottom up analysis of the data and the former entails a *top down* analysis of the data (Luborsky, 1994). Following grounded theory closely, this thesis employs an inductive thematic analysis approach. An inductive approach to assessing the interview data entails that themes identified are strongly linked to the data themselves. As such, themes identified are not preconceived by the researcher’s theoretical interest in the area and/or topic being explored, as the researcher pays no and/or little attention to the themes that previous research in the topic identifies (Luborsky, 1994). Thus, inductive thematic analysis is a *“process of coding data without trying to fit it into a pre-existing coding frame, or the researcher’s analytical preconceptions”* (Braun and Clarke, 2006, p. 100). Inductive thematic analysis, then, is highly data-driven.

The process of thematic analysis is highly recursive, whereby continual movement between data is required to identify all relevant themes and necessary to devolve deep into the data set. Thematic analysis is therefore not a linear process that moves from one phase to the next, but rather is a process that develops over time and should not be rushed (Ely et al., 1997). All data assessed using thematic analysis holds equal weight, whereby no data is more
important when compared to any other data. The process of thematic analysis is undertaken in 6 defining steps/phases (Braun and Clarke, 2006), as outlined in Table 5.1 ‘Phases of Thematic Analysis.’ When each phase is followed, the final report is comprehensive in its coverage of the defined research topic.

Table 5.1: Phases of Thematic Analysis

<table>
<thead>
<tr>
<th>Phase</th>
<th>Description of the Process</th>
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<tbody>
<tr>
<td>1. Familiarizing yourself with your data.</td>
<td>Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.</td>
</tr>
<tr>
<td>2. Generating initial codes.</td>
<td>Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.</td>
</tr>
<tr>
<td>3. Searching for themes.</td>
<td>Collating codes into potential themes, gathering all data relevant to each potential theme.</td>
</tr>
<tr>
<td>4. Reviewing themes.</td>
<td>Checking if the theme work in relation to the coded extracts ad the entire set, generating a thematic ‘map’ of the analysis.</td>
</tr>
<tr>
<td>5. Defining and naming themes.</td>
<td>Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.</td>
</tr>
<tr>
<td>6. Producing the report.</td>
<td>The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back to the analysis to the research question and literature, producing a scholarly report of the analysis.</td>
</tr>
</tbody>
</table>

The use of grounded theory and inductive thematic analysis is most appropriate in relation to assessing and better understanding ethnic seniors’ perceptions around driving cessation for the following reasons. First, ethnic seniors’ perceptions around the cessation of driving have not been explored in previous literature discussing driving cessation and are, therefore, an unexplored topic. As such, the systematic and rigorous application of grounded theory and thematic analysis allows the data to speak for and represent itself and ensures that a new understanding regarding ethnic seniors’ words, thoughts, beliefs emerge in a natural and holistic manner (Hallberg, 2006). Grounded theory and thematic analysis guides and provides the researcher with the necessary analytic tools (i.e. reiterative process) to allow the primary data to develop and represent its true meaning with little or no pre-imposed confinement of analysis.

Secondly, the reiterative, thorough and vigorous nature of grounded theory and thematic analysis calls on the researcher to remain attentive and alert when examining and assessing the ethnic seniors’ perceptions around cessation as expressed through the interview data collected. The attentiveness of the researcher absolutely and unequivocally ensures that all primary data is given equal weight and perceptions of the different ethnic groups within this study are not provided greater attention and/or emphasis when compared to the perceptions of others. Grounded theory and thematic analysis thereby guides the researcher to work with the
interview data in a non-biased manner, ensuring that all perceptions and voices are equal in the eyes of the researcher (Braun and Clarke, 2006).

Lastly, grounded theory and thematic analysis, in providing a forum in which various perceptions around driving cessation are explored and compared in an unbiased manner, allows the researcher to maintain neutrality while working with the data to develop the natural themes, topics and sub-topics as expressed by ethnic seniors, at the same time allowing the rich overall description and true words of seniors to be retained. As such, grounded theory and thematic analysis provides the researcher with the ability to present the findings of the primary data in a manner which ensures that the true “beliefs and deep thoughts of subject is retained and well represented without compromise” (Hallberg, 2006, p. 142).

5.2 Application of Theoretical Framework/Analysis and Interpretation of Findings

Section 5.2, as is outlined below, documents the coding process, guided by the central premise of grounded theory and thematic analysis, which is undertaken when examining primary interview data. Given the large amount of interview data collected, this section further documents how the corresponding results are to be interpreted and presented in subsequent chapters.

5.2.1 Coding Process

Using the central and guiding tenants of grounded theory and thematic analysis, as is noted in the previous section, the researcher followed a scheme to work with and organize the interview data in a systematic and comprehensive manner, allowing the data to develop naturally and ensuring the richness of perceptions are kept.

The schema followed within this study when working with and organizing the interview data is presented in Figure 5.2 ‘Schema for Analysis and Coding of Interview Data in Thematic Analysis.’ This is the most common analytical schema used in thematic analysis when working with primary interview data. As is noted in Figure 5.2, the coding of interview data is an organic and a bottom-up process, whereby the researcher captures ethnic seniors’ perceptions around driving cessation and organizes these perceptions in sub-topics, topics, themes and categories (Braun and Clarke, 2006). The researcher is thereby allowing ethnic senior interviewees to express themselves on the topic of driving cessation without constraint, while “simply taking such expressions and placing them in an order that is comprehensible” (Hallberg, 2006, p. 141).
Given the vigorous nature of grounded theory and thematic analysis and the large amount of primary interview data, the coding process unfolded over a number of months beginning in mid-December and ending in early-February. The overall coding process was lengthy and iterative and occurred in 7 distinct phases, whereby each phase leads to the development of sub-topics, topics, themes, and categories. Table 5.2 documents the timeframe and corresponding analytical phases occurring during the coding process. As is noted in Table 5.2, each of the 7 analytical phases relates to the development of the sub-topics, topics, themes and categories that form the basis of and are presented in the Results Chapters, 6 to 11.

Table 5.2: Timeframe and Corresponding Analytical Phase

<table>
<thead>
<tr>
<th>Analytical Phase</th>
<th>Task</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Familiarization</td>
<td>Data was reviewed and of all data in order to familiarize oneself with the interview data.</td>
<td>Mid-December 2011</td>
</tr>
<tr>
<td>Identification of Sub-Topics</td>
<td>Data was re-reviewed, identifying initial sub-topics.</td>
<td>Early-January 2012</td>
</tr>
<tr>
<td>Identification of Topics</td>
<td>Sub-topics were examined to determine whether they can combine to form a topic. Topics were developed.</td>
<td>Early-January 2012</td>
</tr>
<tr>
<td>Identification of Themes</td>
<td>Topics were organized into overarching themes.</td>
<td>Mid-January 2012</td>
</tr>
<tr>
<td>Identification of Categories</td>
<td>Categories were identified, and themes assigned to an overarching category.</td>
<td>Mid-January 2012</td>
</tr>
<tr>
<td>Review of Data</td>
<td>All data was reviewed and additional episodes identified.</td>
<td>Late-January 2012</td>
</tr>
</tbody>
</table>
During the first analytical phase, ‘Data Familiarization,’ the researcher began to familiarize themselves with the data by reviewing and re-reviewing each interview in mid-December 2011. During this phase, the researcher read and re-read the primary interview data to become fully familiar with the thoughts, expressions, beliefs and perceptions as shared by ethnic seniors in relations to driving cessation.

As the quantity of interview data was quite large – a total of 351 interviews – all interviews were reviewed a second time in early-January 2012 to ensure thoroughness of the data review process. At this stage of the analytical process, ‘Identification of Sub-Topics,’ sub-topics within the data set were identified and coded. Sub-topics are phrases, sentences and/or expressions that can stand alone as separate from the data and are similar to other phrases. Phrases, sentences, expressions and/or words are considered a sub-topic based on whether the sub-topic captured something important in relation to the overall research question and objective (Braun and Clarke, 2006). Phrases that closely resembled one another were clipped out from the interview transcripts and collated. Table 5.3 demonstrates a coding of the sub-topics. A total of 140 sub-topics are developed and identified within this study.

<table>
<thead>
<tr>
<th>Analytical Phase</th>
<th>Task</th>
<th>Timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of Data Analysis</td>
<td>Data analysis and data coding were completed.</td>
<td>Early-January 2012</td>
</tr>
</tbody>
</table>

Table 5.3: Data Extract with Sub-Topic Coding Applied

<table>
<thead>
<tr>
<th>Data Extract</th>
<th>Sub-topic</th>
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<tbody>
<tr>
<td>No. I don’t think that taking the bus is okay and safe. Not in this area, not outside on that street corner [sighs]. I mean you read the news? Someone got shot twice on that bus out there. Not once, but twice. How do you shoot someone on the TTC? People are there and everywhere. Someone can get hurt real bad. (A1004)</td>
<td>Does not think public transit safe from a personal perspective.</td>
</tr>
<tr>
<td>I hate to admit this, but you asked, I won’t take that bus and I won’t let me grandbaby girl take it neither. Like I say, it is dangerous. So why me put my grandbaby out there? No way ma’am, no way. (A1065)</td>
<td>Does not think public transit is safe for family member.</td>
</tr>
</tbody>
</table>

After sub-topics were coded, they were organized into topics. During the ‘Identification of Topics’ analytical phase, all sub-topics that are closely related to one another are designated under the same heading. During this phase, the analysis was re-focused at a more broad level, whereby the different sub-topics were sorted into potential topics and where all relevant coded data extracts were also collated within the identified topics (Braun and Clarke, 2006). In short, different sub-topics were examined to determine whether they can combine to form a topic. Importantly, during this third phase of the analytical process, thematic maps were used to aid
the researcher in developing topics, as is presented in Figure 5.3. Thematic maps aided the researcher in determining under which topic each sub-topic most appropriately corresponded with. Overall, a total of 40 topics were developed and identified within this work.

Figure 5.3: Example of Thematic Map Used During the Analysis and Coding Process

During the ‘Identification of Themes,’ the fourth phase in the analytical process, topics were organized into overarching themes that brought together related topics. In grouping together similar topics, an additional layer of analysis was undertaken. In creating an overarching theme, topics were further refined; certain topics that were not supported by enough data were removed, while other topics were collapsed into one another. In other instances, certain topics were further broken down into separate and additional themes to ensure that themes exhibited coherent patterns. In refining and defining each topic, the essence of that each topic was about, therefore developing and determining the specific aspects of the data that each theme captures and presents. Thus, a theme was composed of data that cohered meaningfully together, while a clear and identifiable distinction between themes was present (Braun and Clarke, 2006). In the final analysis 11 themes were identified.

Following this, themes were grouped into separate categories, which corresponds to the fifth phase, ‘Identification of Categories,’ of the analytical process. Similar themes were brought together under one category. This additional level of organization was primarily undertaken for the following two reasons. First, categories further made evident the distinction between themes, while bringing together closely related themes. Secondly, overarching categories allowed the corresponding themes, topics and episodes to tell the overall story in relation to the
category, and thus the research topic (Braun and Clarke, 2006). Themes were organized under 6 separate category headings, with each of the categories corresponding to a Results Chapter. Table 5.4 demonstrates the Results Chapters and each of the corresponding 6 categories.

**Table 5.4: Results Chapter and Corresponding Categories**

<table>
<thead>
<tr>
<th>Results Chapter</th>
<th>Corresponding Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 6</td>
<td>Category 1: Seniors’ Perceptions around Driving Cessation – An Individual Perspective</td>
</tr>
<tr>
<td>Chapter 7</td>
<td>Category 2: Seniors’ Perceptions around Driving Cessation: Social Perspective and Perceptions around Driving Cessation: Family Interactions</td>
</tr>
<tr>
<td>Chapter 8</td>
<td>Category 3: Seniors’ Perceptions Pertaining to Instrumental Concerns around Driving Cessation</td>
</tr>
<tr>
<td>Chapter 9</td>
<td>Category 4: Seniors’ Perceptions around Preparing for Driving Cessation and Third Party Involvement in the Driving Cessation Decision-Making Process</td>
</tr>
<tr>
<td>Chapter 10</td>
<td>Category 5: Seniors’ Public Transportation, Transportation Alternatives and Transit Accessible Locations</td>
</tr>
<tr>
<td>Chapter 11</td>
<td>Category 6: Seniors’ Perceptions around Procedure/Policy and Driving Programs</td>
</tr>
</tbody>
</table>

To ensure rigorous analysis of the data, the complete data set was re-reviewed at the end of January 2012 during the ‘Review of Date’ phase. At this time, the above processes were undertaken once again to ensure that sub-topics, topics, and themes were captured in the initial analysis. Reviewing the data was used to ascertain whether the previously identified themes work in relation to the data, and code any additional data within themes and topics that had been missed in the earlier coding stage (Braun and Clarke, 2006). During this process, 3 additional sub-topics were identified and the overall coding process was modified accordingly. Continual review of the data ended when the author determined that the reviewing and coding process no longer contributed to the overall analysis of this work (Braun and Clarke, 2006). Data review and interview coding was completed in early-February, as is noted in the ‘Completion of Data Analysis’ phase.

**5.2.2 Interpretation of Findings**

Given the vast amount of interview data and the many emerging sub-topics, topics, themes and categories, careful consideration and interpretation of the findings was undertaken,
as found in Chapters 6 to 10. This ensures that the write-up of the findings is reflective of those thoughts, feelings, and beliefs as expressed by seniors across all ethnic groups.

As such, Results Chapters 6 to 11 are as organized as follows. Figure 5.4 provides a visual presentation regarding how each result chapter is organized (using the example of Category 1, found in Chapter 6). Each of the 6 results chapters is based upon a category, which is itself introduced and explained. Next, each theme is introduced, whereby the premise of the theme is explained as well as why each subsequent topic is categorized under the particular theme. Following this, the description of each topic is undertaken, describing the range of perceptions found within each theme. Sub-topics are used to refine each overarching topic by exemplifying and drawing out the range of perceptions according to ethnicity; sub-topics constitute the main body of work in each of the 6 result chapters.

Special attention must be paid to each topic and sub-topic. During the coding process, the relationship between sub-topics and topics were assessed in a positive or negative framework to highlight and capture the differences in perceptions around driving cessation as expressed by each senior. As such, the topic itself was divided into a positive or negative framework, as exemplified in Figure 5.4. As is also noted in Figure 5.4, a sub-topic was also ascribed to the topic in a positive or negative framework depending upon the relationship between the topic and sub-topic. The relationship between the sub-topic and topic was considered within a positive framework when a direct association and correlation between the sub-topic and topic was present. To exemplify, as is noted in Figure 5.4, the sub-topic ‘Unable to Meet One’s Transportation Needs’ is placed under the topic ‘Lack of Self-Esteem’ in positive framework, as senior participants shared in their discussion of this topic that the inability to meet one’s transportation needs following driving cessation would result in a lack of self-esteem.

Conversely, when no direct association and correlation between the sub-topic and topic was present, the relationship between the sub-topic and topic was considered within a negative framework. To exemplify, as is noted in Figure 5.4 ‘Alternative Definition of Self-Esteem’ is placed under the topic ‘Lack of Self-Esteem’ in a negative framework, as when discussing this topic and sub-topic senior participants shared that their personal definition of self-esteem does not include driving and driving cessation and that their self-esteem would therefore not be impacted should they cease driving.
Furthermore, to draw out explicit ethnic differences in perceptions for each topic and each of the corresponding sub-topics, the prevalence of each topic and sub-topic is tabulated. The researcher has chosen to tabulate the prevalence of each topic and sub-topic as the prevalence of both vigorously highlight seniors’ perceptions around driving cessation by ethnicity, thus demonstrating when a clear divergence in perceptions around cessation is or is not present amongst the various ethnic groups interviewed within this work. It is imperative to note that a particular topic and sub-topic does not necessarily mean that the topic and sub-topic is more important when compared to other topics and sub-topics (Braun and Clarke, 2006). Rather, the prevalence of a topic and sub-topic determines how often each was discussed by participants (Ely et al., 1997).

The prevalence of the topics was determined by counting the number of senior participants, irrespective of ethnicity, who discussed the particular topic. As is illustrated in Figure 5.4, 351 seniors discussed the topic ‘Lack of Self-Esteem,’ meaning all participants (100%) broached the topic.

Next, the prevalence of each topic was tabulated according to whether the topic was discussed and conceptualized in a positive or negative framework by the interviewees. As is noted in Figure 5.4, of the 351 participants who discussed the topic ‘Lack of Self-Esteem,’ 340 participants (96.8%) discussed this topic in a positive framework, whereby the remaining 11 (3.1%) participants discussed this topic in a negative framework.

Following this, the prevalence of the positive/negative framework of each topic is tabulated according to ethnicity. Figure 5.4 shows that of the 340 senior participants who discussed the topic ‘Lack of Self-Esteem’ in a positive framework, 120 were Asian (94.4%), 40 were South Asian (90.9%), 121 were Caucasian (100%) and 59 were Caribbean/African (100%). Percentages tabulated for each ethnicity are derived by taking the tabulated number of each ethnic group identifying with the topic in a positive or negative framework and dividing it by the overall number of seniors partaking within this study from that specific ethnic group. For instance, the 94.4% of Asian seniors who identify with the topic ‘Lack of Self-Esteem’ was calculated by taking the tabulated number of Asian seniors, in this instance 120, who identify with this topic in a positive framework and divided over the total number of Asian participants – 127 – partaking within this study.

Lastly, to further highlight the differences or similarities in perceptions around driving cessation by ethnicity, the prevalence of each sub-topic was also tabulated. The prevalence of
each sub-topic was determined by counting the number of seniors, according to ethnicity, who discussed the particular sub-topic in relations to the overall the overall topic within a positive or negative framework. Percentages tabulated for each sub-topic by ethnicity is also presented and was calculated by taking the tabulated number of each ethnic group identifying with the sub-topic and dividing it by the number of seniors from that specific ethnic group. Using Figure 5.4 to exemplify the prevalence and tabulation of sub-topics by ethnic group, one may note regarding the sub-topic ‘Unable to Meet One’s Transportation Needs’ that 8 Asian seniors (or 6.2%) discussed this sub-topic in relations to the topic ‘Lack of Self-Esteem’ in a positive framework.

Figure 5.4: Structural Organization of Results, Chapters 6 to 11

Category:
Category 1: Perceptions around Driving Cessation – An Individual Perspective

Theme:
Perceptions around Driving Cessation: A Personal Perspective

Topic:
Lack of Self-Esteem (n=351, 100%)

Positive Framework (n=340, 96.8%)
- Asian: 120 (94.4%)
- South Asian: 40 (90.9%)
- Caucasian: 121 (100%)
- Caribbean/African: 59 (100%)

Negative Framework (n=11, 3.1%)
- Asian: 7 (5.5%)
- South Asian: 4 (9%)
- Caucasian: 0 (0%)
- Caribbean/African: 0 (0%)

Sub-topics:

Unable to Meet One’s Transportation Needs
- Asian: 8 (6.2%)
- South Asian: 5 (11.3%)
- Caucasian: 121 (100%)
- Caribbean/African: 59 (100%)

Alternative Definition of Self Esteem
- Asian: 7 (5.5%)
- South Asian: 4 (9%)
- Caucasian: 0 (0%)
- Caribbean/African: 0 (0%)

Use Public Transit
- Asian: 2 (1.5%)
- South Asian: 0 (0%)
- Caucasian: 90 (74.3%)
- Caribbean/African: 52 (88.1%)

Lose an Activity that Provide Self-Esteem
- Asian: 0 (0%)
- South Asian: 0 (0%)
- Caucasian: 90 (74.3%)
- Caribbean/African: 50 (84.7%)

Losing One’s Past Accomplishments
5.3 Data Collection Procedures

Section 5.3 documents the eligibility requirements needed to participate within this study, outlining eligibility parameters around ethnic origin, age, driving status and residential location. Section 3.3 further outlines the recruitment procedures undertaken by research when identifying, making contact, and inviting older adults to participate within this study.

5.3.1 Study Eligibility

To ensure that potential participants matched the parameters of this study, participants had to satisfy a number of eligibility requirements.

As this work examines seniors’ perceptions around driving cessation by ethnicity, older adult participants were required to ethnically identify as Asian, South Asian, Caucasian and/or Caribbean/African. The various ethnic groups examined within this work were chosen at the sole discretion of the researcher, as the researcher was interested in better understanding perceptions around driving cessation by older Asian, South Asian, Caucasian, and Caribbean/African adults. According to Statistics Canada (2005), Asian refers to a person having origins from the Far East, Southeast Asia and/or Indian subcontinent. This includes persons from China, the Philippines, Korea, Japan and Vietnam (Statistics Canada, 2005). South Asian, which is sometimes referred to as East Indian, is defined as any person who reports an ethnicity associated with the southern part of Asia and/or who self-identifies as part of the South Asian visible minority group. In general, South Asians are primarily those from Bangladesh, Bengal, Goa, Nepal, Pakistan, Sri Lanka and India (Statistics Canada, 2005). Caribbean persons are those of African descent with Caribbean origins (Statistics Canada, 2001). Caribbean Canadians are persons who self-identify as Caribbean, and are from and/or can trace their ethnic roots back to the region consisting of the Caribbean Sea, its islands and the surrounding coasts (Statistics Canada, 2001). African is defined as those with ancestry from any of the native populations of Sub-Saharan Africa, and may come from any nation from within the continent of Africa (Statistics Canada, 2001). Caucasians are those who are considered or consider themselves to be ‘white.’ Officially, the term Caucasian is used to denote those having origins in any of the original people of Europe, the Middle East or North Africa (Brewer and Suchan, 2001).
Within this study, the researcher acknowledges that Caribbean and African persons are, in many instances, ethnically distinct. However, to simplify the interviewing process and better manage the analysis and coding process, the distinction between Caribbean and African persons were not differentiated; Caribbean and African interviews were thus treated as one.

While one is conventionally considered a ‘senior’ at 65 years of age, this work defines senior as 70 years of age and older and all participants had to be at least 70 at the time of the study. This minimum age requirement was chosen based on the following two reasons. First, the capabilities needed to safely drive begin to diminish between 70 years and 75 years of age (Harrison and Ragland, 2003), and because literature pertaining to the topic of driving cessation amongst older adults, in general, concludes that the cessation of driving is of great concern for seniors when compared to pre-seniors (65 years to 69 years). As such, it was assumed by the researcher that those aged 70 years and older would be more readily concerned with the topic of driving cessation. In 4 instances the researcher was contacted by participants who were 69 years of age, but who would be turning 70 years old during the set interview timeframe. Each of the 4 participants were interviewed only after they had turned 70 years of age.

All eligible interviewees had to be licensed and driving at the time of the study. Those who were licensed but did not drive were not eligible to partake in the study. Conversely, those who drove but did not hold a valid driver’s license were also ineligible to partake. The researcher would not consider interviewing a senior who does not hold a valid driver’s license and still drove as this was not approved by the University of British Columbia’s Behavioural Research Ethics Board and as the researcher did not want to incur any legal implications pertaining to illegal drivers (i.e. having to report a driver driving without a valid driver’s license). ‘Driving’ was defined by partaking in at least one automobile trip per week. ‘Licensed’ was defined as holding a valid driver’s permit and/or temporary replacement license as issued by the Ontario Ministry of Transportation or the British Columbia Motor Vehicle Department. A temporary replacement license was issued to 5 participants who had lost their officially designated license.

An additional requirement to participate within this work was that all seniors had to reside within one of the defined study areas/locations. In Ontario, the defined study locations included the City of Toronto, the City of Vaughan and the Town of Richmond Hill. In British Columbia, the defined study locations included the City of Vancouver, the City of Richmond and the City of Surrey. As noted1 in Chapter 3, the City of Toronto and Vancouver and surrounding
suburban locations were deemed suitable locations for this study given the ethnic diversity and prevalence of aging in each geographical locale. Figure 5.5 and Figure 5.6 note the location of each geographical study location identified within this study.

Figure 5.5: Map of the City of Vancouver, City of Richmond, and City of Surrey

Figure 5.6: Map of the City of Toronto, City of Vaughan, and Town of Richmond Hill

5.3.2 Recruitment Procedures

The recruitment procedures outlined below were utilized to reach out to and recruit participants meeting study eligibility criteria. Participants were contacted through 3 primary recruitment methods: community centers, public postering and community liaisons. These 3 primary recruitment methods were examined and assessed by the University of British Columbia’s Behavioural Research Ethics Board and were approved in 2012 (Appendix D).

The majority of seniors were recruited through various community centres in the defined study areas. In early July of 2011, the author contacted a total of 34 community centres (19 in the City of Vancouver, Richmond and Surrey combined; 15 in the City of Toronto, Vaughan and Richmond Hill combined), with details pertaining to the overall prerogative of the study. While there are over 150 community centres in each respective city, the 34 community centres
were chosen based on the diverse demographic of the communities they reached. A combined total of 9 community centres in the City of Vancouver, Richmond and Surrey and 10 community centres in the City of Toronto and Vaughan and the Town of Richmond Hill were receptive, whereby all other community centres declined to partake in the project. The primary reason given by community centres that did not wish to partake in the study regarded confidentially issues pertaining to data collection. In 11 instances the researcher met with community centre coordinators and/or seniors’ program coordinators to discuss the study, the role of seniors within this study, interview procedures, the appropriate forum in which to meet and engage seniors and issues of confidentiality. Each of these 11 community centres conceded to partaking in this study. Table S.5 and Table S.6 provide a list of participating community centres, along with descriptive characteristics of each centre.

Table S.5: Participating Community Centres; City of Toronto, City of Vaughan, and Town of Richmond Hill

<table>
<thead>
<tr>
<th>Community Centre Name</th>
<th>General Location</th>
<th>Examples of Seniors’ Programs Offered</th>
<th>Number of Seniors Attending Community Centre</th>
<th>General Ethnicity of Seniors(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph J Piccinini Recreational Centre</td>
<td>City of Toronto</td>
<td>Health and wellness, dance club, etc.</td>
<td>175-185</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Driftwood Community Centre</td>
<td>City of Toronto</td>
<td>Health and wellness, walking club, cooking club, etc.</td>
<td>188-200</td>
<td>Caribbean/African, South American</td>
</tr>
<tr>
<td>McGregor Park Recreational Centre</td>
<td>City of Toronto</td>
<td>Health and wellness, swim club, eating club, etc.</td>
<td>100</td>
<td>Caribbean, South American</td>
</tr>
<tr>
<td>Earl Beatty Community Centre</td>
<td>City of Toronto</td>
<td>Swim club, noontime card club, potluck Wednesdays, etc.</td>
<td>160 – 170</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Albion Pool and Health Club</td>
<td>City of Toronto</td>
<td>Cardio for seniors, cooking classes, etc.</td>
<td>200</td>
<td>Asian, Caucasian</td>
</tr>
<tr>
<td>Kingsview Village Community Centre</td>
<td>City of Toronto</td>
<td>Health and wellness, language classes, etc.</td>
<td>220</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Blue Willow Activity Centre</td>
<td>City of Vaughan</td>
<td>Health classes as a second language classes, etc.</td>
<td>100 -120</td>
<td>Caucasian, Asian, South Asian</td>
</tr>
<tr>
<td>Chancellor Community Centre</td>
<td>City of Vaughan</td>
<td>Fitness classes, weekday afternoon cards, English classes, etc.</td>
<td>120-150</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Maple Centre</td>
<td>City of Vaughan</td>
<td>Cardio for seniors, cooking classes, English as a second language classes, etc.</td>
<td>150-190</td>
<td>Caucasian, South Asian, Asian</td>
</tr>
<tr>
<td>Bayview Hill Community Centre and Pool</td>
<td>Town of Richmond Hill</td>
<td>Weekday potluck lunches, swim club, etc.</td>
<td>140-150</td>
<td>Asian, Caucasian</td>
</tr>
</tbody>
</table>

\(^a\) As noted by the community centre coordinator.
\(^b\) Ibid.
Recruitment posters (Appendix D) were placed on Community Information Boards throughout the community centres and in community centre newsletters. Recruitment posters include information pertaining to the study, reasons for the study and the study eligibility guidelines. At the request of community centre coordinators, a formal presentation was given at 6 community centres, outlining the study and the study’s benefits to older community centre members. In general, presentations were given following seniors’ recreational programs and/or during seniors’ potluck lunches. A combined total of 200 participants were recruited through community centres and public postering within community centres.

Recruitment posters were also placed in various locations other than community centres that are often frequented by seniors throughout the defined study locations. Such locations include, but are not limited to, cafés, restaurants, local parks, doctor offices, medical clinics and religious establishments. Permission was obtained from store owners prior to postering. Posters were placed on community information boards, on store front windows, placed on café and restaurant table-tops and distributed by doctors. A total of 60 seniors

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10 As noted by community centre coordinator.
11 Ibid.
participated in the study after coming across the recruitment poster in one of the various locations mentioned above.

Many other seniors became aware of this study through community liaisons, all of which were recommended by community centre coordinators. Community liaisons were ethnically diverse; 2 community liaisons were South Asian, 3 were Asian and 2 were Caribbean/African. The primary role of community liaisons was to provide the researcher with assistance in meeting and/or recruiting ethnically diverse seniors in a culturally appropriate manner and setting. In many instances, the community liaisons provided assistance with translation during community centre presentations and initial meetings between the researcher and participants. All community liaisons requested anonymity, and will therefore not be named within this work. A total of 91 senior participants were recruited through community liaisons.

All seniors made initial contact with the author requesting to participate within the study. The author did not contact seniors to ask if they would participate within this work. Initial contact was made by telephone, through email and/or in person. For older adults whose primary language was not English, initial contact was made by community liaisons and/or family members. In 16 instances a community liaison and/or family member indicated to the author that an older adult requested to be interviewed.

Lastly, it is important to note that snowball sampling was not a method used to recruit seniors, as it was not regarded by the researcher as an appropriate method to be used within this work in order to capture the diverse array of seniors’ perceptions around driving cessation.

5.4 Participant Characteristics

Section 5.4 discusses participant characteristics of senior interviewees. This section documents the total number of seniors participating within this study and the specific demographic information for each senior participant.

5.4.1 Total Number of Participants

A total of 361 interested older adults contacted the author wishing to partake in the study. Following the screening process, a total of 351 participants were deemed eligible. Those who were ineligible to participate in the study were under the required age of 70 years, had ceased driving prior to the study, licensed and not driving, were not legally licensed and/or exhibited cognitive inability. It was explained to each ineligible participant of the study that these parameters were the sole reason they were unable to participate. The daughter of the 1
participant exhibiting cognitive inability chose to explain why this participant would be ineligible to partake in the project.

5.4.2 Participant Demographics

As noted above, 351 seniors were interviewed for this study. Seniors resided in either the City of Toronto, Vaughan or Town of Richmond Hill in Ontario and in British Columbia seniors resided in the City of Vancouver, Richmond or Surrey. Table 5.7 provides the number of seniors interviewed according to geographic location and ethnicity. Table 5.8 provides demographic information on all 351 senior participants based on the following 14 socio-demographic characteristics: age, gender, residential location, annual household income, education, employment status, immigrant status, number of years residing in Canada, living arrangements, additional drivers in household, number of cars in household, number of trips per day, number of years licensed, miles driven per year and one’s the first three digits of their area code.

Table 5.7: Senior Interviewees According to Geographical Location and Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of Seniors Interviewed</th>
<th>Geographical Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>60</td>
<td>Toronto/Vaughan/Richmond Hill</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>59</td>
<td>Toronto/Vaughan/Richmond Hill</td>
</tr>
<tr>
<td>Asian</td>
<td>64</td>
<td>Toronto/Vaughan/Richmond Hill</td>
</tr>
<tr>
<td>Caucasian</td>
<td>61</td>
<td>Vancouver/Richmond/Surrey</td>
</tr>
<tr>
<td>South Asian</td>
<td>44</td>
<td>Vancouver/Richmond/Surrey</td>
</tr>
<tr>
<td>Asian</td>
<td>63</td>
<td>Vancouver/Richmond/Surrey</td>
</tr>
</tbody>
</table>

Table 5.8: Socio-Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Socio-Demographic Characteristics</th>
<th>Ethnic Group</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 – 75</td>
<td>Asian (n=127)</td>
<td>77</td>
</tr>
<tr>
<td>76 – 80</td>
<td>South Asian (n=44)</td>
<td>30</td>
</tr>
<tr>
<td>81 – 85</td>
<td>Caucasian (n=121)</td>
<td>67</td>
</tr>
<tr>
<td>86 – 90</td>
<td>Caribbean/African (n=59)</td>
<td>36</td>
</tr>
<tr>
<td>&gt; 90</td>
<td>Male</td>
<td>104</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>23</td>
</tr>
<tr>
<td>Area of Residence:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City of Toronto</td>
<td>African</td>
<td>34</td>
</tr>
<tr>
<td>City of Vaughan</td>
<td>n/a</td>
<td>20</td>
</tr>
<tr>
<td>Town of Richmond Hill</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>n/a</td>
<td>11</td>
</tr>
<tr>
<td>Socio-Demographic Characteristics</td>
<td>Asian (n=127)</td>
<td>South Asian (n=44)</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>City of Vancouver</td>
<td>38</td>
<td>29</td>
</tr>
<tr>
<td>City of Richmond</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td>City of Surrey</td>
<td>0</td>
<td>13</td>
</tr>
</tbody>
</table>

**Immigration Status:**

- **Immigrant:** 110, 42, 41, 54
- **Non-Immigrant:** 17, 2, 80, 5

**Years Residing in Canada (years):**

<table>
<thead>
<tr>
<th>Years Residing</th>
<th>Asian</th>
<th>South Asian</th>
<th>Caucasian</th>
<th>Caribbean/African</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 – 20</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>21 – 30</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>31 – 40</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>41 – 50</td>
<td>1</td>
<td>4</td>
<td>16</td>
<td>10</td>
</tr>
<tr>
<td>&gt; 50</td>
<td>104</td>
<td>36</td>
<td>25</td>
<td>40</td>
</tr>
</tbody>
</table>

**Years Licensed:**

<table>
<thead>
<tr>
<th>Years Licensed</th>
<th>Asian</th>
<th>South Asian</th>
<th>Caucasian</th>
<th>Caribbean/African</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 – 30</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>31 – 40</td>
<td>22</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>41 – 50</td>
<td>53</td>
<td>9</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>&gt; 50</td>
<td>52</td>
<td>33</td>
<td>101</td>
<td>44</td>
</tr>
</tbody>
</table>

**Number of Car-Based Round Trips Per Day:**

<table>
<thead>
<tr>
<th>Trips Per Day</th>
<th>Asian</th>
<th>South Asian</th>
<th>Caucasian</th>
<th>Caribbean/African</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – 2</td>
<td>43</td>
<td>22</td>
<td>59</td>
<td>13</td>
</tr>
<tr>
<td>3 – 4</td>
<td>82</td>
<td>22</td>
<td>58</td>
<td>33</td>
</tr>
<tr>
<td>&gt; 4</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>13</td>
</tr>
</tbody>
</table>

**Kilometers Driven Per Year:**

<table>
<thead>
<tr>
<th>Kilometers</th>
<th>Asian</th>
<th>South Asian</th>
<th>Caucasian</th>
<th>Caribbean/African</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 – 20k</td>
<td>99</td>
<td>32</td>
<td>100</td>
<td>29</td>
</tr>
<tr>
<td>21 – 30k</td>
<td>20</td>
<td>12</td>
<td>19</td>
<td>26</td>
</tr>
<tr>
<td>&gt; 30k</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

**Other Drivers in Household:**

<table>
<thead>
<tr>
<th>Drivers</th>
<th>Asian</th>
<th>South Asian</th>
<th>Caucasian</th>
<th>Caribbean/African</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>92</td>
<td>19</td>
<td>12</td>
<td>31</td>
</tr>
<tr>
<td>1 – 2</td>
<td>20</td>
<td>22</td>
<td>102</td>
<td>25</td>
</tr>
<tr>
<td>3 – 4</td>
<td>15</td>
<td>3</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>&gt; 4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Number of Cars in Household:**

<table>
<thead>
<tr>
<th>Cars</th>
<th>Asian</th>
<th>South Asian</th>
<th>Caucasian</th>
<th>Caribbean/African</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>109</td>
<td>23</td>
<td>61</td>
<td>43</td>
</tr>
<tr>
<td>2</td>
<td>16</td>
<td>17</td>
<td>51</td>
<td>16</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>&gt; 3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

**Living Arrangements:**

<table>
<thead>
<tr>
<th>Living Arrangement</th>
<th>Asian</th>
<th>South Asian</th>
<th>Caucasian</th>
<th>Caribbean/African</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>5</td>
<td>4</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>Spouse</td>
<td>47</td>
<td>26</td>
<td>68</td>
<td>35</td>
</tr>
<tr>
<td>Spouse + Adult</td>
<td>23</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>
### Socio-Demographic Characteristics

<table>
<thead>
<tr>
<th>Socio-Demographic Characteristics</th>
<th>Asian (n=127)</th>
<th>South Asian (n=44)</th>
<th>Caucasian (n=121)</th>
<th>Caribbean/African (n=59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td>20</td>
<td>7</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Young Children</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Adult + Young Children</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Spouse + Young Children</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Spouse + Adult + Young Children</td>
<td>22</td>
<td>0</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

### Employment Status:

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Asian (n=127)</th>
<th>South Asian (n=44)</th>
<th>Caucasian (n=121)</th>
<th>Caribbean/African (n=59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>66</td>
<td>18</td>
<td>51</td>
<td>34</td>
</tr>
<tr>
<td>Unemployed</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Retired</td>
<td>61</td>
<td>26</td>
<td>70</td>
<td>21</td>
</tr>
</tbody>
</table>

### Annual Household Income:

<table>
<thead>
<tr>
<th>Annual Household Income</th>
<th>Asian (n=127)</th>
<th>South Asian (n=44)</th>
<th>Caucasian (n=121)</th>
<th>Caribbean/African (n=59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20,000 - 30,000</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>31,000 - 40,000</td>
<td>35</td>
<td>9</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>41,000 - 50,000</td>
<td>41</td>
<td>16</td>
<td>50</td>
<td>15</td>
</tr>
<tr>
<td>51,000 - 60,000</td>
<td>6</td>
<td>15</td>
<td>42</td>
<td>10</td>
</tr>
<tr>
<td>61,000 - 70,000</td>
<td>5</td>
<td>0</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>&gt; 70,000</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Not Available</td>
<td>30</td>
<td>4</td>
<td>9</td>
<td>0</td>
</tr>
</tbody>
</table>

### Education:

<table>
<thead>
<tr>
<th>Education</th>
<th>Asian (n=127)</th>
<th>South Asian (n=44)</th>
<th>Caucasian (n=121)</th>
<th>Caribbean/African (n=59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Elementary</td>
<td>36</td>
<td>4</td>
<td>0</td>
<td>8</td>
</tr>
<tr>
<td>High School</td>
<td>67</td>
<td>35</td>
<td>65</td>
<td>48</td>
</tr>
<tr>
<td>College</td>
<td>2</td>
<td>0</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>University</td>
<td>12</td>
<td>1</td>
<td>22</td>
<td>0</td>
</tr>
<tr>
<td>Post-Graduate</td>
<td>2</td>
<td>1</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Not Available</td>
<td>2</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### 5.5 Interview Process

Section 5.5 of this chapter documents the various stages pertaining to the interview processes undertaken to better understand ethnic seniors’ perceptions around driving cessation. The interview process unfolded in 2 stages – the pre-interview stage and the main interview stage. As is thoroughly outlined below, the pre-interview stage includes how the interview guidebook was developed and the main interview stage includes the specific process undertaken when interviewing each of the 351 seniors.

### 5.5.1 Pre-Interview Stage

The pre-interview process commenced in mid-August 2011 and ended early-September 2011. The primary purpose of the pre-interview was to better understand the types of themes
and/or topics relating to driving that older adults would like to discuss during the main interview and, thus, develop the interview guidebook used within this working during the main interview process. The pre-interview process was casual in nature, whereby older adults were asked to openly share what they thought to be the most pressing concerns regarding driving cessation, and how such questions should be framed in a more formal interview setting.

As such, each pre-interview meeting began with the following question: “If you were to be interviewed on the role of the automobile in your life and the topic of driving cessation, what would you like to discuss?” Interviewees were then asked to describe and/or write a list of potential topics and/or themes that they would like to address. To ensure that all ethnic groups partaking within this work were represented, pre-interviews were conducted with 2 Caucasian older adults, 1 Caribbean older adult and 1 Asian older adult residing in Toronto. In Vancouver, pre-interviews were conducted with 1 Caucasian older adult, 1 Asian older adult, and 1 South Asian older adult. On average, pre-interviews lasted 1 to 2 hours, including a 20 minute warm-up period, and were conducted at locations most convenient to participants (i.e. community centres, cafes, restaurants, participant’s home, etc.). Each interviewee was contacted through a community liaison.

Following the pre-interview process, the researcher identified the reoccurring themes that should be discussed, as noted by senior participants. A total of 5 dominant themes were identified. These were: feelings around driving cessation (prior to and following), driving rights, discussing driving cessation with children, physicians, and friends, maintaining mobility (i.e. cost, burden on children, etc.) and public transit and transportation alternatives. Table 5.9 demonstrates the number of time each participant recommended and/or mentioned that a theme be incorporated in the interview guidebook and main interview process. Once pre-interview themes were compiled, the list was sent to each participant for verification. After each participant had reviewed and agreed to the pre-interview themes, the researcher then requested that each participant take into consideration additional themes relating to driving cessation that had not been identified during the pre-interview stage. Additional themes included: transit accessible locations, driving programs, licensing procedures, maintaining the mobility of family members and planning for driving cessation. All participants agreed that these topics would be of great importance when discussing driving cessation with older adult drivers. Table 5.10 demonstrates that all seniors, regardless of ethnicity, agreed that the suggested additional 5 themes be included within the interview guidebook.
Table 5.9: Frequency of Themes to be incorporated in Interview Guidebook

<table>
<thead>
<tr>
<th>Location: Toronto</th>
<th>Feelings around Driving Cessation (Prior to and Following)</th>
<th>Driving Rights</th>
<th>Discussing Driving Cessation with Children, Physician, and Friends</th>
<th>Maintaining Mobility</th>
<th>Public Transit and Transportation Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian (Participant 1)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Caucasian (Participant 2)</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caribbean</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Table 5.10: Agreement of Additional Themes to be incorporated in Interview Guidebook

<table>
<thead>
<tr>
<th>Location: Vancouver</th>
<th>Feelings around Driving Cessation (Prior to and Following)</th>
<th>Driving Rights</th>
<th>Discussing Driving Cessation with Children, Physician, and Friends</th>
<th>Maintaining Mobility</th>
<th>Public Transit and Transportation Alternatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>South Asian</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>Asian</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
<td>√</td>
</tr>
</tbody>
</table>

Thus, the final version of the interview guidebook included 10 separate sections, as noted in Table 5.11. The final version of the interview guidebook was submitted to and reviewed by all interview participants, partaking in the pre-interview process, who unanimously agreed to the content. The complete interview guidebook can be found in Appendix E.

Table 5.11: Interview Guidebook Sections and Sample Questions

<table>
<thead>
<tr>
<th>Interview Section</th>
<th>Sample Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel Behavior of Seniors</td>
<td>On average, how many times a week do you travel by automobile? For which trip purposes do you use the automobile?</td>
</tr>
<tr>
<td>Role of the Automobile in One’s Life</td>
<td>What role has the automobile played in your life history? Can we define/recall any significant life moments associated with the automobile? (i.e. first date, etc.)</td>
</tr>
<tr>
<td>Reasons for Driving Cessation</td>
<td>What factors would prompt you to stop driving? Would health-related reasons (i.e. heart attack, high blood pressure, etc.) entice you to stop driving?</td>
</tr>
<tr>
<td>Discussions With a Third-Party/Parties Relating to Driving Cessation</td>
<td>Who has the right to discuss driving cessation with you? (i.e. doctor, children and/or friends)</td>
</tr>
<tr>
<td>Driving Rights</td>
<td>Do you believe driving is a right and/or a privilege? When is driving no longer considered a right?</td>
</tr>
<tr>
<td>Perceptions Around Driving Cessation</td>
<td>How would you perceive your life if you no longer drove? If you no longer drove, would you feel your mobility to be highly constrained?</td>
</tr>
<tr>
<td>Maintaining Mobility</td>
<td>How would you maintain personal mobility following driving cessation? Are you concerned with the mobility needs of your spouse and/or other family members?</td>
</tr>
<tr>
<td>Licensing Procedures</td>
<td>Are you currently aware of the provincial licensing procedures for older adult drivers? Do you believe that current licensing procedures are fair? Do they unfairly target seniors?</td>
</tr>
<tr>
<td>Driving Programs</td>
<td>Are you aware of driving programs that offer support when transitioning from driver to ex-driver? Are you aware of driving programs that work to improve the safety of older drivers? (i.e. drivers refreshed course)</td>
</tr>
<tr>
<td>Public Transit and Transportation Alternatives</td>
<td>Do you believe that public transit is adequate in meeting your mobility needs, if you were to cease driving?</td>
</tr>
</tbody>
</table>
5.5.2 Main Interview Stage

The main interviews began following the initial contact made by seniors. Main interviews are those that were conducted with the 351 eligible senior participants. These 351 interviews make up the data set found within this work. Interviews during the main interview stage commenced in mid-September 2011 and ended mid-January 2012.

Once seniors contacted the author, the time and location for the formal interview was set. All interviews were conducted at locations most convenient senior participants, and all interview times and locations were suggested by participants. In general, interviews were conducted in participant’s homes, restaurants, cafés, community centres, parks and church basements. A total of 42 participants requested a phone interview. Those that requested telephone interviews noted being uncomfortable meeting face-to-face and/or were concerned with being seen by family and/or friends discussing driving in older age.

On average, interviews lasted 1 hour to 2.5 hours, excluding the warm-up period. Telephone interviews lasted approximately 50 minutes to 2 hours. When possible the interview guidebook was provided to participants prior to the scheduled interview. The interview guidebook was sent to participants via email, mail, fax, and/or distributed by community centre coordinators and community liaisons.

A 20-minute warm-up period was generally conducted prior to the main interview process. The warm-up period served to ensure that interviewees were comfortable in partaking within the study. An interview guidebook was provided to all interviewees who did not receive the guidebook prior to the formal interview, whereby only 50 participants were given an interview guidebook just prior to the main interview. During the warm-up period, older adult interviewees were provided with the opportunity to discuss the overall purpose of this work and clarify any pre-conceived misconceptions of the study (i.e. “Did the researcher work for ICBC?”). Furthermore, this pre-interview period allowed interviewees to express any concerns regarding the confidentiality of interview responses. Participants expressed a general concern regarding who would have access to interview responses and information and the role of licensing authorities in relations to this work, and often wondered whether this work was intended to evaluate one’s ability to remain licensed. Fifteen participants asked whether interview responses that are considered illegal (i.e. driving without a seatbelt, driving without insurance, etc.) would be reported to licensing and/or government authorities. Other participants expressed apprehension over personal information (i.e. name, address, etc.) and interview
responses being made public. A number of interviewees inquired whether views and perceptions, as expressed during the interview, would be published as an expose in the newspaper and/or broadcast over the radio.

All participants were immediately assured that the primary purpose of this study was academic in nature, and a part of a graduate master’s thesis. Thus, interview responses would be kept strictly confidential, whereby only they Principal Researcher and Secondary Researcher would have access to interview information. The contact information of both the Principal Researcher and the University of British Columbia’s Human Ethical Review Board was provided. It was further explained that this study was not conducted in conjunction with principal licensing authorities and/or any other government bodies. As such, licensing authorities would not be granted the right to review interview data.

To ensure that one’s identity and other defining characteristics would remain anonymous during and following the study, participants were not required to submit their names and/or addresses, and the interview location would not be revealed. Further, all participants were made aware that during the data analysis phase and the write-up of the thesis participant names and other defining identifiers would be removed to ensure the anonymity of all participants. Participants were requested to provide socio-demographic information (i.e. annual household income) in order to compile a participant profile. 15 Asian older participants, residing in Toronto, did not provide annual household income, and 2 did not provide educational attainment. 4 South Asian interviewees and 15 Asian interviewees, residing in Vancouver, did not provide annual household income. 3 South Asian participants did not provide educational attainment.

Prior to the commencement of the main interview process, all participants were made aware that they obtained the right to reject questions they felt inappropriate, and could exit from the interview at any time. Lastly, all participants were made aware that only the researcher would conduct interview, and would not be accompanied by anyone else.

Interviews were semi-structured in nature, whereby the interview was content focused, but allowed seniors to discuss themes and/or answer questions at length. Interviews were organized around the interview guidebook, but flexible enough so that questions could be reordered to the satisfaction of participants (Dunn, 2010). For instance, it was deemed acceptable by the researcher if an interviewee wished to discuss the theme of transportation alternatives at
the beginning of the interview. The role of the researcher was to facilitate and direct the conversation so that all themes were discussed during the interview (Dunn, 2010).

For older adults whose first language was not English, an English-speaking translator was present. In 14 instances adult children were present during the interview to provide assistance with translation. In 6 instances a community liaison provided translation services. This further ensured a sense of comfort during the interview process.

All interviews were hand-written in the presence of the participants. Each participant was then afforded the opportunity to review the interview transcript. A total of 223 participants reviewed the interview transcript following the interview, whereby 128 participants did not wish to review the final transcripts; no reason was provided for this decision. In addition, the researcher requested that participants, both those who did and did not review the full interview transcript, to review direct quotes that might be used in the final write-up of the project. Interviewees were made aware that direct quotes would only be included in the final write-up with their permission and that all names and identifying characteristics would be removed from the quotes. All participants agreed that the direct quotes captured their views, and stated that the direct quotes may be used in the final report. For older adults who spoke English as a second language, designated translators translated the interview transcripts and the direct quotes. A total of 220 interviewees requested a final copy of the report.

5.6 Data Storage Security

Following the interview process, data was secured through a number of means. First, participants’ names were removed from the interview transcript and replaced by a code number (i.e. 1001, 1002, etc.) unique to each of the 351 participants. Interview transcripts were then photocopied and placed in locked locations in both Toronto and Vancouver. The original hand-written transcripts were placed in a locked location in Vancouver. Following this, all interview transcripts were converted into softcopies that are password protected.
Chapter 6

Category 1: Seniors’ Perceptions around Driving Cessation – An Individual Perspective

Chapter 6, Category 1, brings together the theme of ‘Perceptions around Driving Cessation – A Personal Perspective’ and each of the corresponding topics and sub-topics. Sections 6.1 – 6.1.4 examine seniors’ perceptions around driving cessation from an individual perspective, including how senior’s perceive the effect of driving cessation on their personal lives. Section 6.2 brings together the relevant findings highlighted within this chapter, connecting results found here with current literature, while also bringing to light where seniors’ perceptions, as revealed in this study, differ from our conventional understanding around driving cessation.

6.1 Perceptions around Driving Cessation: A Personal Perspective

The first theme under Category 1 brings together all topics that address the range of individual perceptions that are, according to the seniors interviewed, present following the cessation of driving. Within this overarching theme, there are 4 topics that capture the specific individualistic perceptions that are associated with driving cessation: ‘Mobility Loss,’ ‘Lack of Self-Esteem,’ ‘Feelings of Personal and Physical Loss with Driving Cessation’ and ‘Loss of Control Over One’s Life in Later Years.’ Each of these 4 topics is considered individual in nature as they pertain to and are described in terms of one’s own perspective. For instance, mobility is perceived and discussed using language such as “my mobility would be lost” or “my mobility would be limited and out the window.” These perceptions, therefore, do not relate to others, but rather are derived by the individuals themselves.

The first topic ‘Mobility Loss’ is included within Category 1, as it symbolizes and is described by seniors as how they would view their overall mobility and accessibility should they cease driving. ‘Lack of Self-Esteem’ is included under this theme as one’s personal self-esteem is found to often be linked to driving and driving cessation. The topic of ‘Feelings of Personal and Physical Loss with Driving Cessation’ is defined, within this work, as personal feelings generally present following the loss of a loved one, such as a family member and/or close friend. ‘Feelings of Personal and Physical Loss with Driving Cessation’ is placed within this theme as perceptions around loss following driving cessation are instinctually personal and can be only conceptualized by the individual. The fourth topic, ‘Loss of Control Over One’s Life in Later Years,’ is
incorporated into this theme as seniors express that driving cessation would lead to losing one’s ability to manage multiple fundamental aspects of life in older age.

6.1.1 Mobility Loss

During the one-on-one interview process, seniors are asked to reflect upon perceived significant life changes following the cessation of driving. In reflecting on the “potential and many life changes that will definitely happen after not driving” all seniors, regardless of ethnicity, broach the topic of ‘Mobility Loss’ and openly share that should they cease driving “I would lose my mobility that is given to me from driving, and all that is associated with the mobility from driving.” Ethnic differences do not arise with respect to “Mobility Loss” or in discussing and/or identifying with its sub-topics.

Table 6.1: Prevalence of Seniors Indicating ‘Mobility Loss’

<table>
<thead>
<tr>
<th>Mobility Loss (n=351, 100%)</th>
<th>Positive Association (n=327, 93.1%)</th>
<th>Negative Association (n=24, 6.8%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>127 100%</td>
<td>Asian 0 0%</td>
</tr>
<tr>
<td>South Asian</td>
<td>44 100%</td>
<td>South Asian 0 0%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>121 100%</td>
<td>Caucasian 0 0%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>59 100%</td>
<td>Caribbean/African 0 0%</td>
</tr>
</tbody>
</table>

Sub-topic: Lack of Mobility/Limited Mobility

| Asian                       | 127 100%                             |
| South Asian                 | 44 100%                             |
| Caucasian                   | 121 100%                            |
| Caribbean/African           | 59 100%                             |

Sub-topic: Consequences of Mobility Loss

| Asian                       | 127 100%                             |
| South Asian                 | 44 100%                             |
| Caucasian                   | 121 100%                            |
| Caribbean/African           | 59 100%                             |

As is noted in the introduction to this topic and Table 6.1, all seniors, regardless of their ethnic background, perceive that driving cessation would lead to the loss of “mobility, because driving gives you that.” All Asian (100%), South Asian (100%), Caucasian (100%) and Caribbean/African (100%) seniors share that to “no longer drive is to kiss your mobility goodbye, because if you don’t have the mobility you don’t have nothing.” As is explored below, all seniors discuss the topic ‘Mobility Loss’ in a similar manner. In reflecting on the topic ‘Mobility Loss,’
seniors identify with the sub-topics ‘Lack of Mobility/Limited Mobility’ and ‘Consequences of Mobility Loss.’

Regarding the first sub-topic ‘Lack of Mobility/Limited Mobility,’ all seniors from the Asian (100%), South Asian (100%), Caucasian (100%) and Caribbean/African (100%) community openly and eagerly share that the cessation of driving would directly result in “losing my mobility or at the very least restricting my mobility greatly,” and that should they cease driving and/or in contemplating driving cessation the “first thing that pops into my mind is the loss of mobility given by the car.” Each senior firmly expresses that automobile ownership and the act of driving provides them with a form of mobility and/or greatly enhances personal mobility, “only made possible through the private automobile.” Importantly, seniors note that while other forms of transportation may provide “a way to get around,” it is the private automobile that provides “real and true mobility.” Furthermore, all Asian, South Asian, Caucasian and Caribbean/African seniors state that there is no distinction between car ownership, driving and mobility, whereby mobility is readily defined by the automobile and the act of driving. As such, for all seniors, to cease driving is to ensure that they will “have limited or no mobility at all,” as it is perceived that personal mobility is provided exclusively by the private automobile.

To exemplify, take into consideration the following statements expressed by Asian, South Asian, Caucasian and Caribbean/African seniors: in discussing life following driving cessation, a Chinese male eagerly shares:

Well, when I think of life after not driving, I am going to say right now it is losing my mobility that would happen. That is the first thing to go if you don’t drive, it is your mobility. How else can you get around and be mobile? How? Can you explain that to me? Can you? Because there is no way, you can’t get around without the car. The car is mobility, it really, really is and if you stop driving your mobility is gone, and it is never ever coming back unless you start driving again.

In a similar tone, an Indian woman, who “only knows about mobility through the car,” openly shares:

Listen, for me and probably ever other senior in the world thinks this: driving gives you mobility. You can’t deny that no matter what you think or say. It is a simple fact – mobility is the same thing as the car and the car gives you a way to get around. If you don’t have the car, you don’t have any mobility, plain and simple fact my dear.

A Jamaican senior, who “don’t believe you can have mobility without the car,” shares:
Lookie here, once you stop driving 2 things happens – you lose your mobility and the second thing is you lose all your mobility. For me the car is mobility or it is something that gives you the mobility you need. I know you can say mobility comes from walking and all that. But no, let me say that mobility only comes from the car. And once you stop driving you lose all your mobility – all of it, that is what not driving does to you. And I don’t want to be one of those seniors that doesn’t have the ability to get around. What kinda life is that at my age?

Lastly, a Caucasian male, who rolls his eyes at the possibility that mobility may be provided by other forms of transportation other than the automobile, states:

I know, I know, there are other ways of getting around, but that might be true. But there is really only one form of transportation that gives you mobility and that is the car. Only the car provides you with true mobility, because the car really gives you the freedom to what you need to do in life. In my books, you can’t have your mobility without having your car.

As is noted in Table 6.1, all seniors, regardless of ethnic background, state that to cease driving is not only to lose one’s personal mobility, but also to lose the “benefits” that are accompanied by this mobility. All Asian (100%), South Asian (100%), Caucasian (100%) and Caribbean/African (100%) seniors identify with the sub-topic ‘Consequences of Mobility Loss,’ and, therefore, state “if I stopped driving I would lose all the wonderful things that come along with driving, like driving to see family that live far away.” Such benefits include “visiting family,” “attending my grandson’s soccer game,” “going to my dance class,” “going dancing with friends” and “attending my religious service at the temple down in Chinatown.” Thus, for all Asian, South Asian, Caucasian and Caribbean/African seniors, benefits associated with driving are centered around out-of-home activities that promote and/or enable connectivity and interaction with others. To lose the mobility provided by the personal automobile is, therefore, to “lose the only way to get around and connect with others.”

6.1.2 Lack of Self-Esteem

All senior participants spoke openly and honestly about driving cessation in relation to their perceived self-esteem. Discussions pertaining to loss of self-esteem, following cessation, are difficult to broach for many seniors, regardless of ethnicity. During the interview process numerous seniors often requested to take a “small, short break” prior to finishing the discussion
around driving cessation and self-esteem, as this topic can be emotionally taxing. It is, therefore, not surprising that the overwhelming majority of seniors, regardless of ethnic background, state that driving cessation would “directly and unequivocally result” in a loss of “my personal self-esteem.” A small number of seniors, however, did express the opposite, stating that their self-esteem would not be affected “if I didn’t drive starting tomorrow, no it wouldn’t be impacted.” As noted in Table 6.2, ethnic differences in perceptions arise regarding whether participants perceive that driving cessation would or would not impact one’s self-esteem and the various sub-topics in which seniors identify with when reflecting on this topic.

Table 6.2: Prevalence of Seniors Indicating ‘Lack of Self-Esteem’

<table>
<thead>
<tr>
<th>Lack of Self-Esteem (n=351, 100%)</th>
<th>Positive Association (n=340, 96.8%)</th>
<th>Negative Association (n=11, 3.1%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>120 94.4%</td>
<td>Asian 7 5.5%</td>
</tr>
<tr>
<td>South Asian</td>
<td>40 90.9%</td>
<td>South Asian 4 9%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>121 100%</td>
<td>Caucasian 0 0%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>59 100%</td>
<td>Caribbean/African 0 0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-topic: Unable to Care For and Sustain Oneself</th>
<th>Sub-topic: Alternative Definition of Self-Esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>8 6.2%</td>
</tr>
<tr>
<td>South Asian</td>
<td>5 11.3%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>121 100%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>59 100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-topic: Forced to Use Public Transit¹²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>South Asian</td>
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<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>Caribbean/African</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-topic: Loss of a Current Activity that Provides Self-Esteem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>South Asian</td>
</tr>
<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>Caribbean/African</td>
</tr>
</tbody>
</table>

¹² It should be noted that while the sub-topic ‘Forced to Use Public Transit’ addresses perceptions on public transit, Chapter 10 further provides an in-depth examination into ethnic seniors’ perceptions around driving cessation.
Positive Association (n=340, 96.8%)  Negative Association (n=11, 3.1%)

Sub-topic: Losing Past Accomplishments Made Possible Only by Driving

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Positive Association</th>
<th>Negative Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>120</td>
<td>94.4%</td>
</tr>
<tr>
<td>South Asian</td>
<td>40</td>
<td>81.6%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>10</td>
<td>8.2%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>50</td>
<td>84.7%</td>
</tr>
</tbody>
</table>

Over 96% of all participants share that “I not drive any more, for whatever the reason” it is perceived that “I would just lose all my self-esteem in one single blow.” All Caucasian and Caribbean/African seniors, when discussing this topic, explicitly note that to cease driving would be “the death, the suicide to be more honest, of my personal self-esteem.” A slightly smaller number of Asian and South Asian seniors, when compared to their Caucasian and Caribbean/African counterparts, share this perspective. Approximately 94% of Asian and 90% of South Asian seniors believe that to “no longer be able to drive is like taking my self-esteem and trampling all over it with my car.”

As will be explored below, ethnic differences in perceptions clearly emerge regarding the various reasons provided by seniors as to why they believe that the cessation of driving is “the epic end of my self-esteem, the end of it all” as they would be, as the sub-topic suggests, ‘Unable to Care For and Sustain Oneself.’ For a number of Caucasian, Caribbean/African and Asian seniors, self-esteem “would disappear” if they stopped driving and were ‘Forced to Use Public Transit.’ Furthermore, in discussing this topic, only Caucasian and Caribbean/African seniors perceive that “my self-esteem would take a big hit after not driving” as this would mean a ‘Loss of a Current Activity that Provides Self-Esteem.’ The last sub-topic, ‘Loss of Past Accomplishments Made Possible Only by Driving,’ is identified with by various ethnic groups, although to differing degrees, and is grounded in the belief that should one no longer drive one would be “letting go of a past life that was possible because of my cars.”

Many senior participants express that to cease driving would mean that one could no longer fulfill their own transportation needs, and this would directly result in “the non-existence of my self-esteem.” Notably, as is seen in sub-topic ‘Unable to Care For and Sustain Oneself,’ all Caucasian (100%) and Caribbean/African (100%) seniors express that to “stop driving is to stop having self-esteem because you can’t even take care of yourself no more which is so degrading.” While such thoughts are similarly expressed by Asian and South Asian seniors, it is to a significantly lesser degree, whereby only 6.2% of Asian and 11.3% of South Asian seniors
perceive that the cessation of driving would “destroy my self-esteem because I won’t be able to keep fending for myself, like do what I need to do to take care of me.” For each of these Caucasian, Caribbean/African, Asian and South Asian seniors, to care and sustain oneself in older years, (made possible by the private automobile), is a source of “deep pride” and “something I am proud to say I can do.” As such, to cease driving, according to these seniors, is to “lose the great ability to take care of me in the ways I need to be taken care of.” One Caucasian man, who has been driving for “63 wonderful years,” expresses that should he would have “no dignity left” after ceasing driving. In reflecting on “the loss of his inner being [referring to self-esteem],” this Caucasian senior continues:

*Driving gives you the ability to take care of you when get old. It really does? How else are you supposed to go and get your medicine when you need it? How else are you supposed to get to the shopping mall and grocery store and doctor’s office if you can’t drive? Do you think that old people can just walk to these places? Think about it? When was the last time you saw an 85 years old man walking around carrying a million grocery bags from Loblaws? Never, because he needs to drive there because they are too heavy to carry and he would never make it. Listen, I am saying that seniors, like me, need to drive so we can sustain ourselves; don’t think that other people are magically going to swoop in and take care of me. And what is more, I like the fact that I can do it all on my own. Obviously with the car; I wouldn’t be able to do any of this without the car. And really, it gives me such pride and is defiantly an ego booster to be able to take care of myself, by myself, without anyone else’s help. And yes, if I didn’t drive I wouldn’t be able to take care of me, I think. I guess I really believe that actually, and that would be a big ego hit. It is like losing your esteem, it would be gone so fast if you couldn’t drive and take care of yourself. You would have nothing to be proud of, no esteem, because you can’t take care of yourself anymore once you stop driving.*

For each of these Caucasian, Caribbean/African, Asian and South Asian seniors who identify with the sub-topic ‘Unable to Care For and Sustain Oneself,’ to depend upon others “after giving up the keys that made sure you didn’t have to depend on anyone but your engine” would result in feeling “useless,” “weak” and “worthless.” As such, these seniors associate one’s independence, as “made possible only by my car,” to feelings of “high self-esteem because I can take good care of me like only I can” as opposed to relying on others.
To highlight such perceptions, one Jamaican man, who defines driving as “a form of self-esteem,” strongly shares:

What do you think happens if you can’t drive anymore? What do you think? We both know the answer, you become someone else’s problem, you become a dependent on that person to help take care of you and make sure you are okay and good and well. I didn’t get this far in life on depending on other people to take care of me. Alright, so around self-esteem; the car makes sure you aren’t always relying on other people to get you from here to here. You can do it own your own. And once that is gone, once you can’t drive anymore or someone takes away your license, well there goes your self-worth; you might as well join an ‘I Am No Longer Independent Club’ (laughs). I mean I take pride that I don’t have to ask my kids for a ride to where I need to go; I just get in the car and zip off, no need to ask for help for anything or help make sure I am taken care of. Only I know how to take care of me and driving helps me do this. It would shred my self-worth to have to start asking my kids to help me get around and for transportation for personal care things and just so I can be in good form. That would probably kill me, kill me I say.

The small number of Asian and South seniors who identify with this sub-topic ‘Unable to Care for and Sustain Myself,’ similarly echo the above. In reflecting on becoming dependent on others in “life without my wonderful little car,” an older Chinese man states:

If you can’t even drive yourself to the corner store, what kind of person would I see myself as? Let me think [puts finger to mouth in sarcastic manner] because in the end that signals that you can’t take of yourself, you can’t fend for yourself, and you can’t provide for yourself. Oh yes, you become a useless person. You ask about self-esteem, if I couldn’t even drive myself to the corner store I wouldn’t have any [of] it [self-esteem], because it shows you can’t even take care of yourself because you can’t even make it to the corner store and that is right around the corner. I would have to probably ask my daughter to take me to the corner store. If you can’t even have the ability to drive yourself to the corner store, without having to depend on other people in your house, then you are in trouble. And I would think my self-image would be shot, it would have gone for a walk to the corner store and never come back [laughs]. In the end, driving helps you take care of yourself, like get you here and there to buy stuff or go to the
doctor. You can’t live without driving because how can you take care of yourself in all sense of the word?

As is noted in Table 6.2, sub-topic ‘Forced to Use Public Transit,’ a great number of seniors readily perceive that their self-esteem would “disappear” should they cease driving given that they would be “forced to start using that awful public bus system.” Such perceptions are overwhelmingly shared by 88.1% of Caribbean/African and 74.3% of Caucasian seniors, but fewer than 2% of Asian and not a single South Asian senior expresses such sentiments. For these Caribbean/African, Caucasian and Asian seniors, using public forms of transportation would “hurt my self-worth” given that to do so is perceived as “going backwards in time,” reminding these seniors of a “point in my life” where they could not afford an automobile. To once again be forced to use public transit, post-cessation, is to “live like I did when I had no money,” which “would pick at my self-esteem every time I get on that bus.” Given that these seniors believe that they “have come a long way since not being able to pay for a car,” to use public transit would signal to these seniors that they “are once again unsuccessful and all back to where I started, being unsuccessful.” As one Caucasian senior, who resides a 5 minute walk away from the St. Clair West Station in Toronto, shares:

If I started taking the streetcar I would just feel terrible deep down, especially if it is because I stopped driving. It would be like going backwards in life. I started using the bus when I couldn’t afford anything else. Times have changed and I can afford my car, insurance and everything else it needs. So if I stopped driving, yes, I would hate myself and I would feel so low and useless and worthless. I would just hate myself. I know I already said that, but it’s true miss. Every time I would use that streetcar or the subway that it goes to, I would just think about being transported back to when I was a no one, when I was rubbish and had nothing. I don’t know why, but I know if I started taking the streetcar, after spending a lifetime making sure I didn’t have to use it, it would seriously call into question my self-worth and who I am as a man. I would have nothing left, no esteem, no self-worth, no happiness. Like [I] said, and sorry to say it again, but taking that streetcar would just tell me I haven’t come far from the ’60s.

In addition, each of the Caribbean/African seniors who identify with the sub-topic ‘Forced to Use Public Transit,’ also share that they deserve and/or are entitled to “more than just taking the stinking bus” in light of “all I have achieved and given to this city [Toronto].” For these seniors, one’s life accomplishments would “mean nothing” as all these seniors have to
show for their lifetime of “hard work” and “struggle” would be using the less desirable and “degrading” travel mode that is public transit. To clearly exemplify such perceptions, one Jamaican man, who lives a 10 minute walk from Finch Station in Toronto, shares:

I have worked my entire life. And I have worked to keep my car and afford all the things that a car needs. And if I had to stop driving, which would destroy my self-esteem enough, and then had to start taking the bus, well that would just but my self-worth in a coffin. I would have no worth if I spent a lifetime working and all I had to show in the end was taking the bus because I couldn’t drive no more. What a way to end your life for a black man; taking the bus and not driving. I deserve so much more than that. I worked so hard to give myself a good life and to give my family a good life. I deserve more than just having to take the bus if I stopped driving.

Similarly, on older Grenadian women, who also lives within a 15 minute walk from Finch Station, shyly notes:

I think not driving and having to take the bus would make me just be low, I would feel so low inside. I deserve better at this age. I am 80, give or take a few years. I am not saying it is my absolute right to drive, I am just saying that I deserve better than being squished in a bus. If I had to take the bus or subway, like I said it makes me feel really low, like I am not worth it. And I would hate that feeling of being so low because I worked so hard my entire life and sacrificed so much. I need to show more for myself in my old age, not just taking the bus.

Within the topic ‘Loss of Self-Esteem’ Caribbean/African and Caucasian seniors, and only these seniors, perceive that ceasing driving would “make me lose my self-esteem” as it signals the ‘Loss of a Current Activity that Provides Self-Esteem.’ As is noted in Table 6.2, 84.7% of Caribbean/African and 74.3% of Caucasian seniors, and only these seniors, share that to cease driving is to “lose the best thing that ever happened to me and the one thing that keeps me feeling super good about me.” For these seniors, the act of driving is more than just a means of transportation, but an activity that allows one to feel “joy” and “personal fulfillment.” As such, it is not surprising that these older adults attribute the act of driving to “better self-esteem” and contributing to “elevated levels of me feeling amazing about myself.” In fact, all seniors, who identify with this sub-topic, when describing the positive associations and emotions felt “knowing I can drive” generally conclude with the general sentiment that “[driving] and all the feelings from it make me feel good about myself.”
Therefore, to cease driving is perceived to be the equivalent of “letting go of all these good feelings that happen when I drive” and, thus, may lead one to feel “low about myself.” As one Jamaican man, who “loves his car and his keys as he does his wife,” states:

Lookie here, driving makes me a happy man. I love driving. I just love it for so many reasons – the ability to steer the wheel, to go places I’ve never seen. It is one of the best parts of my day, that is driving. And yes, when I am happy because I am driving or knowing I can drive it shoots my self-esteem in the air. All these wonderful feelings happen inside me and I feel good about myself, really, really good about myself. That happiness I get is tied to my self-esteem. And stopping this [driving], is like giving up something I love dear to me and I would feel terrible inside. Like my body and worth as a person would be gone, it would go kaput. I guess you can say that to stop driving is to just give up what you love the most and giving up what you love the most is, honestly, an esteem killer. Why would you want to give up something you treasure so much?

Repeating this line of thought, a Caucasian man, who describes driving as the most “pleasurable thing in life,” expresses:

Why stop something you love? You know when you love something it makes you feel great inside. It helps you feel good. I know it does for me, it definitely makes me feel like someone with a good level of esteem. So why stop driving? It makes you feel so good inside. If I were to stop using my car I would lose my esteem. This is true, I know this is true. Because driving is something that makes me happy and makes me feel good. It makes me feel so good about myself, in so many ways that I just can’t even describe to you know. So if you take that away I would feel terrible about myself. Just awful because you are taking away something that gives my happiness and helps me feel good about my life and me and everything around me. I guess if I stopped driving I would lose the ability to drive and I am giving up doing something that makes me happy and makes me feel like a complete person.

As is seen in sub-topic ‘Loss of Past Achievements Made Possible Only by Driving,’ for an overwhelming majority of Asian (94.4%), Caribbean/African (84.7%) and South Asian (81.6%) seniors, and for a significantly smaller number of Caucasian (8.2%) seniors, the purchasing of the personal automobile and the act of driving are viewed as a “proud and dignified accomplishment,” as they are each perceived as a form of success, entrance and acceptance into Canadian culture. In light of this, each time these seniors drive, they are reminded of such sense
of accomplishment. Driving is described as a “self-esteem booster” and “making me feel complete and feel my best as a person.” Conversely, to cease driving is to “maybe misplace and lose” the feeling of “success” and “accomplishment” that “springs up into me every time I drive or just pick up my keys.”

As one Chinese man, who immigrated to Canada in 1960, happily expresses:

I remember getting that piece of paper [license] like it was just yesterday. Oh, it was the most amazing feeling. I made it! I made it as an immigrant into Canada and what it means to be a part of Canada. I felt so happy inside, so, so, so happy. When I drive I feel the same way ever since that day. I feel so unstoppable. And yes, it makes me feel so happy about myself. And yes, it makes me feel good about my self-esteem and who I am as an immigrant and who I am as an immigrant in Canada. If I stopped driving, like you ask, then I wouldn’t feel the same way, it would be like losing everything I earned and everything I fought so hard for. Of course that would destroy my idea of how I see myself as a man. It would destroy my self-esteem; yes it would, I really believe it would in the end if I didn’t drive.

A Korean man, who immigrated to Canada shortly after the Second World War, notes:

It was the best accomplishment I did. To drive and get my license. ... I feel so good about myself. To stop [driving], it is the same as taking away that day and the accomplishment and pride in driving and getting a car for me and my family. And I feel like if you did that then I would lose how good I feel about myself, now and back then on that day I got my license.

Lastly, a Jamaican man, who arrived in Canada in the late-1950s, captures the sentiment described above by sharing:

When I came here in the late ‘50s, I worked for 3 whole years and took the bus every God-given day. And then I told my Carol, “Honey we are getting a car.” When I bought that car and drove it home, I felt so proud of myself, like I did it. I was a black young man who bought a car and could now drive his family around wherever they needed to go and I could drive myself around. I made it; I was black young man driving in Toronto and in a new car too. So, to stop driving for me would be to tear up all that, all those feelings that I still get in my car when I am driving – a black man that can drive in Toronto. I would feel like a worthless person, like I was a big nothing and that I amounted to nothing.
The topic ‘Loss of Self-Esteem’ demonstrates that the majority of seniors within this work perceive that the cessation of driving “would lead me to have no self-esteem whatsoever.” However, a small number of seniors (3.1%) perceive that their self-esteem would not be affected in a negative manner should they cease to drive. In discussing the topic of ‘Loss of Self-Esteem,’ these South Asian and Asian seniors, but no other seniors, note that “my self-esteem would be just A-Okay if I didn’t drive,” as they relate to the sub-topic ‘No Relationship between Driving Cessation and Self-Esteem.’

As is found in sub-topic ‘Alternative Definition of Self-Esteem,’ 9% of South Asian and 5.5% of Asian seniors say that driving cessation does not result in a lower self-esteem for a “quite simple and straightforward” reason – unlike with most of the seniors involved in this study, this small group of seniors does not associate self-esteem with the automobile, driving and, most importantly, driving cessation. As a result of this, these seniors do not perceive there to be any direct relationship and connection between the “idea of how you feel as a person and driving and not driving.” When discussing this topic, these South Asian and Asian seniors provide their own definition of self-esteem, one that does not necessarily include the automobile and driving cessation. According to these seniors, self-esteem is defined as and derived from “being happy with a life well lived,” “knowing you raised your kids right and proper,” “being very happy as you wrinkle,” “enjoying your later years,” “being a good person to people around you” and “still giving back to the community in every way you can, even though you are now old and can’t move as fast.” Thus, as is made clear by these South Asian and Asian seniors, “self-esteem is not defined by driving and retiring from driving.” In short, driving and driving cessation are not conceptualized in terms of self-esteem and, thus, cannot compromise feelings about one’s self.

To further illustrate the above, one Indian man, who wrinkled his eyebrows at the idea that driving cessation may impact one’s self-esteem, asks: “How are the two related? Why would anyone relate the two?” One Indian woman, who “really enjoys driving,” shares: “How foolish to define yourself and you worth on driving. Self-esteem has nothing to do with driving. So what if you can’t drive at 95. Life moves on. Self-esteem comes from knowing you had a great life and that you are a good person, not driving [laughs].” An Asian man, who is the “first to admit I love driving and can’t live without it,” states:

The problem you see is that is if you bring the two together [driving and self-esteem] you fail. Because if you stop driving you lose this [self-esteem]. So the best thing you can do is not bring them together, not associate them and redefine what your self-esteem
really is. And if you do this you don’t lose it [self-esteem]. I don’t even think driving and not driving to my esteem, not at all. And that is why when I stop driving, which I plan for now not to do, my esteem won’t be hurt.

6.1.3 Feelings of Personal Loss with Driving Cessation

During the one-on-one interview process, many seniors discussed the cessation of driving in terms of personal loss. ‘Personal loss’ is defined within this work as the personal loss generally associated with “the death of someone you are very close to” and the “death of your necessary body parts needed to get around, like a leg or an arm.” While this topic was not broached by all participants, it was discussed by almost half of the seniors interviewed. For a number of seniors, to cease driving is perceived as comparable to “losing someone or something you love dearly and can’t have back.” For a smaller number of other seniors, however, there is no relationship between the cessation of driving and feelings associated with personal loss. Most notable, here are the differences in perceptions which arise according to ethnicity, and the reasons why these seniors associate no longer being able to drive to the feeling of losing “someone, like a friend of family, to death.”

Table 6.3: Prevalence of Seniors Indicating ‘Feelings of Personal Loss’

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<th>Negative Association (n=42, 11.9%)</th>
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<table>
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<th>Sub-topic: Similar to Losing a Close Family Member/Friend</th>
<th>Sub-topic: No Relations to Feelings of Personal Loss</th>
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</thead>
<tbody>
<tr>
<td>Asian</td>
<td>0</td>
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<tr>
<td>South Asian</td>
<td>2</td>
</tr>
<tr>
<td>Caucasian</td>
<td>82</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>38</td>
</tr>
</tbody>
</table>

Sub-topic: Similar to Losing a Spouse

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
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</thead>
<tbody>
<tr>
<td>Asian</td>
<td>0%</td>
</tr>
<tr>
<td>South Asian</td>
<td>0%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>29.7%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>67.7%</td>
</tr>
</tbody>
</table>
As is noted in Table 6.3, 36.4% of all seniors who identify with this topic share that driving cessation would lead to feelings similar to “losing someone you cherish to death.” For almost all Caribbean/African (95.4%) seniors, the majority of Caucasians (69.4%), and a small number of South Asian (4.5%) seniors, the cessation of driving is perceived as “death, as feeling as though you are mourning a death.” Not one senior from the Asian community expresses such sentiments. As will be discussed below, ethnic differences arise regarding the various sub-topics in which these Caribbean/African, Caucasian and South Asian seniors identify with when discussing driving cessation in terms of personal loss. For Caribbean/African, Caucasian and South Asian seniors, the cessation of driving is defined as ‘Similar to Losing a Close Family Member/Friend.’ Further, for Caribbean/African and Caucasian seniors, and only these seniors, driving cessation is linked to and discussed in terms of ‘Similar to Losing a Spouse’ and ‘Similar to Losing a Body Part’ that is needed to ensure mobility.

For the majority of Caribbean/African and Caucasian seniors, and the small number of South Asian seniors who identify with this topic and sub-topic ‘Similar to Losing a Close Family/Friend,’ driving cessation is equated to the loss of and the “death of” a close family member and/or friend. Over 67% of Caribbean/African seniors, over 29% of Caucasian seniors and just 4.5% of South Asian seniors state that should they cease driving they would experience both the emotional and physical pain believed to be present when losing a family member and/or friend. The pain “imagined I would feel” should a loved one pass is characterized by “crying,” “screaming” and “confusion.” As such, should these Caribbean/African, Caucasian and South Asian seniors believe they would “begin the mourning phase right after my keys are taken away,” followed by “tears,” “anger” and “complete confusion.”

Emblematic of such perceptions, a Jamaican man, who believes “not driving is like feeling your best friend just died suddenly,” eagerly shares:

It would be like going to a funeral, that’s what no driving for me is like. I would be at a funeral and mourning for the rest of my days. It would be like a funeral for my good friend, even better an old good friend or a cousin I grew old with. I would cry the rest of
my days if I had to give up my car, which is like a good friend to me, a sturdy, reliable, dependent good friend. Like I said I would mourn the rest of my days. I would never stop. If I had to stop driving it would be exactly like losing my good and best friends, it would be the same hurting and gut wrenching feeling. There really is no other way to describe not driving for me. It is like morning a death of someone I grew old with and loved.

In a similar tone, a Trinidadian woman, who “understand[s] deeply and personally what death is all about,” also shares:

You know when someone you love dies? Like when I lost Lauren, my granddaughter to leukemia, I said to myself “Why me? Why my family?” I was so confused, so confused. I think that is what not driving would be like for me. I would be so confused as to why I had to lose and mourn something I love so much. I would ask myself “Why me? What did I do to deserve this?” Not driving, like I mentioned, is feeling the same feelings as having someone you love dies. Believe me, I know this first hand on what death feels like and I imagine that is exactly what driving would be like.

The small number of South Asian seniors who identify with the sub-topic ‘Similar to Losing a Close Family Member/Friend,’ also express the sentiment that to cease driving is to “feel just like when I lost my friend a few years back.” In reflecting on what “not driving would feel like,” a South Asian man shares:

Death and mourning. That is exactly what driving cessation would be like for me, I think. I think it would feel something like losing a friend without warning. I dunno, if I had to stop driving I would cry, I really think I would, and I don’t care that I am a man saying that. It would be beyond painful, probably the same pain, if not worse, than having your friend leave your side. When I think I driving cessation feel like it is losing a trusted old friend and feeling like your friend died. That is how I capture driving cessation.

Interestingly, each Caucasian senior who identifies with the sub-topic ‘Similar to Losing a Close Family Member/Friend,’ also shares that once they were “past the mourning stage,” of driving cessation they would enter into a severe and deep depression. According to these Caucasian seniors, once one “loses a close friend” it is “natural and expected” that one enters into the “depression phase.” This progression is, however, not only associated with the loss of close family members and/or friends, but is also linked to the cessation of driving. Each of the seniors who conceptualize driving cessation in terms of personal loss further perceive that one
would enter into a deep depression following the mourning phase. As one 80-year-old Caucasian women, who “always thought my car is a good friend of mine,” notes:

_Honestly, dear [2 minute pause, presses lips together and closes eyes]. I think after I stop crying over losing my keys, I would, you know, end up depressed. Severely and utterly depressed, and lost. I have lost a good friend, a dear friend. And now I can’t get them back. It would be depressed once the tears stopped and once I stopped mourning. I just know this will happen. At my age you lose a few friends, you do. And I know how it goes, you mourn and then you snap out of it and realize they are gone and then you are depressed for a while. I think, I know, really, that is exactly what will happen to me if I decide to stop driving or if I am forced to stop driving. I know I will mourn and then realize I am done mourning and then fully feel life without my car, my friend, and end up seriously depressed. And honestly dear [2 minute pause, closes eyes], who wants to be depressed at 80 years old? I don’t._

The majority of Caribbean/African and smaller number of Caucasian seniors further discuss the topic of personal loss after cessation in terms of ‘Similar to Losing a Spouse.’ Just over 67% of Caribbean/African seniors and just over 29% of Caucasian seniors, and only these seniors, openly share that to cease driving is perceived and believed to feel like “losing your spouse” or “a lifelong partner.” Similar to the above sub-topic, these Caribbean/African and Caucasian seniors state that should they cease driving they “really believe with the depth of my soul” that they would enter into a mourning phase “that would only occur [otherwise] if you lost your wife or husband.” This mourning phase is also characterized by the “intense screaming and unhappiness and tears” expressed after any loss, but differs given that it is a “deeper kinda sadness and grieving” as would be felt over the loss of one’s “best friend, mother [father] of your children, wife [husband], and soul mate all wrapped in one.”

To illustrate, one senior Barbadian man, who “loves driving as much as my wife,” states:

_You know, that we are talking about not driving, I think I would like to say that for me not driving would be the same as losing Beverly. That is a fact. I love driving that much and I think it would just as rough to stop driving because of whatever crazy reason. I would probably feel the same way as if Bev dropped dead. You know, that sudden shock and then your world falling apart. I would go into mourning and feel terrible knowing she isn’t coming back. Losing your wife, my soul mate, is the worst type of mourning, because they know you the best out of everyone in the world. And I really feel like that_
is what not driving would be like, it would the same type of sadness and terrible feeling that would happen to me if I lost Bev. I just know this, and please don’t ask me how I can say this, it is just true.

A small number of Caribbean/African and Caucasian seniors who identify with the sub-topic ‘Similar to Losing a Spouse’ and have lost a spouse recall the inability to drive during brief instances of illness as a painful and emotionally tiring experience that is similar to that losing their spouse. To exemplify, one Jamaican woman, who recently lost her husband to cancer, states:

I just lost Fred. I would say 2 years ago. It was so hard. It was an awful gut-wrenching feeling, to lose someone you adore and are used to having around all the time. And you know, if I couldn’t drive or if someone though I didn’t have the right mind to drive and took away my keys I think, well I know, it would be like losing Fred all over again. The same feelings. I know this because 2 years I had a heart attack and I had to stop driving for 6 months. And boy, let me tell you these were the hardest 6 months of my life, I was devastated. So when I lost my license and losing Fred felt the same way. It was the same emotions over and over; the devastation, the crying. So I know that not driving and losing my ability to drive is the same way as losing my husband. No difference in how I feel.

A Caucasian widower of 6 years, who describes having “a love affair with his car” shares:

I never thought I would say this, never, ever, but here it is. When I lost Franca all those years ago it was a terrible time. A mess of a time. I lost my best friend, my loved one. Anyways, my daughter, Angela, said to me years later “Dad, the way you acted when mom passed was the same way you acted when you had a stroke and couldn’t drive.” And Ang, that smart girl that she is, is right. It was the same kind of feelings. And if I were to ever stop driving again I think it would be the same feelings as the first time and losing Franca again.

As in the above sub-topic ‘Similar to Losing a Spouse,’ only seniors from the Caribbean/African and Caucasian community identify with the final sub-topic ‘Similar to Losing a Body Part.’ According to 71.1% of Caribbean/African and 69.4% of Caucasian seniors, to cease driving is the equivalent of amputating an essential and “cherished” body part needed for mobility. For these Caribbean/African and Caucasian seniors, it is perceived that the private
automobile and, thus, the act of driving is a direct extension of one’s body and necessary to “ensure that I keep moving in old age.” As such, to cease driving is “actually lose a physical limb.” For these seniors, it is perceived that losing a limb, such as an arm and/or leg, needed for mobility would lead to a “grave situation” given that one would be rendered “immobile,” “isolated” and unable to “move as quickly.” These seniors further note that these same perceptions apply to driving cessation, whereby the automobile is a “limb needed to get around” and without the automobile one would “just as likely end up in a grave situation.”

One Jamaican man, who believes his car to be an extension of his arms and legs, shares:

Driving and my car, are a part of my body. My car is a part of my arms and my legs because I need both to get around and I need the car to get around. And that means if someone takes away my car and license and my keys they might as well cut off all my limbs. That’s what it would be like – losing all my limbs because, heck girl, I couldn’t get around anymore. That’s what I think it would be like, if I stopped driving. It would be like someone taking off my legs because I wouldn’t be able to get around as quickly as I can now with the car.

A similar sentiment is shared by a Caucasian senior, who jokingly believes that he was born with ten toes and fingers and one car, and states:

[Laughs] you know what? I know the perfect way to describe driving cessation, by gosh I know how to explain it to you. Alright, driving is like a part of my body, a natural thing I can do, like walking or talking. Driving is the same way, a part of my body, something that I don’t even have to think about is there. Like I don’t have to think about walking and I don’t wonder if my legs are there. Making me stop driving is like pulling off my limb or another part of my body. How would I go on? Without my limb? It would make things difficult and unnatural. If you pulled off my legs how would I get around? So it’s the same with the car, if you took it away how would I get around without my limb?

Contrastingly, and as noted in Table 6.3, sub-topic ‘Feelings of Personal Loss with Driving Cessation,’ a small number of seniors (11.9%) perceive there to be no relationship between the cessation of driving and the ‘Feelings of Personal and Physical Loss.’ Seniors from the Asian community are, however, the only seniors within this work to share that driving cessation “has nothing to do with losing someone you care deeply about.” While they refer to others (i.e. friends and/or family) who believe no longer driving is in “the same boat” as losing a close family
member, friend or spouse, these Asian seniors frame driving cessation as having ‘No Relations to Personal Loss.’

For 33% of Asian seniors, to cease driving has no relation to the personal loss felt from “the passing on of cherished friend or even family member.” In discussing friends and family who make the association between driving cessation and personal loss, these Asian seniors openly state that they are unable to “seriously understand” a “link between losing a friend and losing your car and license.” According to these Asian seniors, the loss of a loved one, whether family or friend, is a “deep loss and a deep sadness” and should be taken seriously and respected. As such, these Asian seniors believe it is “incomprehensible” to place the loss of a close family member and/or friend “on the same playing field” as the cessation of driving.

As one Chinese man, who describes driving as the “best feeling on the face of the earth,” laughingly admits:

I have a friend who cried and cried after the government removed his license. I asked, “Why are you crying? It is not like they stole your wife. You need to move on for your sake.” And he says to me, “It is like they took my wife, it is the same horrible feeling.” How could that be? Losing your wife is sad, not driving is a fact of life. I still think he is crying. I couldn’t believe he thinks that losing his car and his license is the same feelings as losing his wife. His wife is a wonderful woman, and he would be lost without [her]. I was so upset when he kept saying that the way he was feeling was the same thing as losing his wife. It is not, losing your wife would be worse than losing your car.

A second Chinese man, who lost his wife over 16 years ago to breast cancer, states:

You know what I find so funny? When they [seniors] run around and say, “Oh not driving is like someone dying.” Just yesterday, my cousin Ian got a letter in the mail that said he couldn’t drive because he took that you know drive test that all old people are scared of [referring to DriveAble]. He goes, and I quote, “this is worse than losing my wife.” When I lost Mary, that is my wife’s English name, it was devastating. I can’t imagine how losing your license is like losing Mary. What a fool my cousin is to think that. He hasn’t watched his wife die, so he doesn’t know that not driving feels a lot better than losing your wife.
6.1.4 Loss of Control Over One’s Life in Later Years

In reflecting on this topic, all seniors, regardless of ethnic background, unanimously express that driving cessation would lead to the loss of control over one’s life in older years; not one senior states otherwise. While all seniors perceive that to cease driving would “be the end of control over my life,” ethnic differences in seniors’ perceptions emerge regarding the various reasons provided as to why the cessation of driving would result in loss of control over one’s life.

Table 6.4: Prevalence of Seniors Indicating ‘Loss of Control in One’s Life’

<table>
<thead>
<tr>
<th>Loss of Control Over One’s Life (n=351, 100%)</th>
<th>Negative Association (n=0, 0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Association (n=351, 100%)</td>
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</tr>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>127</td>
<td>100%</td>
</tr>
<tr>
<td>South Asian</td>
<td>South Asian</td>
</tr>
<tr>
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<td>Caucasian</td>
</tr>
<tr>
<td>121</td>
<td>100%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>Caribbean/African</td>
</tr>
<tr>
<td>44</td>
<td>100%</td>
</tr>
</tbody>
</table>

Sub-topic: Complete Loss of Control in Later Years

Asian: 0 0%
South Asian: 0 0%
Caucasian: 96 79.3%
Caribbean/African: 52 88.1%

Sub-topic: Unable to Control Emotions

Asian: 0 0%
South Asian: 0 0%
Caucasian: 120 100%
Caribbean/African: 55 93.2%

Sub-topic: Depending on the Availability/Schedule of Others

Asian: 94 74%
South Asian: 36 81.8%
Caucasian: 116 95.8%
Caribbean/African: 50 84.7%

Sub-topic: Planning for Driving Cessation as a Loss of Control

Asian: 62 48.8%
South Asian: 15 34%
Caucasian: 121 100%
Caribbean/African: 59 100%

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14 It should be noted that while the sub-topic ‘Planning for Driving Cessation as a Loss of Control’ addresses perceptions on preparing for driving cessation, Chapter 9 further provides an in-depth examination into ethnic seniors’ perceptions around preparing for driving cessation.
As is noted in Table 6.4, all seniors, irrespective of ethnicity, perceive that to cease driving would “for me, be like losing all control over my life.” As is further noted in Table 6.4, seniors from differing ethnic groups provide differing reasons as to why they perceive that the cessation of driving to be correlated to ‘Loss of Control Over One’s Life’ in later years. Differences in perceptions, according to ethnicity, will be readily explored below. In discussing the topic of loss of control “over my entire life if I don’t drive anymore,” Caucasian and Caribbean/African seniors link such perceptions to the ‘Complete Loss of Control in Later Years’ and ‘Unable to Control Emotions.’ Furthermore, for Asian, South Asian, Caucasian and Caribbean/African seniors, albeit to differing degrees, ideas around losing control over one’s life following cessation are grounded in and evident in the sub-topics ‘Depending on the Availability/Schedules of Others’ and ‘Planning for Driving Cessation as a Loss of Control.’

Regarding the first sub-topic ‘Complete Loss of Control in Later Years,’ a number of seniors perceive that to cease driving “at any point in my life” would result in losing overall control over their life in older years. As is noted within this sub-topic, only Caribbean/African (88.1%) and Caucasian (79.3%) seniors share that driving cessation “would make sure that my whole life spins out of control and that I can’t regain this control,” and driving is described as one “of the last things I can still control in my old age.” For these Caribbean/African and Caucasian seniors, age-related physical changes, such as “balding and wrinkles,” are viewed to be out of their control and are an accepted part of the aging process. Operating the private automobile in older age is, however, perceived as something that allows seniors to retain a general sense of control over their daily life and as a “last pitch at making sure I am still in control of something the older I get.” As such, to cease driving is believed to result in a complete loss of control of “everything” as these seniors perceive they have nothing else left in their lives to “have any control over.”

To illustrate these perceptions, A Caucasian man who feels that “balding was the first sign I was losing control over my life as I got older,” states:

I wouldn’t have a sense of control over my day-to-day living if I stopped driving. Like things would feel like they are out of sorts, sorta like you know when you go to the circus and things are spinning everywhere and you don’t know which way to look? That is exactly what this is, like not having control over anything and I mean anything. I have no idea why it gives me this feeling of losing control but it just does, not driving. It is just hard to explain why it does, it does just and I would hate to lose that feeling of things
spinning out of control in my life completely. I think maybe I would feel like things are spinning so out of control because driving at my age, and I am 76, is the last thing I can really control. I mean I can’t control much anymore, like going bald and my big tummy [pats stomach]. But driving, you know, it gives me that sense … that I am in control of something … Maybe I am just scared that if I stopped driving I would lose control of my entire life. I dunno, I really don’t know how to explain this well, I just feel like driving gives me control over my life and not driving makes things out of sorts.

To further exemplify the above, a Trinidadian man, who “likes having complete control in my life,” has this to offer:

In later life, you lose things. First your looks, then your hair, and then you wake-up one morning and you have stomach you didn’t know you even had. Driving keeps you feeling that at least with no hair you still have control over certain things, like getting from here to there, as the years go on.

A second perception shared by only by Caucasian and Caribbean/African seniors is the sub-topic ‘Unable to Control Emotions’ following driving cessation. In discussing the topic of driving cessation and loss of control over’s one life in later years, all Caucasian (100%) seniors and almost all Caribbean/African (93.2%) seniors note that this loss of control stems from the inability to “handle or get a grip on the emotions that come afterwards.” According to these Caucasian and Carribean/African seniors, should they “just stop driving, a devastating thought” a “watershed of emotions” would follow. For these seniors, this “non-stop downpour of feelings” would leave them “overwhelmed to the max,” “confused beyond belief on how to feel” and “under a lot of strain and pressure.” Importantly, these seniors further note that inability to control one’s emotions following cessation further exacerbates feelings of “loss of control over my life.” It is perceived by these seniors that they do not possess the skills to cope with such emotions and, therefore, do “not have a clue how deal with these many and negative inner and deep feelings I would have after having to give up my keys.”

In reflecting on the emotional “jambalaya” following cessation, a Jamaican male shares: Not driving would be devastating for me, just awful and I would probably go out of my mind. I wouldn’t know how to feel. I would be going left, right and centre with my feelings. How do you feel after not driving? So many different feelings and sad and unwanted feeling would be there. How do you get your emotions under control after you stop driving? How? How do you deal with these feelings? I have no clue, I wouldn’t
know where to start. And that is why I am saying and telling you that my life would be out of complete control. There is no control in your life when you emotions are bouncing off the walls and are doing chart-wheels everywhere.

A number of participants link the loss of control over one’s life in older years following cessation to “having to depend on others and when they have time to take me here and there.” As is noted in Table 6.4, sub-topic ‘Depending on the Availability/Schedule of Others,’ the great majority of seniors perceive that loss of control, post-cessation, “would of course happen because I am dependent on others now.” For 95.8% of Caucasian, 84.7% of Carribean/African, 81.8% of South Asian and 74% of Asian seniors, it is “deeply believed” that should they cease driving, there would be “craziness in my life, with no control would happen” given that these seniors would not be able to provide themselves with transportation and, thus, become dependent on others’ availability/schedules for their transportation and mobility needs. Living at “the mercy of someone else’s kindness and free time,” is perceived as causing “my life to spin upside down” as there is little certainty in knowing “whether whoever you ask can actually take you to the places you need to go.” Furthermore, each of these seniors state that it is perceived that a “loss of control over my old age” would occur as “no longer driving and becoming 100% dependent on someone else for me getting around” differs significantly from “how things are now,” where they are free to be spontaneous and travel without constraint.

In discussing “living by someone else’s rules and time,” a senior Jamaican male shares:

I would hate to have to depend on others to get around. That would be a sad life, if it happens to me. A sad, pitiful life of this senior right here. I don’t know what I would do if I had to wait for someone else to take me out. You would have to wait and wait until they are ready and can only go if they had free time take you. And what if they cancel at the last minute? Then you are stuck. My life would spin out of control and I would have no control, none because I won’t be able to do what I need to do when I do to them.

Reflecting on the “ugliness” of having to rely on others, a Caucasian female states:

My life would be a royal mess. A big mess. I don’t want to have to depend on others, at the whim of their kindness. I really don’t. I don’t want to start having to rearrange my entire life around someone else’s life and timeframes. I never have and I don’t intend to start doing it now at my sweet and tender age. I like being able to get up and go without having to wait at the front door to see if someone is going to pick me up or not.
Regarding the last sub-topic ‘Planning for Driving Cessation as a Loss of Control,’ a number of seniors indicate that that life without the automobile would be “a life without control,” as these participants have not “come up with a plan” to ensure mobility following cessation. As is noted in Table 6.4, an ethnic difference regarding this sub-topic emerges, whereby all Caucasian (100%) and Caribbean/African (100%) seniors, but less than half of Asian (48.8%) and South Asian (34%) seniors communicate such thoughts. For these seniors, the lack of planning “about my transportation needs” would “spark mass chaos in my life” “if this horrible event [driving cessation] ever happens to me.” Furthermore, each of these Caucasian, Caribbean/African, Asian and South Asian seniors note that “my life would be an uncontrollable mess” without a car. These seniors are filled with questions about how to plan for mobility following cessation, how to obtain information regarding mobility following cessation and “who the appropriate person to talk to or turn to after stopping driving” may be.

In describing the above feelings, one Caucasian senior, who fills with dread at the mere mention of the phrase “driving cessation,” shares:

*I wouldn’t know where to start. How do you even begin? Where do you even begin? Do you start by calling the TTC [Toronto Transit Commission]? Do you ask the TTC for a map of the subway system? Or do I start by telling my wife? How do you go about this? I would feel like everything is unraveling if I had to start planning. There would be no control."

In discussing driving cessation and its consequences, a senior Caucasian woman states: 

*The first part of … not driving, which for some older adults, not me by the way, is to plan. Planning is an important aspect of all our lives. Now I ask you this, how do you plan? Is there a place to start figuring out this plan of action? What do you do? Is there a manual offered by the British Columbia government or my doctor? I think I would be more and more confused in this planning. I wouldn’t have a clue of where to begin. And this lack of planning and lack of knowing how to plan just makes me feel so out of, so out of, you know, control. I would have no control and that scares me all because I have no idea how to plan for something like this. I feel so stupid saying this to you right now.’*

The smaller, yet still significant, number of Asian and South Asian seniors who identify with this subtopic communicate similar responses as their Caribbean/African and Caucasian counterparts. One Korean senior, who describes driving cessation as the “scariest thought in the world,” states:
I know that one day it could happen to me [referring to driving cessation]. I am not a stupid old senior. I am under no illusion that I am some special man and that driving cessation could magically pass me by. I am not saying it will happen to me, I am just saying that it might. The problem is I have no solid lead on where to plan for not driving. The question is how do you do this? I would have more questions than answers. And having more questions than answers doesn’t sit right with me. At this age, I mean my age at 78 years, having more questions than I can find answers is not good, it makes me feel scared and like I am not in control of my life and my destination. At my age, that is not what I want.

6.2 Findings and Relevant Results: Perceptions around Driving Cessation – An Individual Perspective

This section brings together and comments on the various findings and relevant results explored throughout Category 1. In doing so, this section highlights where this chapter’s findings confirm and/or are similar to other works discussing seniors’ perceptions around driving cessation and, where this study sheds new light on the topic.

6.2.1 Findings and Relevant Results: Perceptions around Mobility Loss

The first topic to be assessed within this chapter is that of ‘Mobility Loss.’ To date, all works (as examined by the researcher) that document and analyze seniors’ perceptions around driving cessation find an association between perceptions around driving cessation and mobility loss. Mobility loss is the most extensively covered perception around driving cessation, and is noted to be the constraint that has the most impact following driving cessation. It is argued by Harrison and Ragland (2003) that the primary reasons why almost all studies examining driving cessation amongst the elderly highlight the relationship between mobility and mobility loss is due to the fact that mobility is the key to life and, thus, the key to happiness, well-being, and satisfaction in later years. Within industrialized societies, automobile ownership and the ability to drive is identified as the most powerful source of mobility and overall life satisfaction, where for many older driving adults the word mobility is defined by automobile ownership and driving.

The relationship between automobile ownership, the ability to drive and mobility is well defined in the influential work of Mollenkopf et al. (1997), which examines the relationship between older adults (55 years of age and older) in the European nations of Italy, Finland and
Germany and outdoor mobility (activities performed outside of the home, such as social events). A total of 600 elderly Italians and Finnish seniors and 800 German seniors were interviewed by standardized questionnaires, asking them to discuss mobility needs, mobility desires and current mobility patterns. Overall results clearly demonstrate that older driving adults are more mobile when compared to non-drivers. Further, Mollenkopf et al. (1997) demonstrate that the older driving adults are almost twice as likely to engage in out-of-home activities, such as participating in social events, volunteering and visiting with friends and family, in comparison to seniors who did not drive. These older driving seniors not only are more mobile, and thus readily engage in outdoor activities, they are also more likely to perceive themselves to be more mobile, whereby the automobile provides and is the underlying reason for their enhanced mobility. Driving seniors frequently note that the mobility provided by the automobile allows them to engage in social activities outside of the home, listing the various benefits in doing so, such as increased connectivity with family and friends, and volunteering opportunities. Mollenkopf et al. (1997) conclude that the automobile positively impacts senior’s mobility, as older driving adults are significantly more mobile than older adults who do not drive; thus for older driving adults, the automobile is a key factor in their mobility and its associated benefits.

Given the extensive mobility the automobile provides to seniors, it is not surprising that studies examining seniors’ perceptions around the cessation of driving find the greatest concern is the lack of mobility should they cease driving. The work of Marottoli et al. (2001) embodies such perceptions in a study assessing the relationship between the consequences of driving cessation and out-of-home activity levels. In examining the perceptions of 1,316 seniors by way of a standardized questionnaire in New Haven, Connecticut, Marottoli et al. (2001) demonstrates that all active drivers perceive that should they cease driving, their mobility would be severely limited and that their connectedness would be increasingly and exceedingly limited.

This thesis confirms the findings of Mollenkopf et al. (1997) and Marottoli et al. (2001). In discussing the topic ‘Mobility Loss,’ all seniors share that to cease driving “would be the end of my mobility, that is the best way to frame not driving – not having any more mobility.” This work adds to the literature by examining ethnic differences among seniors in examining ethnic seniors’ perceptions around the relationship between automobile ownership, driving cessation and mobility loss. As is noted in Table 6.1, topic ‘Mobility Loss,’ this work demonstrates that seniors from varying ethnic groups are all concerned with losing personal mobility as a consequence of driving cessation; “my mobility being ruined and I wouldn’t have any mobility
Ethnic perceptions around the topic ‘Mobility Loss’ are best exemplified in Table 6.1, sub-topic ‘Lack of Mobility/Limited Mobility,’ whereby all seniors perceive that driving cessation would result in a situation where “I have no mobility and that means no way of getting around.” All Asian, South Asian, Caucasian, and Caribbean/African seniors believe that no longer driving leads directly to limited mobility.

Importantly, and similar to the studies cited above, this study further confirms that for a number of seniors, mobility loss following driving cessation is perceived to limit seniors’ ability to partake in out-of-home activities and the “many benefits that mobility from driving gives you” such as attending social events, visiting family and/or friends and engaging in volunteer opportunities. As is noted in Table 6.1, sub-topic ‘Consequences of Mobility Loss,’ all seniors share that should “I stop driving I would just lose all the stuff that comes with driving and comes with the mobility from driving, like not being able to go out dancing, because I drive to the dance hall.” Similar to the sub-topic ‘Lack of Mobility/Limited Mobility,’ in documenting ethnic seniors’ perceptions around the topic ‘Mobility Loss,’ this work broadens our understanding around the relationship between mobility and driving cessation, as it demonstrates that all seniors, regardless of ethnicity, believe that mobility loss post-cessation “would take away all the good stuff that comes from driving, like visiting my friends.” As such, this study confirms that all seniors believe that mobility loss, a consequence of driving cessation, would result in the loss of the various mobility benefits derived from using one’s automobile, with a particular focus on the ability to engage in out-of-home activities.

In light of the above statements, a number of concluding remarks may be inferred. First, regardless of ethnicity, seniors have a shared understanding regarding the role of the automobile in facilitating mobility in older age. Further, it may be noted that seniors, regardless of ethnic background, may similarly conceptualize and correlate that driving cessation consequently results in the loss of and/or limitation to one’s personal mobility. All Asian, South Asian, Caucasian and Caribbean/African seniors state that to cease driving is equivalent to losing their mobility, as all seniors share that should they cease driving they would be unable to partake in the various benefits afforded by mobility options offered by the private automobile.

Importantly, regarding the topic ‘Mobility Loss,’ it should be noted that this is one of the only topics within this thesis whereby all seniors, regardless of ethnic background, are in unanimous agreement about both the issue and causes.
6.2.2 Findings and Relevant Results: Perceptions around Loss of Self-Esteem Post-Cessation

Literature examining driving cessation amongst older adults has, to date, extensively documented the relationship between driving cessation and self-esteem. In general, such studies find that, following the act of driving cessation, seniors experience a loss of self-esteem, which largely stems from the fact that seniors feel and/or believe that they are unable to meet their personal transportation and mobility needs and, thus, are stuck relying on others, primarily their spouse, close family, and close friends, to aid them with and/or provide them with transportation. Lister (1999) examines the perceptions of 3 elderly drivers, who followed the advice of a medical practitioner and stopped driving after experiencing a stroke. In document their perceptions around life post-cessation and the transportation needs of these seniors, Lister (1999) finds that soon after these seniors became fully aware of the fact they could no longer drive a number of negative feelings towards themselves emerged, including lack of self-esteem. When asked to discuss the underlying causes of this lack of self-esteem, the seniors in Lister’s (1999) study openly shared that having to rely on others for transportation and mobility creates a sense of poor esteem, given that they know and can vividly recall when they were once able to live freely without having to depend upon others. Becoming dependent upon others post-cessation, according to the seniors in Lister’s (1999) study, is a great hit to one’s self-image and, therefore, one’s self-esteem.

The Toronto-based study completed by Rudman et al. (2006) confirms Lister’s findings. In examining the perspective of 79 pre-seniors (55-64 years of age) and senior drivers (65 years of age or over), Rudman et al. (2006) document 4 overarching themes, as collected through focus group interviews. The first theme, ‘The Practical and Symbolic Meaning of Driving,’ demonstrates that seniors (actual number not indicated by authors) wish to remain in the driver’s seat for as long as possible for practical reasons, as well as because of the symbolic meaning associated with driving (Rudman et al., 2006). For the 79 seniors interviewed, driving is perceived as an indicator of independence and wellbeing and ceasing driving is a clear sign of dependence and decline, whereby one becomes “less of a ... independent, viable human being that can do your own stuff by yourself.” (Rudman, et al., 2006, p. 66) Further, these seniors experience this lack of independence and increasing dependency upon others to meet personal mobility and transportation needs as negatively affecting their sense of self, and seniors see themselves with little esteem and self-respect.
Further studies examining the relationship between self-esteem and driving cessation note that a primary reason as to why older former drivers experience a loss of personal self-esteem is linked to society’s notion and/or conceptualization of what constitutes characteristics leading to a fulfilled and robust self-esteem. According to Coughlin and D’Ambrosio (2012), North American society has elevated the personal automobile to a glory like status that has come to embody the American Dream to the fullest. The personal automobile represents and bestows seniors with the image of strength, success, power and youthfulness. To cease driving and/or to lose the ability to safely drive ensures that older drivers are removed from and/or excluded from the positive characteristics associated with car ownership and status conjured with the ability to drive. As such, these authors argue that to cease driving is linked to lower self-esteem, given that seniors are now seen and see themselves as weak, unsuccessful, powerless and old and frail.

This thesis further solidifies the above findings by confirming that the majority of senior participants perceive that to cease driving would result in “much, much lower self-esteem.” As is evident in Table 6.2, topic ‘Lack of Self-Esteem,’ just over 96% of seniors share that to “stop driving would seriously and directly make my self-worth fall to the floor and crash, sorta like Humpty Dumpty.” In examining ethnic seniors’ perceptions around the topic of ‘Lack of Self-Esteem,’ this work further sheds light on the fact that such perceptions are shared by Caucasian and non-Caucasian seniors alike. Table 6.2, topic ‘Lack of Self-Esteem,’ demonstrates that all Caucasian (100%) and Caribbean/African (100%) seniors, and almost all Asian (94.4%) and South Asian (90.9%) seniors, believe that should they “stop driving completely I think and I honestly believe that I would have no self-worth or esteem left in me, how embarrassing to stop driving.”

Importantly, while this thesis finds that the overwhelming majority of seniors perceive that ceasing driving would result in the loss of mobility, this thesis further brings to light that for a small number of seniors, the relationship between driving cessation and self-esteem is “absolutely not real.” As is noted in the topic ‘Loss of Mobility,’ just over 3% of all participants share that there “is no link between driving and self-esteem, none at all.” As is further noted in Table 6.2, those that express such sentiments are from the South Asian (9%) and Asian (5.5%) community, whereas no Caucasian and/or Caribbean/African seniors express such sentiments. Further, as documented throughout this topic, and in particular, the sub-topic ‘Alternative to Definition of Self-Esteem,’ these South Asian and Asian seniors put forth a definition of self-esteem that does not take into consideration the private automobile.
6.2.3 Findings and Relevant Results: Perceptions around Lack of Self-Esteem and Caring For Oneself Post-Cessation

In examining ethnic seniors’ perceptions around topic ‘Lack of Self-Esteem’ in conjunction with the sub-topic ‘Unable to Care for and Sustain Oneself,’ this thesis adds to the current literature base as it demonstrates that for a number of seniors lack of self-esteem following driving cessation is directly linked to the inability to care and sustain oneself (i.e. attend doctor’s appointment without the transportation aid of others). This thesis further highlights that perceptions around the sub-topic ‘Unable to Care for and Sustain Oneself’ differ according to one’s ethnicity. Table 6.2, sub-topic ‘Unable to Care for and Sustain Oneself,’ clearly shows that such perceptions are more prominent amongst Caucasian and Caribbean/African seniors, whereby all Caucasian and Caribbean/African participants share “that not driving would rip apart my self-esteem because I wouldn’t be darn able to take myself no place and I that means I won’t be able to take care of myself.” Conversely, a total of only 11.3% of South Asian and 6.2% of Asian seniors express such sentiments.

6.2.4 Findings and Relevant Results: Perceptions around Lack of Self-Esteem and Transit Use Post-Cessation

Unlike other works examining the relationship between driving cessation and self-esteem, this work demonstrates that the relationship between driving cessation and feelings of declining self-esteem are grounded in perceptions around public transit use. As is noted in Table 6.2, throughout the sub-topic ‘Forced to Use Public Transit’ a number of seniors share that should they cease driving, and thus be forced to take public transit, it would result in feelings of “my self-esteem just dying.” These seniors believe “public buses is [sic] a lesser form of travel for seniors.” Further, these seniors believe that “if I stopped driving I would deserve more than the public transit to get around.” A number of seniors believe that using this “disgusting method of transportation” would result in a lack of self-esteem. As is noted in Table 6.2, sub-topic ‘Forced to Use Public Transit,’ this work further demonstrates that such feelings have ethnic dimensions, as such perceptions are expressed by the majority of Caribbean/African (88.1%) and Caucasian (74.3%) seniors and to a smaller degree Asian (1.5%) seniors. No South Asian seniors express such beliefs about public transit.

In light of the perceptions expressed under sub-topic ‘Forced to Use Public Transit,’ it may be suggested that for the majority of Caribbean/African and Caucasian seniors, and
(notably) a small number of South Asian seniors, public transit is an unacceptable mode of transportation that these seniors would be reluctant to use should they cease driving.

6.2.5 Findings and Relevant Results: Perceptions around Lack of Self-Esteem and Driving as an Activity that Provides Self-Esteem

This thesis brings to light that the relationship between driving cessation and perceptions around seniors’ self-esteem is directly linked to ideas around the self-esteem derived in the physical act of driving, something that is unexplored in existing literature discussing seniors’ perceptions around driving cessation. As is discussed throughout the sub-topic ‘Loss of an Activity that Provides Self-Esteem,’ driving in older age allows seniors to feel “happy,” “complete” and “good about myself.” In exploring ethnic seniors’ perceptions around this topic, this work further brings to light the fact that only Caribbean/African and Caucasian seniors share such perceptions. As is found in Table 6.2, sub-topic ‘Loss of an Activity that Provides Self-Esteem,’ 84.7% of Caribbean/African and 74.3% of Caucasian seniors note that driving “provides me with a sense of happiness, it make me feel good about me, and it makes my esteem sore through the clouds.” Asian and South Asian seniors, however, do not express such sentiments.

6.2.6 Findings and Relevant Results: Perceptions around Lack of Self-Esteem and Past Life Achievements Post-Cessation

For a number of seniors the cessation of driving causes one to “lose any shred of self-esteem I have,” given that it is believed that cessation would directly result in “Loss of Past Achievements Made Possible Only by Driving.” As is discussed throughout this topic, ‘Lack of Self-Esteem,’ in conjunction with the sub-topic ‘Loss of Past Achievements Made Possible Only by Driving,’ a number of seniors express that the purchasing of their first automobile, and subsequent automobiles, creates a feeling of “extreme self-worth,” given that “owning a car and driving a car signals that you are successful.” For these seniors, then, to cease driving is the equivalent of “letting go of all the good vibes about yourself that comes with driving and remembering the feeling of how good you felt when you first realized you were successful when you bought that car.” Furthermore, as is noted in Table 6.2, sub-topic ‘Loss of Past Achievements Made Possible Only by Driving,’ such perceptions are expressed by the great majority of non-Caucasian seniors, whereby 94.4% of Asian, 84.7% of Caribbean/African and
81.6% of South Asian seniors express such sentiments. In contrast, less than 10% of Caucasian seniors readily link perceptions of driving cessation, self-esteem and ‘Loss of Past Achievements Made Possible Only by Driving.’

In light of the above statements made in sub-topic ‘Loss of Past Achievements Made Possible Only by Driving,’ it may be inferred that non-Caucasian seniors have a differing understanding around past life accomplishments and the role of the automobile than their Caucasian counterparts.

6.2.7 Findings and Relevant Results: Perceptions around Physical Loss and Driving Cessation

To date, studies that examine seniors’ perceptions around driving cessation do not document the older drivers’ views around the perceived personal loss following cessation. As is noted in the topic ‘Feelings of Personal Loss,’ this work makes a unique contribution to the literature in noting that a number of seniors believe that the cessation of driving is equivalent to “losing someone you love or even like losing a treasured body part, like your arm,” as well as making note of ethnic differences among seniors holding this view. As is noted in Table 6.3, sub-topic ‘Feelings of Personal Loss,’ 36.4% of all seniors interviewed in the present work share that “driving cessation is the exact same thing as having your best friend or spouse die or like losing your legs.” Further, the topic of ‘Feelings of Personal and Physical Loss’ is discussed by almost all Caribbean/African (95.4%) seniors, the majority of Caucasian (69.4%) seniors, and a small number of South Asian (4.5%) seniors. No Asian seniors share such sentiments. For these Caribbean/African, Caucasian and South Asian seniors, it is readily noted that ceasing driving is on par with the loss of a loved one and/or the loss of a body part.

Additionally, Caribbean/African, Caucasian and South Asian seniors link driving cessation to feelings of personal and bodily loss to differing degrees. However, a smaller number of seniors, and in particular Asian seniors, share that the cessation of driving “is nothing like losing a loved one.”

In light of the above statement made in discussing the topic ‘Feelings of Personal Loss,’ a number of concluding remarks may be noted. First, seniors have differing understandings about feelings of personal and physical loss in relations to driving cessation, according to ethnicity. For these Caribbean/African and Caucasian seniors, and smaller number of South Asian seniors, the cessation of driving will be mourned and grieved, similar to the grieving and mourning process that occurs following the loss of a loved one. Second, given this affiliation between
driving cessation and grief, it may be inferred that post-cessation may be a taxing and unsettling experience for these seniors, and thus may require emotional counseling and/or other forms of intervention to ensure that this experience does not become unmanageable and/or increasingly overwhelming for these older adults.

6.2.8 Findings and Relevant Results: Perceptions around Loss of Control on Older Years Post-Cessation

A second topic not thoroughly examined in previous literature discussing and examining seniors’ perceptions around driving cessation is seniors’ perceptions around loss of control over their lives as a whole, as is seen in topic ‘Loss of Control Over One’s Life in Later Years.’ In working with older adults to better understand perception around driving cessation, this thesis brings to light that, for all senior participants participating in this thesis, there is great concern that driving cessation would directly result in a loss of control in one’s later years. In examining Table 6.4, one will note that all seniors share that to cease driving “in old age is to just go ahead and lose all control in my final years.”

Importantly, this study furthers our understanding of ethnic differences as they relate to the topic ‘Loss of Control Over One’s Life in Later Year,’ in taking into consideration ethnic perceptions around this particular topic. As is noted throughout the topic ‘Loss of Control in One’s Life,’ all seniors, regardless of ethnic background, agree that driving cessation “is like the same as forfeiting any last kind of control you have in your life and making sure that your life spins completely out of control.”

However, while all seniors identify with the topic ‘Loss of Control in One’s Life,’ ethnic differences in perceptions as to why these seniors express such perceptions do arise. Here too, the following understanding around driving cessation and this topic have been unexplored in past literature. The sub-topic ‘Complete Loss of Control in Later Years’ exemplifies the ethnic differences at play. As is noted in Table 6.4, for instance, a number of seniors share that to cease driving in older age is to result in a ‘Complete Loss of Control in Later Years,’ whereby the ability to drive is perceived as allowing seniors to have control over “something important in old age because in old age lots of things are out of your control, like your health.” Nevertheless, as is revealed within this sub-topic, such perceptions are expressed only by Caribbean/African (88%) and Caucasian seniors (79%).
Further ethnic differences can be observed with respect to the sub-topics ‘Unable to Control Emotions’ and ‘Planning for Driving Cessation as a Loss of Control.’ For Caucasian and Caribbean/African seniors, and only these seniors, one’s emotions would be out of control after driving cessation given that it is an “emotionally hard thing to deal with and come to terms with” and, thus, would “feel like I have lost all control.” All Caucasian, Caribbean/African and 48.8% of Asian and 34% of South Asian seniors who identify with the sub-topic ‘Planning for Driving Cessation as a Loss of Control’ believe that should they cease driving, they would “have no clue how to start preparing for driving cessation, how to get around after I have stopped driving” and, thus, would feel “like my life is spinning out of wack.”

Lastly, as noted in Table 6.4, sub-topic ‘Depending on the Availability/Schedules of Others’ this work demonstrates that seniors believe that should they no longer drive they would become dependent on the “time and availability of others to take me here and there and that would make feel like I would being losing control over my life.” Only a slight ethnic difference arises regarding this sub-topic ‘Depending on the Availability/Schedules of Others,’ where, as is noted in Table 6.4, almost all Caucasian (95.8%), and the majority of Caribbean/African (84.7%), South Asian (81.8%) and Asian (74%) seniors state that to cease driving in older years would result in a loss of control over one’s life given that that “I know have to bend to the availability of others to take me where I need to go.”

In light of the above topic ‘Loss of Control in One’s Life,’ a number of concluding remarks may be asserted. First, it may be noted that while all seniors perceive there to be a loss of control after driving cessation, understandings regarding how this loss of control may manifest itself may be influenced by one’s ethnic background. For instance, regarding the sub-topic ‘Unable to Control Emotions,’ only Caucasian and Caribbean/African seniors state that should they no longer drive they would be unable to deal with the emotional aftermath of driving cessation and, thus, would feel that they were no longer in control of their lives. As is found in Table 6.4, not a single Asian or South Asian senior expresses such sentiments.

Secondly, and of great concern, are the perceptions regarding ‘Complete Loss of Control in Later Years’ and ‘Unable to Control Emotions,’ discussed only by (the overwhelming majority) of Caucasian and Caribbean/African seniors. Statements made by these Caucasian and Caribbean/African seniors in relation to these 2 sub-topics may indicate that should these seniors cease driving they may experience a period of emotional distress, given that they feel their emotional capacity to deal with the cessation of driving is lacking. Further, as will be noted
In later chapters, Caucasian and Caribbean/African seniors are most hesitant to cease driving, as such statements made here may indicate.

Further, the loss of control following cessation, although conceptualized differently by the different ethnic groups partaking within this study, may serve to reinforce the role of the automobile in the lives of senior participants.
Chapter 7

Category 2: Seniors’ Perceptions around Driving Cessation: Social Perspective and Perceptions around Driving Cessation: Family Interactions

Chapter 7, Category 2, brings together the themes ‘Perceptions around Driving Cessation: Social Perspective’ and ‘Perceptions around Driving Cessation: Family Interactions.’ In doing so, this chapter documents and highlights participants’ varying perceptions surrounding the social and familial interactions that may arise should these seniors cease driving. Both themes are included within Category 2 as they each document seniors’ views, thoughts and ideas around the perceived social constructs and family interactions in relation to the cessation of driving. As will be discussed below, sections 7.1-7.1.4 explicitly examine seniors’ perceptions around driving cessation from a social perspective, whereas section 7.2 documents the relevant and significant findings of ‘Perceptions Around Driving Cessation: Social Perspective,’ demonstrating where new information is explored in relation to this theme. Sections 7.3-7.3.3 examines seniors’ perceptions pertaining to familial interactions and dynamics. Section 7.4 notes the relevant findings within the theme ‘Perceptions around Driving Cessation: Family Interactions,’ documenting where findings from this study correspond with current literature and, further, where new findings emerge.

7.1 Perceptions around Driving Cessation: Social Perspective

The first theme within this category discusses the social perceptions relating to driving cessation in older age. The term ‘social’ is very broad, and may be used in a variety of different contexts. Within this work the term is defined in 2 ways. The first definition is having one’s socially defined role perceived differently, should one no longer continue to drive, and the second is the physical act of socializing as provided via the automobile. As such, the 4 topics included under this theme document the range of perceptions where such social aspects are discussed and conveyed by participants. The first topic, ‘Role Loss,’ captures the differing perceptions regarding whether seniors believe that their roles will change following driving cessation. While the topic of ‘Role Loss’ may seem to be an individual perception, it is included within this theme because roles are social constructs, and because seniors not only express perceptions on how their roles would change following cessation, but also on how others would perceive their roles to change. The second and third topics, ‘Ability to Drive in Older Age: Form of Age Related Status’ and ‘Personal Poverty Related to Driving Cessation,’ also align with the
first definition of social and are, therefore, included within this chapter. The topic ‘Ability to Drive in Older Age: Form of Age-Related Status’ presents seniors’ views on how their socially constructed status is attributed to driving. ‘Personal Poverty in Related to Driving Cessation’ documents the various perceptions regarding how seniors believe others would perceive their financial status if they could no longer operate a private automobile. The last topic, ‘Driving as a Form of Socialization,’ fits closely with the second definition of social as presented within this work; this topic is placed under the theme of ‘Seniors’ Perceptions around Driving Cessation: Social Perspective’ as driving, according to participants, is conceived as a forum for fostering relationships with family and friends.

7.1.1 Role Loss

All participants eagerly discuss their perceptions around role loss following driving cessation, even though for the great majority of seniors, this is a topic that is “very hard to discuss out loud” and one that “brings up hard feelings to face.” Many participants perceive that, should they cease driving, “my role, in my life, would drastically change.” For a smaller number of seniors, however, “my life role won’t change if I stop driving.” Throughout this topic, ethnic differences in perceptions emerge regarding seniors’ identification with this topic and the various perceptions expressed as to why they do or do not perceive driving cessation to result in role loss.

Table 7.1: Prevalence of Seniors Indicating ‘Role Loss’

<table>
<thead>
<tr>
<th>Role Loss (n=351, 100%)</th>
<th>Positive Association (n=252, 71.7%)</th>
<th>Negative Association (n=99, 28.2%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>63 49.6%</td>
<td>64 50.3%</td>
</tr>
<tr>
<td>South Asian</td>
<td>21 47.7%</td>
<td>23 52.2%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>114 94.2%</td>
<td>7 5.7%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>54 91.5%</td>
<td>5 8.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-topic: Loss of Personal Identity</th>
<th>Sub-topic: Role Loss is Culturally Inappropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>0 0%</td>
<td>64 50.3%</td>
</tr>
<tr>
<td>South Asian</td>
<td>South Asian</td>
</tr>
<tr>
<td>6 13.6%</td>
<td>23 52.2%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Caucasian</td>
</tr>
<tr>
<td>100 82.6%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>Caribbean/African</td>
</tr>
<tr>
<td>54 91.5%</td>
<td>5 8.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-topic: Personal Roles are Related to Life Satisfaction</th>
<th>Sub-topic: Use Transportation Alternatives to Avoid Role Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>11 8.6%</td>
<td>0 0%</td>
</tr>
<tr>
<td>South Asian</td>
<td>South Asian</td>
</tr>
<tr>
<td>8 18.1%</td>
<td>0 0%</td>
</tr>
</tbody>
</table>
As is noted in the introduction of this topic, the majority of seniors perceive that the cessation of driving would result in role loss. While 71.7% of seniors express such views, a clear ethnic difference emerges. As is noted in Table 7.1, almost all Caucasian (94.2%) and Caribbean/African (91.5%) seniors, and just under half of all Asian (49.6%) and South Asian (47.7%) seniors, perceive that to “no longer drive is probably going to change my personal role in my life.” As will be explored below, ethnic differences further arise regarding the various reasons provided by these seniors as to why they share that driving cessation directly correlates to role loss. For Caucasian and Caribbean/African seniors, driving cessation leads to ‘Loss of Personal Identity.’ For all seniors, albeit to differing degrees, driving cessation and role loss “go hand in hand” as ‘Personal Roles are Related to Life Satisfaction.’ Furthermore, in reflecting on this topic, Caribbean/African, South Asian and Asian seniors express that “to no longer have my keys is gonna cost me my ‘role’” as ‘Roles Will Be Assumed by Others.’ Lastly, for Asian and South Asian seniors, to cease driving is “the same thing as role loss” as driving cessation results in ‘Redefined Roles’ and ‘Role Reversal.’

For many older adult participants, role loss, a “side effect of not driving,” is perceived as negatively impacting one’s personal identity. To these seniors, the cessation of driving “leads to
losing your personal identity because you can’t complete your life roles.” As is noted in Table 7.1, sub-topic ‘Loss of Personal Identity,’ such perceptions are shared by the majority of Caribbean/African and Caucasian seniors, and a smaller number of South Asian seniors. For 91.5% of Caribbean/African, 82.6% of Caucasian and 13.6% of South Asian seniors, to cease driving is “to lose my role in this family and society, and my personal identity all together.” For these seniors, one’s role within the family and wider community, and thus one’s self-identity, is dependent upon the ability to drive. According to these seniors, the ability to drive is needed as it allows them to fulfill defining familial and societal roles and to “ensure that I am able to continue doing things that allow me to keep my self-identity from being changed.” Driving cessation thus serves to “seriously compromise” and/or alter one’s self-identity.

To exemplify such perceptions, one Caucasian senior – who describes his role and self-identifies as “Coach Grandpa” – notes:

If I didn’t drive, I wouldn’t be able to coach my grandson’s softball team here in Vancouver. We are always having to drive to different places, and I am always picking up kids and dropping them off at home. I like being the granddad that can do it [coach]. If I didn’t drive I would lose this part of myself. I would seriously lose this identity, this role, that I gave myself and that everyone else around me gave to me too. I wouldn’t be ‘Coach Grandpa’ anymore, and I like being this guy.

Similarly, an older Jamaican man emotionally states:

If I didn’t drive I wouldn’t be that “man.” You know the man that is able to do it all for his community. I help out with the kids next door, and I drive them places, like school. So I am the “man,” that’s what the kids call me. If I wasn’t the “man” I think I would lose myself, my [2 minute pause] my identity almost. I would see me in another way. I would probably have to start figuring out who I am all over again. I don’t want to do that at 70 years old.

A second older Grenadian senior, who walks to the window when discussing role loss, self-identity and driving cessation, shares:

This community needs help. Some of our kids, our boys I should say, they get into scraps and binds. It is sad, but our reality. I am the guy they go to, I try to make it better. We talk it out; I go pick them up when they get trouble. Yesterday, I had to pick Norm from school when he got suspended, and I drove him and we sat and talked about his actions. You know driving gives the opportunity to do this, to be the guy they come to. If I
stopped driving because I couldn’t afford it or because my health gave in, who would I be? I wouldn’t be the guy they talk to anymore, I would lose my role, my identity, and spend time questioning who I am. Most scary, who would these boys talk to? That is plain sad and scary. So heck, I will say that driving helps me keep my identity in check, it keeps it from falling apart and it keeps me helping everyone around me.

Regarding the second sub-topic ‘Personal Roles are Related to Life Satisfaction,’ a number of seniors link role loss, following cessation, to a loss in overall life satisfaction in later years. For almost all Caucasian (94.2%) and Carribean/African (91.5%) seniors, and a smaller number of South Asian (18.1%) and Asian (8.6%) seniors, it is “very much understood that to not drive is to not be able to do your traditional role, and that would make me sad.” For these seniors, familial and societal roles contribute to “a satisfying life,” whereby it is believed that being able to fulfill particular roles, such as “the Cook,” “the Caregiver Extraordinaire” and “the Man that Can Do It All,” one must be able to drive an automobile. Therefore, for these Caucasian, Caribbean/African, South Asian and Asian seniors, driving cessation evokes fears “that I would have no life satisfaction” given that “I can’t do what I know how; I can’t do my defined role in the family and community.”

In discussing this topic, one Caucasian female senior shares that within her immediate family, the oldest woman (herself) is tasked with preparing Christmas and Easter dinner, a tradition that has been passed down “through the generations.” She states:

This is something that my grandmother and her grandmother did. It is an honour and it makes me welcome being older, it makes me happy that I am old. It is something I look forward to every year. And I know it is a guaranteed job because who can be older than 84 years [laughs]. If I didn’t drive, I couldn’t pick-up all the ingredients and I wouldn’t be able to make Christmas and Easter dinner. I would be devastated. Just beside myself with grief. This tradition is something sacred and a positive and welcoming entrance into the next chapter of my life – being old.

In a similar tone, an older St. Lucian man notes that driving allows him and his wife to attend important cultural events, where, due to his older age, he presides over important aspects of the event. This man states:

Every year someone in our community gets to play a special role in the Christmas and Easter and Lent Masses. And I have been doing them for the last 5 years because I am older and this role is only for older important people in the community. My job doing
I love it and look forward to it; it is, like you said, a part of my life happiness in my old age. And my wife loves it too, because she is involved. And, sweetheart, if I couldn’t drive anymore or if I just had to stop for something, well then I would lose this, wouldn’t I? Because I can’t get to the church to do my thing without driving. And if this happened, well, I would feel like a big part of my happiness is gone or being sucked out of me. I would hate for that to happen, all because I can’t drive. Driving makes sure I can keep presiding over the Masses and that makes me happy, can you understand that? It keeps me giving back to the church and making sure I pay my dues to the Big Man upstairs. If I lost all this role or the ability to do this because of something like not driving my life would be sad.

A number of participants, when reflecting on role loss following cessation, express “grave concern” that should they no longer drive their familial and societal role will be assumed taken over by others. As is noted in sub-topic ‘Roles Will Be Assumed by Others,’ such perceptions are shared by 84.7% of Caribbean/African, 40.9% of South Asian and 35.4% of Asian seniors, but not readily discussed by Caucasian seniors. According to these Caribbean/African, South Asian and Asian seniors, it is believed that should they cease driving they would lose their ability to fulfill “roles that specifically belong to me.” As a result, their familial and societal roles will be “taken over by other people,” such as by “older people that can probably drive.” As one Korean man, who is the proud owner his “little shop,” states:

If I didn’t drive I wouldn’t be able to run my little shop here. I like being the shop owner. People stop by and say hi, I know everyone around. If I couldn’t drive all of sudden how could I run my place? I couldn’t, that is the harsh truth, because I couldn’t be able to stock it with products. You need a car to go to the wholesalers, they don’t deliver. This means that someone else would have to run my place, someone else would take over my shop and everything do in this little store – my store. That is such a sad thought; I just can’t let that happen.

Furthermore, in discussing this sub-topic ‘Roles Will Be Assumed by Others,’ each of these Caribbean/African, South Asian and Asian seniors share that role loss, post-cessation, is “similar to taking a backseat in life,” whereby participants perceive that they would be reduced to observing others completing the roles they had found important and self-fulfilling. An older
Jamaican woman who resides in Toronto and describes herself as the “head lady of the Jesus Saves Church,” states:

I run that whole church. I do, I do. I make sure Reverend Austin is on time and eats. I book all the weddings and all the ceremonies you can imagine. I do it all, my dear. I really do. And, truth be told, I need to drive. How else will the Reverend eat? I need to pick-up his breakfast, lunch, and dinner. And I need to pick-up flowers for weddings, and drop of payments at the bank. You name it; I need the car to do it. I am the Church Lady and I make everything run smoothly. And if it wasn’t me, it would be someone else. I would be so sad to see someone else doing what I do, I really, really would be sad. I mean it’s my place, my role, and to have someone else do it scares me and makes me so sad in here [points to heart].

In discussing the topic of ‘Role Loss’ and driving cessation, a number of seniors openly share that the cessation of driving results in having your ‘Role Redefined.’ As is noted in sub-topic ‘Role Redefined,’ such perceptions are shared only by South Asian (45.4%) and Asian (43.3%) seniors, and no others These seniors perceive that should they cease driving, others (i.e. family member and/or friends) may assume that they will be unable to fulfill their roles and, as such, reassign these seniors to differing roles that do not require one to drive. These “new roles,” according to these South Asian and Asian seniors, would be imposed upon them against their will, and are seen as “lesser” and “demeaning.” One Indian senior, who is also the proud grandmother of 11 “beautiful” grandchildren, exemplifies such perceptions by noting:

If I stop driving I would go from being seen by my grandchildren as the “active grandmother” who attends soccer games and baseball matches and, oh my little granddaughter just started ballet, so I guess all ballet recitals. And in attending all these games I play a special part. I am the one that gets all the gear and ballet outfits together, I make all the snacks for the teams, oh, and I am in charge of taking the pictures. That is what my daughter tells me. She says, “Mom you are the best with the camera and it’s your job to make sure that all the pictures are done.” And that makes sense because I have the most experience in taking photos because I raised 6 of my own kids and that means I have tons and tons of experience in taking the best pictures. Anyways, I am rambling [laughs]. The point is, if I stopped driving I wouldn’t be this grandma to my kids and their kids and you know what will happen? They will all just say, “Hey mom can’t drive anymore so let’s give her something to do that doesn’t need
driving.” And my only role, that is going to be told to me, is something like knit blankets or something boring like that. So my kids would see me as the active grandma one day and then the next the boring grandma and treat me like one.

A second perception shared only by South Asian and Asian seniors is noted in sub-topic ‘Role Reversal.’ As is noted in Table 7.1, 43.3% of Asian and 36.3% of South Asian seniors, perceive that they “would lose my role as the adult” if they stopped driving, and that their children would then assume the role of the parent. According to these Asian and South Asian seniors, this role reversal would occur as their children would “take over the driving role,” providing transportation to older parents, while having to rely on their adult children to “shuffle them from place to place” would make these seniors feel childlike. One Indian man, who believes that the “role of the parent is to drive their young kids around,” states:

If I gave it up [driving] or if my doctor stole my license away, my kids would have to drive me everywhere. I am not using the bus, I have no clue how. And then after all these years, I would become the child and they would become the adult because they would be taking me places like a child. I remember when my daughter Chloe needed a ride when she was younger and she would wait for me to drive. Of course she would wait because she was the kid and I was the parent and that is how it is. She can’t drive herself and she had to depend on me to drive her. That is the child-parent relationship. Chloe is the child that needs to be taken everywhere in the car because she can’t do it herself and I drive her because I am the parent and the adult that can drive. If I didn’t drive I would be the Chloe in the relationship. It is just wrong to live like that and to be a child in my ripe old age.

A Chinese senior, who humorously remembers being the “family chauffer,” similarly states;

If by some weird event I stopped driving, which I don’t think will happen, my kids would have to drive me. But you see, that would bother me and make me so uncomfortable. Really, really, really uncomfortable because I am the adult here not them. I mean we would change family lives, they would be the mom and dad driving around their kids that can’t take themselves anywhere. Like I said it would be uncomfortable for all of us.

Less than 30% of seniors identify with the topic ‘Role Loss.’ As can be viewed in Table 7.1, the majority of South Asian and Asian seniors, and to a smaller degree Caribbean/African and Caucasian seniors, shares such thoughts. According to 52.2% of South Asian, 50.3% of Asian,
8.4% of Caribbean/African and 5.7% of Caucasian seniors, “giving up my precious keys would not exactly result in role loss in anyway, which I am happy to say.” As will be explored below, ethnic differences in perceptions emerge regarding why these seniors believe that the cessation of driving does not result in the loss of one’s role. In discussing this topic in this manner, Asian, South Asian and Caribbean/African seniors express that “role loss and driving cessation are not connected” as ‘Role Loss is Culturally Inappropriate.’ Caucasian seniors, when reflecting on why driving cessation does not correlate to role loss share that they will ‘Use Transportation Alternatives to Avoid Role Loss.’

As is noted in sub-topic ‘Role Loss is Culturally Inappropriate,’ a number of seniors do not readily perceive driving cessation to result in “any kind of role loss” as “it is not something that happens in my culture.” Just over half of all South Asian (52.2%) and Asian (50.3%) seniors, and just under 10% of Caribbean/African seniors, share that one’s culture will not allow for older adults to “lose their role no matter if they can drive or not drive” as removing and/or redefining a senior’s role is culturally inappropriate. As such, these seniors do not believe driving cessation “has a relationship with role loss, because it won’t happen to me because I am old and in a culture where old people’s role aren’t compromised.”

As one Bangladeshi man, who perceives himself as the “head boss of the Rajivi household and this community,” notes:

> It doesn’t matter if I can’t drive or don’t drive or don’t want to drive. I am still the Father of the house and that gives me a place in this family and a place that gets respect from his kids and everyone else. My role is my role as the Father and to say otherwise is to go against what is normal in the Indian culture.

Numerous older Asians also relay such sentiments. One older Chinese man, who is the “wise elder of his family,” openly shares:

> I am the head of this family, I made sure everyone had when they were younger. So maybe tomorrow I don’t want to drive, and that doesn’t matter. Not one bit, it doesn’t matter. Because I am still the head of this family. My kids would drive me, but they would treat me as the head of this family. No questions asked. So I am not worried about losing my role in this family. That doesn’t happen in my community.

In addition, when discussing the sub-topic ‘Role Loss is Culturally Inappropriate,’ each of these South Asian, Asian and Caribbean/African seniors also perceive that, should their adult children undertake parental roles and/or duties to ensure the transportation needs and well-
being of their parents, they would continue to respect the cultural roles assumed by their older parents. As one Chinese man, who is the “chief of the family,” explains:

> I have three loving daughters. All daddy’s girls, all three of them. I know they would help or try to help anyways. I could see Clare running around taking me to the doctors and Olivia taking me shopping. Of course, this would only happen if I couldn’t drive. But anyways, even if they were helping me out they would all know that I am their dad and they would treat me like their dad – with respect.

During the one-on-one interviews, a small number of seniors state that to “no longer drive won’t hurt my role in this community as I can and will use other ways of getting around to make sure that I can fulfill my duties.” As is noted in sub-topic ‘Use Other Transportation Alternatives to Avoid Role Loss,’ 5% of Caucasian seniors, and only this group, share that they would “gladly use of the kind of transportation” to ensure that they do not lose their familial and societal role. For these older Caucasian seniors, it is perceived that one can easily find alternative means of transport to ensuring role loss does not occur. However, when asked the types of alternative forms of transportation that could be used, each senior replies, “I would only use a taxicab, naturally.” To highlight these perceptions, an older Caucasian woman, who is tasked with organizing and arranging bridge matches at the local community centre, notes that should she cease driving she would simply use a different travel mode:

> I am the bridge woman, that’s what they call me. So I have to attend every bridge meeting. And I usually drive here [to the community centre] every time we have a match. If I suddenly stopped driving or whatever for whatever reason I would get in a taxi. I love this position and I am not willing to give it up. I would just find a way to make it work.

7.1.2 Ability to Drive in Older Age: Form of Age-Related Status

As is well documented within this work, the ability to drive is an important for all seniors within this study. For just under half of all seniors, the ability to operate the private automobile is an “extremely important thing,” as it provides a sense of social status. For just over half of all seniors, however, the ability to operate a private automobile is not at all associated with social status in later years. Throughout this topic, ethnic differences in perceptions arise regarding the manner in which participants identify with this topic and the various reasons as to why they do or do not perceive the ability to drive in older age as related to social status.
Table 7.2: Prevalence of Seniors Indicating ‘Ability to Drive in Older Age: Form of Age-Related Status ’

<table>
<thead>
<tr>
<th>Ability to Drive in Older Age: Form of Age-Related Status (n=351, 100%)</th>
<th>Positive Association (n=175, 49.8%)</th>
<th>Negative Association (n=176, 50.1%)</th>
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</thead>
<tbody>
<tr>
<td>Asian</td>
<td>6</td>
<td>4.7%</td>
</tr>
<tr>
<td>South Asian</td>
<td>4</td>
<td>9%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>110</td>
<td>90.9%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>55</td>
<td>93.2%</td>
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Sub-topic: Driving in Older Age as a Status

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<th>Sub-topic: Ability to Drive Not A Part of My Status</th>
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<td>Asian</td>
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<tr>
<td>South Asian</td>
</tr>
<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>Caribbean/African</td>
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As is noted in Table 7.2, just under half of all seniors see driving in older age as granting a particular social status. This social status stems from the fact that these seniors compare their ability to drive in older age to those seniors are unable to do so. For the overwhelming majority of Caucasian (90.9%) and Caribbean/African (93.2%) seniors, and a smaller number of South Asian (9%) and Asian (4.7%) seniors, the ability to drive in older age “sets me apart from old people who can’t drive and, yes, makes me have a kinda status over them.” In discussing this topic in this manner, the majority of Caucasian and Caribbean/African, and to a lesser degree South Asian and Asian seniors, see ‘Driving in Older Age as a Status.’

The Caucasian (90.0%), Caribbean/African (93.2%), South Asian (9%) and Asian (4.7%) seniors who identify with the sub-topic ‘Driving in Older Age as a Status,’ perceive that the ability to drive in older age provides them with a sense of age-related status as it “clearly separates older drivers who can still drive” from older adults – “those seniors” – who can no longer drive. Furthermore, these Caucasian, Caribbean/African, South Asian and Asian seniors perceive that the status that driving in older age conjures provides them certain “privileges,” including “pride that comes from the ability to drive in one’s ripened age,” and the “right to look down on other old people who can’t well drive in their old years.” As such, each senior expresses that to lose the ability to drive “strips” them of this particular status, whereby they would become “just another senior that cannot drive.” To exemplify perceptions around age-related status, driving and driving cessation, one Trinidadian male participant, who “really believes that my social status from driving is alive and well,” states:
Oh yeah, to drive when you are old is a social status. It makes you different from the typical old man Joe Schmo who can’t drive when they are old. And at this age you want to stand out in any way you can and being able to drive allows this, it really and most certainly does without a doubt.

An older Caucasian male, who “loves showing off the fact that he can drive at 90 years,” proudly shares:

*Driving at my age makes me feel different from all the other guys and gals my age. It does you know. It makes me feel like I have something they don’t have and can’t do and I love that feeling that I am not one of them that has to give up driving. If you stop driving you seriously lose this distinction and I would say title of the “older driver.”*

The small number of Asian and South Asian seniors who identify with the sub-topic ‘Driving in Older Age as a Status’ echo similar expressions as their Caucasian and Caribbean/African peers. In describing how “big of a man driving makes me feel” an Indian male shares:

*Driving at my age is amazing. I am 77 years old, well 77 years old and one day [laughs]. And I am still driving. And it makes me feel so special and separate from seniors who can’t drive. That makes me happy because I can drive and I don’t have to stop. It makes me a unique senior because most my friends, like Nuno and Francisco, can’t drive anymore and I still can. If I were to stop driving right at this drop-dead second I would feel just like my friends, just another older guy that can’t drive because he is older.*

For just over half – 50.1% – of all seniors, the cessation of driving would not “diminish” a non-existent age-related status regarding the ability to drive in older age. As is noted in Table 7.2, such perceptions are shared primarily by Asian (95.2%) and South Asian (90.9%) seniors, and a small number of Caucasian (9%) and Caribbean/African (6.7%) seniors. In discussing this topic, these seniors note that that the ‘Ability to Drive is Not A Part of My Status.’

For the majority of these seniors, to cease driving “would not affect my ideas around status,” as they no status to driving in older age, and no “dividing line between old people who can drive and old people who can’t drive.” A Chinese senior, who laughs at the question about status, driving cessation and the ability to drive in older age, states: “I don’t see a social status. I really don’t because it is not unusual for old people to drive. Most do anyways. I don’t know one older friend that doesn’t drive.” A Bangladeshi man, who enjoys driving “but can’t see how it sets us apart from old people that don’t drive,” shares: “All seniors drive and that doesn’t make any
us special. It doesn’t make any of us special even over those who can’t drive because at one time they did drive.”

7.1.3 Personal Poverty Related to Driving Cessation

During the interview process, seniors are asked to reflect upon whether or not they associate the process of driving cessation with personal poverty. For the majority of seniors, the cessation of driving is “directly related to how I think about personal poverty.” Seniors who do associate driving cessation and poverty find it “very, very hard to talk about this,” often pausing mid-sentence, asking to take “a quick, short break” and pacing the room while discussing their thoughts. For a number of others seniors, however, the connection between the cessation of driving and poverty are non-existent. Throughout this topic, ethnic differences in perceptions emerge regarding whether or not participants connect the cessation of driving to personal poverty and the various reasons behind this.

Table 7.3: Prevalence of Seniors Indicating ‘Personal Poverty Related to Driving Cessation’

<table>
<thead>
<tr>
<th>Positive Association (n=232, 66%)</th>
<th>Negative Association (n=119, 33.9%)</th>
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<tbody>
<tr>
<td>Asian</td>
<td>65</td>
</tr>
<tr>
<td>South Asian</td>
<td>24</td>
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<tr>
<td>Caucasian</td>
<td>88</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>55</td>
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Table 7.4: Sub-topics Related to Personal Poverty Related to Driving Cessation

<table>
<thead>
<tr>
<th>Sub-topic: Returning to a Time of Poverty</th>
<th>Sub-topic: Poverty is Not Related to Driving Cessation</th>
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<tbody>
<tr>
<td>Asian</td>
<td>10</td>
</tr>
<tr>
<td>South Asian</td>
<td>6</td>
</tr>
<tr>
<td>Caucasian</td>
<td>72</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>49</td>
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</tbody>
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Table 7.5: Sub-topics Related to Impoverished Immigrant

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<th>Sub-topic: Impoverished Immigrant</th>
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<td>Asian</td>
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<tr>
<td>South Asian</td>
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<tr>
<td>Caucasian</td>
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<td>Caribbean/African</td>
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Table 7.6: Sub-topics Related to Old and in Poverty

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<th>Sub-topic: Old and in Poverty</th>
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<tr>
<td>Asian</td>
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<td>South Asian</td>
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<td>Caucasian</td>
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<td>Caribbean/African</td>
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As is noted in Table 7.3, 66% of all seniors perceive that the cessation of driving is related to personal poverty, whereby to no longer drive would “remind me of a time when I was poor” and/or “make me feel poor in my old age because people assume seniors are old and can’t afford to drive.” While the majority of seniors, irrespective of cultural background, share such perceptions, a clear difference in ethnicity is present. Over 93% of Caribbean/African, 72.7% of Caucasian and just over 50% of South Asian and Asian seniors, perceive that to cease driving “is to make me think of poverty and being poor.” As will be further explored below, ethnic differences in perceptions further arise regarding the various reasons provided for linking the cessation of driving to personal poverty. For a number of Caribbean/African, Caucasian, Asian and South Asian seniors, albeit to differing degrees, personal poverty and driving cessation are “closely connected” as giving up their license reminds these seniors of ‘Returning to a Time of Poverty.’ Further, in reflecting on this topic, a majority of Caribbean/African, Asian and South Asian seniors believe that to cease driving would remind them of being an ‘Impoverished Immigrant.’ The last sub-topic to be discussed below is that of ‘Old and in Poverty,’ whereby to cease driving signals one is not only old, but entering into old age as “a poor man.”

During the one-on-one interviews, a number of seniors openly express that to cease driving in older age would call to mind memories of a time when these seniors could not afford to own a private automobile and lived in poverty. As is noted in Table 7.3, sub-topic ‘Returning to a Time of Poverty,’ such perceptions differ according to ethnicity, whereby 83% of Caribbean/African, 59.5% of Caucasian, 13.6% of South Asian and 7.8% of Asian seniors express such sentiments. These seniors believe that the cessation of driving would “remind me, better, return me to thinking and feeling like I am poor again,” as the cessation of driving symbolizes life without an automobile, which is similar to a time “when I couldn’t afford a car and because of that couldn’t drive at all.” Purchasing and driving one’s “very own car” signaled to these seniors that they had “moved on out of poverty” and had “joined the ranks of the middle-class people.” To exemplify such perceptions, one Jamaican male, who remembers his “car as my first significant purchase,” proudly shares:

My car, that was it. When I bought my car I was like, “You aren’t poor anymore Jayden, you made it. You made it.” It felt so good. It felt I was breaking free of my poverty chains and was like a whole new person. I think if I didn’t drive I would feel like someone forced me to put my poverty chains back on. I dunno, I am telling you if I stopped driving
it would take me back to a bad place, a place where I couldn’t afford a darn thing and I couldn’t drive because I couldn’t buy me a car. It would feel like that [referring to driving cessation]. It really would, it would be like going back in time and reliving the days when I couldn’t drive because I didn’t have the money to buy a car. Those were some of the worst years of my life, and I would make sure I never have to think about them and I never want to visit them again. So I will keep driving, whatever it takes. Poverty is [a] scary thing and I never want to go back and think about it all because I can’t drive anymore.

Importantly, given that driving cessation would conjure up memories “of a time when I was so poor I couldn’t even afford something simple as a car,” these seniors openly share that “to not drive is something that should be avoided” in order to ensure that such “painful and hurtful memories” are forgotten and/or “at least filed away in the back on my mind.” In discussing the sub-topic ‘Returning to a Time of Poverty,’ a Caucasian senior who runs a “successful business all on my own,” reflects:

I was poor, oh yes, I was. I remember it like yesterday, I could barely afford baby formula for my daughter. I couldn’t even think of driving, I couldn’t, not when I needed to put food on the table. I hated life back then and so did my wife. It was a horrible time and times I would rather not have to remember. And to stop driving, or whatever you call it, driving cessation, would make me think about when I couldn’t drive. I would think about it because back then I was forced not to drive because I couldn’t afford it and now I wouldn’t be able to drive because I had to stop for some reason or another and that is the same thing as being forced not to drive. Does that make sense? Look, all I am saying, or trying to tell you is that if I stopped driving I would just think about the other time I couldn’t drive in my life and that was when I couldn’t afford to drive, that was when I was living in poverty and was beyond poor. And look, I moved on from those years and, yes, they are a part of my history and a part of my life but I just don’t want to remember them. I would avoid not driving just to make sure I didn’t have to go back there to those memories. I would maybe still drive, but make shorter trips or drive only when I needed to, just as long as you don’t force me back into remembering that I was a poor man.

Regarding the second sub-topic ‘Impoverished Immigrant,’ a number of seniors share that to cease driving also serve to remind them of the difficult times as a new and “poor” immigrant. As is noted in Table 7.3, such perceptions are shared only by Caribbean/African
(72.8%), Asian (51.8%) and South Asian (50%) seniors. For these non-Caucasian seniors, it is perceived that driving cessation would remind them of the many hardships and struggles of being a new immigrant, which included the inability to purchase and drive an automobile. According to these Caribbean/African, Asian and South Asian seniors, to cease driving and, thus, “remember being a new immigrant and a new immigrant who can’t afford even a freakin’ car,” is to raise “devastating” memories of “unfortunate and tough times.”

To further highlight such perceptions, one Chinese senior, who believes it is best to leave the past in the past, shares:

For me when I think about not driving and poverty, I think of when I was an immigrant and had nothing. I couldn’t afford a car and we, my family, needed one so badly. I was taking the bus to work and then walking most of the way. And we need the car to help with the kids and the groceries and, and, well you know, everything the car allows you to do. So when I think of not driving or ever having to give up my automobile I think of when I had nothing when we first came from China. I don’t want to go back to those feelings. I really, really don’t think I could handle it at this age.

In a similar tone, a St. Lucian participant, whose greatest fear is losing his car, shares:

When I came from the island to Toronto I had nothing. I was 18 years old, a wee young youth and I had not a single thing to my name. Not a penny. I got May pregnant soon after I got here to Toronto and so now I have a family with very little. I remember as a new immigrant I couldn’t afford a car and, boy oh boy, did we need one. May was also sick, so we had to wrap her up and take her to the clinic, and we had to walk. If I could’ve afforded a car I could’ve made sure we drove her. But no car, so no ride. So I just want to say that if I couldn’t have my car or I couldn’t drive, those are the same things, by the way, well then I might as well be that young boy again who got off that boat and couldn’t afford a thing on this earth. And I am not going back there to those memories. They are [2 minute pause] too hard to have to face and remember and think of so I won’t and I don’t want to be reminded of them every time I can’t drive my car, if that ever happens.

In relation to the sub-topic ‘Old and in Poverty’ a number of seniors share that perceptions around driving cessation and personal poverty stem from the fact that should they cease driving they would be viewed by others, such as family and/or friends, as not only “an old man that can’t drive anymore,” but further as a senior that can no longer afford to operate the
personal automobile. For almost all Caribbean/African (93.2%) seniors, just over 60% of Caucasian seniors and just under 5% of South Asian and Asian seniors, it is stated that to cease driving is to signal to “everyone around me” that one is “now officially old” and, furthermore, entering into older age without sufficient finances that would enable one to continue driving. In short, these seniors are “afraid” that should they no longer drive others “would think that the only reason why I stopped driving was because I was a poor senior citizen.”

A Caucasian female participant, who is afraid of losing her automobile “because I can’t pay for it,” bravely shares:

If I stopped driving tomorrow I would be seen by everyone as being an old geezer, which is bad enough. But to stop driving as an old woman, well that would make people think I am just poor and can’t afford to drive anymore. I do not, please emphasize the words do not, want people to think I am poor in my old age. That is just not true at all, not at all.

So like I said I think not driving would make people think this about me.

An Indian man, who “think that not driving is being poor,” shares:

If I stopped driving, just stopped, well I think my kids would think I was broke and couldn’t pay for my car anymore. They would think I was poor, they would think I was a poor old man because why else would you stop driving? I think the only reason why seniors stop driving is because they can’t afford their car, like insurance and gas, anymore. I mean they are poor; those seniors are poor if they can’t drive anymore when they get old. That is not me, I am not a poor old man who can’t afford his car, and I don’t want people to think that.

Notably, all Caribbean/African (100%) seniors who identify with the sub-topic ‘Old and in Poverty,’ further perceive that should they cease driving they would not only be viewed by others as a “poor senior who stopped driving because they can’t afford it,” but as a “poor old black senior who stopped driving because they can’t afford it.” According to these seniors, one’s Caribbean or African ethnicity “adds an additional layer as to why people think I stopped driving as an older black male.” In fact, it is the ethnic identity that is perceived to be the leading and/or a contributing factor as to why these seniors have ceased driving. To exemplify such perceptions, one Jamaican male, who fears “losing his car because I can’t make all the payments,” states:

Well if I stopped driving, I know what people would think. I know exactly what my neighbours would think and what the whole City of Toronto would think. They would
say that I am a poor senior who can’t afford to drive as an old man. And then they would go on and say well the reason why he can’t afford his car now that he is so old is because he is black and because well black people are poor.

As is noted in Table 7.3, just over 33% of seniors perceive that to cease driving “would in no way remind me of poverty or a time of poverty.” For 48.8% of Asian, 45.4% of South Asian, 27.2% of Caucasian and 6.7% of Caribbean/African seniors, ‘Poverty is Not Related to Driving Cessation.’ In reflecting on this sub-topic, each of these seniors provides simple answers, such as “no, the 2 aren’t related” or “no, not driving is not in any way, shape or form going to remind me of a time of poverty.” However, when asked to further explain and/or elaborate on their response, these seniors were hesitant to answer and provided no additional reasons as to why they perceived there to be no relationship between driving cessation and poverty in old age.

7.1.4 Driving as a Form of Socialization

For all seniors participating within this study, driving is perceived as a form of socialization, providing these seniors with the opportunity to be social with family members and close friends. In discussing this topic, all seniors, regardless of ethnic background, share that “yes, for me driving is a type of socialization because you are socially interacting with who you are driving with.” Seniors happily and excitedly discuss the social opportunity that driving provides and the many benefits derived from such social interactions. As such, not one participant shares that driving does not offer a forum in which to be social. While all seniors share that driving is a form of socialization, ethnic differences in perceptions emerge regarding the various reasons as to why these seniors perceive driving to be “the perfect place to socialize about different and important things with loved with.”

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Sub-topic: Discussions with Spouse

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**Sub-topic: Discussion with Family and Friends**

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**Sub-topic: Bond with Grandchildren**

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**Sub-topic: Discussions around Age-Related Issues**

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**Sub-topic: Discussions around Driving Cessation**

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As is noted in Table 7.4, all seniors, irrespective of ethnicity, perceive that driving provides a forum in which to socialize with friends and family, allowing them to “communicate,” “connect” and “just be social.” Still, ethnic differences in perceptions emerge, in particular regarding some of the various sub-topics. In discussing this topic, Asian and Caucasian seniors perceive that driving is a form of socialization, as it allows for important ‘Discussions with Spouse’ to unfold. For all Asian, South Asian, Caucasian and Caribbean/African seniors, perceptions around driving as a form of socialization are grounded in the fact that “when you drive you are able to engage” in ‘Discussions with Family and Friends.’ Further, Caucasian seniors believe driving to “offer the perfect time to socialize,” as it allows one to ‘Bond with Grandchildren.’ For South Asian, Asian and Caribbean/African seniors, driving is perceived as a form of socialization as it allows them to engage in ‘Discussions around Age-Related Issues.’ The
last sub-topic to be addressed within this topic is ‘Discussions around Driving Cessation,’ whereby South Asian seniors perceive that driving provides the perfect “time to talk about not driving.”

For a number of seniors, it is perceived that the automobile provides a forum to socialize with their spouse. As is noted in Table 7.4, sub-topic ‘Discussions with Spouse,’ a great number of Asian (78.7%) seniors, and a small number of Caucasian (16.9%) seniors perceive that “only driving allows me to talk to my wife.” For these Asian and Caucasian seniors, it is believed that driving provides them “with the right social opportunity” to discuss important and confidential matters in an open way. According to these seniors, these “essential conversations” generally occur in the privacy of one’s automobile, where feelings, thoughts and emotions can be easily shared between husband and wife. Topics addressed during these conversations often revolve around financial issues in older age, running one’s family business and the general well-being of the immediate family.

In light of the above, one Chinese woman, who “always takes drives with my husband,” states:

Sometimes my husband and I take long, long, drives because he feels more comfortable talking like that. You know, when he doesn’t have to face me because he is driving or I am driving so we can’t exactly look at each other, right? So back to what I was thinking, it gives us time to talk about how we are going to afford retirement and our grandson’s education. We are deciding on where to put our money.

A Jamaican man, who “know the importance that driving can have from a social perspective,” similarly states:

You know when Connie and I have to make the tough decisions we did it [in] the car while driving. I know this sounds crazy but it the perfect setting. So quiet and just us, no kids around. And for some reason things come out so much better, so much more honest with each other. Right now, you know, [pause] we are deciding what do with our granddaughter. She isn’t well at all, she has cancer and the [pause] hospital, well you know, they think she won’t be okay. So [pause] the car just allows us to talk about whether we are going to get her more chemo. I dunno, but we talk about only in the car.

These Asian and Caucasian seniors further perceive that without access to a car, “a different kinda conversation would happen, one that wouldn’t be the same because there
wouldn’t be the same openness that you get when talking in the car.” As such, these seniors believe that should they cease driving and lose this social forum, “important conversations” may fall to wayside, be discussed “at later times” and/or not be had at all. As one Chinese man, who “only talk[s] to Suzanna about my health in the car,” shares:

If I stopped driving, well if I think about it, I will have to say that my and my wife wouldn’t … talk about certain things. Certain conversations that we should talk about would probably not happen or happen at a later time or a time when it is too late. I dunno, a big part of not want[ing] to ever stop driving is so I can keep having these conversations. When Suzanna and me go driving, and I mean we take long drives, we usually just spend the entire time talking about my health. The doctors think I might have cancer around my stomach, maybe, just maybe. I hope they are wrong. Anyways, I can only tell her how I feel in the car [3 minute pause]. I am scared to lose that, where else can I tell her how I feel without having to look at her. I need to tell her when I am driving.

Regarding sub-topic ‘Discussion with Family and Friends,’ all seniors, regardless of ethnic background, perceive that “driving gives you a social avenue” in which ‘Discussions with Family and Friends’ may take place. For these seniors, driving allows them to “maintain ties with my friends and family” and “remain social with them in older years.” According to all seniors, the social outlet provided by driving is “critical” in older years as it maintains one’s overall well-being. As each of these Asian, South Asian, Caucasian and Caribbean/African seniors notes, the type of conversation which takes place while driving “is so important, as I am able to socialize with a good friend or cousin.”

To illustrate, one Caucasian man, who is “getting on in years and knows socializing keeps me young at heart,” states:

When you get older and you know, age or getting old, you want company and you want to talk to people, especially your friends and family. Look, you don’t have “forever” anymore when you age, so you try to connect with your friends and family. Silly as this is, the car allows it. You are forced to speak to one another and connect with this person, and that is great and keeps me so happy.

A Chinese man, who loves taking long drives with his wife, shares:

Driving and being in the car with Catherine allows us to talk and talk and talk. We catch up, we laugh, we cry, we hold hands. We love driving just so we can talk. We just catch
up on our day when we drive home for work. This talking we do when we are driving keeps us connected and we need that as we get older.

In relation to driving cessation, all seniors who identify with the sub-topic ‘Discussion with Family and Friends’ further share that to “not drive takes away this social part of getting old,” and “you need to keep your social health the older you get.” To exemplify, one Indian woman, who “seriously believe[s] that being active and social with your friends will make sure you live until 100 years old,” captures the above in stating:

Oh no, not driving is something that would destroy my social life in my old age. I need to be social. In fact, I think I read somewhere in the newspaper the other day that seniors who are social live longer and are super healthier than those oldies who don’t socialize. It is true, I will find you the article sometime and send it to you. Okay, so if I didn’t drive I think I would lose this social time with my friends and I think that will probably make me depressed. And I don’t want to be depressed at 70 years old, that would probably kill me. Driving, when I drive with my girlfriends, we are chatterboxes and if I stopped driving then I would lose this social connection. That is the only reason I shudder at the thought of driving cessation.

As is noted in Table 7.4, sub-topic ‘Bonding with Grandchildren,’ only Caucasian seniors perceive that driving provides “the absolute perfect social time to bond with my grandchild.” For 9% of Caucasian seniors, driving provides them the perfect opportunity to “connect,” “re-connect” and “get to know” their grandchildren. According to these Caucasian seniors, bonding with their grandchildren takes various forms, including discussing issues, concerns and challenges often associated with being a teenager or young adult, and providing advice “on being young and, actually, giving advice on living in general.” Bonding, which occurs while driving, further includes sharing important life stories “that my young grandchild should hear so they know about life” and “just spending time with my grandchildren even if nothing is said between us, [her] physical presence is enough to bond over.” In reflecting on the “great time me and my granddaughter share together in the car,” one senior Caucasian woman who resides in the City of Vaughan and takes her granddaughter to swimming classes twice a week, expresses:

When we are sitting there in traffic my Catie [granddaughter] just spills. She tells me everything. She is going through a sad time right now, her dad just left. So we talk it out. This only happens when we are driving. We bond over these sad moments and it lets her know that I am there for me. This bonding also gives me the chance to give her
advice on how to cope with this time she is going through because, truth be told, the same thing happened to me growing up. So I know what my beautiful Catie is going through and I just give her advice on how to handle everything. She knows that when we get into the car, and it happens twice a week because I drive her to swim lessons, that the floor is all hers and I am all ears.

In relation to the sub-topic ‘Bonding with Grandchildren,’ these Caucasian seniors perceive that should they cease driving they would no longer be afforded “this precious time to bond and socialize with my grandbaby.” As such, these Caucasian seniors fear that “my relationship with my grandchildren would greatly change if we don’t have this time together anymore.” To further exemplify such thoughts, one Caucasian male, who takes his teenage grandson Chapman to hockey practice every Saturday morning, shares:

It is simple. If I stopped driving, then I wouldn’t have this time with Chapman. End of story. And if I don’t have this time in the car, we won’t be as close because we talk about everything on our long drives to the rink. So there you have it, our relationship would change because let me tell you as a young guy Chapman is super busy and he won’t come and see me on a regular basis, and I am not blaming him one bit. So we won’t be as close, and that is the end of this story if I didn’t drive.

For a number of seniors, driving provides a “unique” moment to discuss and share the aging and age-related issues often encountered in later years. As is noted in sub-topic ‘Discussions around Age-Related Issues,’ such perceptions are only shared by South Asian (90.9%), Asian (86.6%) and Caribbean/African (61%) seniors. For these seniors, driving is believed to be the “perfect time to socialize and talk about age-related things that only happen in old age.” According to these South Asian, Asian and Caribbean/African seniors, the automobile is the “only place where such things can be talked about” as it provides a safe forum in which older adults may discuss their concerns regarding the aging process free of judgment and criticism given the unspoken rule of “what is said in the car, stays in the car.”

To highlight this, one Chinese senior, who admits that he sometimes “hates being old,” bravely shares:

I really don’t like this getting old part. It can be so hard – emotionally and physically. I never thought so many life changes would happen as you get older. I never ever did and they can be hard, like I just said. So when I get in the car with Peter we talk about the hard things about being old. And after I feel okay, just okay. It is nice to know that
someone else is going through the exact same thing and feeling the same way. And really this only happens when driving. I would never tell anyone this about getting old at the social club. The car and the humming of the engine just brings it out of me. The most important thing is that I know what I say isn’t going to be repeated because Costa, who is the person who I have these kinds of talk with, knows not to say anything because what we both say in the car is kinda like a secret and we both know you can’t tell other people.

In similar tone, a Ghanaian senior, who only discusses what aging is like while driving, notes:

I have taken the whole age thing hard. I dunno why I am. I guess I am just scared of being old and what that means. I mean I am only 72, but getting any older scares the wits out of me. I talk about this my cousin Abbas, the whole age thing, only when we are in the car. I dunno I just feel safe and that he won’t say anything. I mean we both know what we say when on the open road stays on the open road. Funny how that is.

Importantly, an Indian man, who cried when his granddaughter called him old, shares:

Age, it is a funny thing. And funny I mean scary. Really, really, scary. I never thought I’d be old. I look at pictures and wonder who the heck is that boy? That youthful boy? Me? You could never tell? [4 minute pause]. I guess you could say I am struggling with this old thing. I dunno why, so please don’t ask. But I will say this, when I am driving with Mazzotta I just feel like I can say all this about getting old. And for some reason I feel safe. I don’t get that safe feeling anywhere else. And because I feel safe I just talk and talk and so does Mazzotta and I we both don’t judge. Driving the car just does that to me and Mazzotta, only the heavens know why this is.

As such, in discussing the sub-topic ‘Discussions around Age-Related Issues,’ these South Asian, Asian and Caribbean/African seniors perceive driving cessation as “getting rid of an important time and only time to talk about age things.” Furthermore, each of these South Asian, Asian and Caribbean/African seniors note that they would lose the “great sense of relief” that is felt following such conversations, as they are used to “discover” that other mature drivers are experiencing similar challenges, difficulties and fears around the aging process. One Indian man, who “need[s] to have these talks about what it means to get old in Indian culture,” captures the above by stating:
Plain and simple my dear, plain and simple. If I stopped driving tomorrow or even today the talks around getting old wouldn’t happen with my friend David because I know and he knows too that these talks only happen in the privacy of the car and nowhere else. So yup, if I didn’t drive I wouldn’t talk about getting old no more and I need these conversations because it makes me feel human to know that David feels the same way. I think if I didn’t have the outlet to talk about them in the car I would just keep them bottled up inside me [points to stomach].

For the majority of South Asian seniors, and only these seniors, driving allows them to discuss the topic of driving cessation. As is found in Table 7.4, sub-topic ‘Discussions around Driving Cessation,’ just over 72% of South Asian seniors perceive that “driving gives me the ability to not only be social with my friends, but even talk to them about the worst thing in the world – not driving anymore in old age.” As is noted elsewhere within this theme, the privacy provided by automobile makes it the appropriate forum in which the subject of driving cessation may be openly discussed. Of particular importance for these South Asian seniors is the fact that both the driver and passenger are facing forward while in the automobile, which is perceived as an additional layer of comfort when discussing the most “dreaded senior topic” as it “allows me to bear my soul about driving cessation” while not having to emotionally deal with the facial responses/reactions of others. As one Sri Lankan gentleman, who describes driving cessation as the “scariest thought on earth,” shares:

Only when driving does that conversation [driving cessation] happen. Only when driving, no other time. There is something sacred about driving and talking, and I guess it just feels right to talk about not driving while driving. Funny, uh? For me, it is the fact that we never have to look at each other. Like we are just strangers confessing our fears about not driving ... I mean when else are you sitting facing forward and not looking at each other. No one wants to look at each other and talk about not being able to drive, let me tell you.

These South Asian seniors who reflect in the sub-topic ‘Discussions around Driving Cessation,’ further share that should they cease driving they would lose the “opportunity and probably the only time” to discuss driving cessation with other older adults. Similar to the above sub-topic of ‘Discussions around Age-Related Issues,’ these South Asian seniors state that they would lose the perceived sense of relief following these “very, very important and soul bearing car rides.” Relief is derived in knowing that other seniors “of the same age and ethnic origins”
are facing similar challenges and decisions regarding driving cessation. To exemplify such thoughts, one Indian man, who bravely admits that he is beginning to question his driving ability ("only about night driving, though") shares:

> Me and Davis have the same fears around not driving. We always talk about this when driving, which is weird. And we only talk about this when driving. There is never another time I talk about this. Davis can relate, my kids can’t because what do they know about getting old and my wife, well forget about her, she never learned to drive, so how can she know? But Davis gets it, he really, really gets. And we just drive and talk about this [driving cessation] for hours. For hours, I am not joking ... And when I step out of the car, I feel so relieved because I know Davis, who is the same age as me, I am 72 years old, is going through the same thing. So I think, “Hey if Davis is going through this, then it must be normal.”

### 7.2 Findings and Relevant Results: Perceptions around Driving Cessation: Social Perspective

This section will examine and assess all relevant findings as noted within the theme ‘Perceptions Around Driving Cessation: Social Perspective.’ This section will note where seniors’ perceptions, as examined within this Category, confirm the data found within current literature regarding older adults’ views on the social aspects pertaining to driving cessation. Further, this section will bring to light where seniors’ perceptions around social aspects of driving cessation that have not explored before, thereby adding to our current understanding around driving cessation.

#### 7.2.1 Findings and Relevant Results: Seniors’ Perceptions around Role Loss

The first theme ‘Perceptions Around Driving Cessation: Social Perspective’ includes the topic of ‘Role Loss.’ In general, studies (see for example, Bauer et al., 2003; Carp, 1988; Davidson, 2008; Kostyniuk and Shope, 1998; Liddle, 2008) that examine seniors’ perceptions around driving cessation identify the topic of role loss, whereby older drivers perceive that should they cease driving they would lose my role (Coughlin, 2001) and where older former drivers share that since retiring from driving they have lost the role that came with driving (Harrison & Ragland, 2003). In examining role loss post-cession, such studies note that the actual and/or perceived occurrence of loss of one’s role is grounded in the fact that one has lost the personal identity derived from the physical act of driving. In assessing why giving up driving
is so difficult for seniors, Kostyniuk and Shope (2003) notes that, within the developed world, the automobile and the act of driving provides older adults with an identity, allows them to fulfill and/or continue with identities from their younger days and/or obtain new identities. These identities are often translated into set and well-defined life roles, such as the husband who acts as the primary driver within the house. Further, Kostyniuk and Shope (2003) states that one’s role reinforces and confirms one’s identity in older age, and vice versa. As such, to cease driving threatens one’s identity and, thus, threatens one’s life role.

This thesis confirms the overarching theory around role loss as put forth by Kostyniuk and Shope (2003). As is noted in the topic ‘Role Loss,’ the majority of seniors – just over 71.7% – perceive that should the cease driving they would “lose my role in this family and in this community.” Such perceptions, however, are not shared equally amongst all seniors. As is noted in Table 7.1, perceptions around role loss are shared by almost all Caucasian (94.2%) and Caribbean/African (91.5%) seniors. To a lesser degree, although not insignificant, just under half of all Asian and South Asian seniors, 49.6% and 47.7% respectively, believe that if they no longer drove, one would “lose my role completely.”

However, unlike the theory proposed by Kostyniuk and Shope (2003), this thesis reveals that participants perceive that should they cease driving they would be unable to fulfill assigned and well defined roles and, thus, be unable to sustain one’s personal identity. As is noted in the topic ‘Role Loss,’ sub-topic ‘Loss of Personal Identity,’ seniors perceive that should they cease driving one’s role would “be gone and lost.” Within this sub-topic, such perceptions are commonly shared by Caribbean/African (91.5%) and Caucasian (82.6%) seniors, and to a lesser degree South Asian (13.6%) seniors.

7.2.3 Findings and Relevant Results: Seniors’ Perceptions around Role Loss and Life Satisfaction

In general, works that examine seniors’ perceptions around driving cessation do not demonstrate the link between the perceived and/or actual role loss post-cessation and life satisfaction. Rather, the majority of previous scholarship simply notes that should older adults cease driving it is perceived that they would lose one’s sense if personal identity, including the loss of socially assigned roles, loss of privacy, loss of life fulfillment and loss of satisfaction (see for example, Coughlin, 2001; Harrison and Ragland, 2003; Burkhardt, 1999; Cutler, 1975; Mollenkopf et al., 1997). In compiling a meta-analysis of literature examining the consequences of driving reduction and/or cessation for older adults, Harrison and Ragland (2003) find that
when seniors cease driving and/or contemplate the act of driving cessation, they are at a greater risk of feeling a loss of personal equity, loss of personal freedom, the loss of socially constructed roles, and “no longer feel complete and whole.” Further, Harrison and Ragland find that current literature on the topic of driving cessation brings to light that one of the most adverse psychological consequences following cessation is decreased life satisfaction; “Older persons who drive tend to have higher levels of life stratification than those who do not” (Harrison and Ragland, 2003, p. 97).

In contrast to the above, this thesis demonstrates that for many seniors a direct link exists between role loss, a consequence of not driving and life satisfaction. As is noted in the topic ‘Role Loss,’ sub-topic ‘Personal Roles as Related to Life Satisfaction,’ seniors perceive that to cease driving would ensure that one would lose one’s role and, thereby, “lose my life satisfaction.” For these seniors, the ability to complete one’s role, which is made possible by driving, is to provide one with immense satisfaction in older years, whereby these social, familial and/or personally constructed roles allow seniors to feel complete and content. However, while this work finds that there is a direct relationship between role loss and life satisfaction, sub-topic ‘Personal Roles as Related to Life Satisfaction’ demonstrates that such perceptions are not equally shared across all ethnic groups. Rather, as is noted in Table 7.1, such perceptions are shared by almost all Caucasian (94.2%) and Caribbean/African (91.5%) seniors, and to a lesser degree South Asian (18.1%) and Asian (8.6%) of seniors.

7.2.4 Findings and Relevant Results: Seniors’ Perceptions around Role Loss and Redefined Roles

Literature examining seniors’ perceptions around driving cessation and, in particular, perceptions around role loss, do not note fears around role loss are intrinsically linked to “fear of someone else taking over my role.” In adding to the general understanding of this topic, this thesis brings to the fore that for many seniors, to cease driving and, thus, to lose one’s role may result in being “stuck on the sidelines while someone else takes my place.” Further, in examining ethnic seniors’ perceptions around driving cessation and role loss, this work clearly shows that the perceived link between the cessation of driving, role loss, and having others assume one’s role, is of great concern for non-Caucasian seniors. As is noted in Table 7.1, sub-topic ‘Roles Will be Assumed by Others,’ such perceptions are shared by the overwhelming majority of Caribbean/African (84.7%) seniors, and a great number of South Asian (40.9%) and Asian (35.4%) seniors, whereby not a single Caucasian senior expresses such sentiments.
In addition to the above, this thesis further enhances the understanding regarding role loss following driving cessation, given that a number of seniors perceive that should they cease driving their defined societal and familial role will be redefined and reconfigured by loved ones. As is noted in sub-topic ‘Redefined Roles,’ Table 7.1, seniors believe that should they cease driving family members would assign them new social and familial roles that do not involve the need to drive. Further, this work adds a second (ethnic) layer of understanding to this particular topic as such perceptions are only shared by South Asian and Asian seniors. As is noted in sub-topic ‘Redefined Roles,’ 45.4% of South Asian and 43.3% of Asian seniors state that should they cease driving family members would insist that these seniors take one differing familial and societal roles that do not include the need to drive.

To date, studies examining seniors’ perceptions around driving cessation and, in particular, studies noting role loss post-cession often document that for many seniors role loss take the form of swapping roles with one’s children, whereby children assume more parental roles and seniors assume more childlike roles. Such literature (see Carp, 1988; Pine, 2011; Lister, 1999) notes that this uncomfortable shift in family dynamics (Harrison and Ragland, 2003) is precipitated by the fact that children aid older non-driving parents with mobility needs and/or fulfill daily tasks which seniors had once accomplished prior driving cessation, such as grocery shopping and/or attending medical appointments.

To exemplify, the influential study by Carp (1988), examining the link between overall psychological and emotional wellbeing and mobility choices of older adults, demonstrates that when older adults cease driving they are unable to be social their perceived self-identity and, consequently, their roles in one’s family and the wider community. Further, the inability to drive, according to Carp (1988), hinders the ability of older adults to complete daily tasks that were once easily obtainable with the ability to safely drive. When this occurs, Carp (1988) finds that older adults tend to become increasingly dependent upon family, and in particular children, to meet one’s mobility post-cession. Seniors readily request rides from family for important needs such as attending medical appointments, but seniors are less likely to request mobility assistance to meet secondary needs, like attending a social events. In doing so, the author finds seniors to perceive that their role within the family, the role of being able to drive oneself as “any adult should do,” is replaced with a more childlike role, whereby children of former older drivers must “provide their older parents with the mobility often associated with parenting” (Carp, 1988, p. 15). As such, children become the adult within the family – driving
older parents around – and older former drivers become the immobile child being driven by their children.

Furthermore, Carp (1988) finds that these older former drivers will only accept assistance with mobility from children (and other family members) when some sort of reciprocity is possible, such as paying cash, cooking a meal, babysitting without charge or other favours.

This thesis confirms the above findings by Carp (1988). As is noted in sub-topic ‘Role Reversal,’ Table 7.1, a number of seniors perceive that should they cease driving they would “switch roles with the kids,” whereby one’s children would become the adult providing their non-driving parents with “rides, kinda like a parent does for their child who isn’t 16 years old yet.” In documenting ethnic seniors’ perceptions around driving cessation and role loss, this work further enhances our understanding around this topic as it demonstrates that this perceived familial shift is discussed only by Asian and South Asian seniors. As is seen in Table 7.1, sub-topic ‘Role Reversal,’ 43.3% of Asian and 36.3% of South Asian seniors perceive that should they cease driving one’s child would assume parental roles by providing these seniors with the mobility often associated with a parent caring for a child. Importantly, not a single senior from the Caucasian and Caribbean/African community share such perceptions.

Further, as is noted above, seniors who accept rides from family often look for ways to reciprocate the act. Interestingly, though, this thesis show that Asian and South Asian seniors who identify with the sub-topic ‘Role Reversal’ do not proceed by noting that the provided mobility assistance by family would be reciprocated in some manner. These Asian and South Asian seniors do not indicate the need to engage in and/or provide a service in return for mobility assistance should they cease driving.

7.2.5 Findings and Relevant Results: Role Loss as Non-Existent Post-Driving Cessation

Importantly, and unexplored in past literature, this thesis further demonstrates that for a smaller number of participants, role loss post-cessation “is a thought that doesn’t exist in my mind.” As is noted in Table 7.1, such perceptions are shared by just over half of all South Asian (52.2%) and Asian (50.3%) of seniors, and to a lesser degree Caribbean/African (8.4%) and Caucasian (5.7%) seniors. For those that identify with this topic in this manner, ethnic differences in perceptions are evident. As is noted in Table 7.1, non-Caucasian seniors perceive that one would “never, not ever” lose one’s defined familial and societal role as it would be
clearly marked role. 

Hence, they would cease driving, they would experience role reversal with their children. Interestingly, those that share such concerns roles may be assumed by other family members, redefined by family members and maintained by family dynamics and the understanding around driving cessation may also influence seniors’ perceptions around role loss post-cessation. This may be inferred given that a number of seniors, when discussing losing one’s role following driving cessation, share that their roles may be assumed by other family members, redefined by family members and that they may experience role reversal with their children. Interestingly, those that share such concerns are seniors from the Asian, South Asian and Caribbean/African community.

Lastly, it may be noted that the majority of South Asian and Asian seniors perceive that they would not suffer from role loss within the family or their wider community should they cease driving, as it is culturally inappropriate to strip from a senior of their well-defined and clearly marked role. However, a small number of South Asian and Asian seniors perceive that

Caucasian seniors do not identify with the sub-topic ‘Role Loss is Culturally Inappropriate’; instead, many share that role loss post-cessation is “not something I think will happen,” as they would use alternative means of transportation (excluding public transportation) to ensure mobility and therefore maintain their perceived roles.

Given the above statements regarding role loss post-cessation, a number of inferences may be drawn. First, it may be concluded that our understanding around role loss should come to incorporate the idea that role loss post-cessation impacts and influences older adults self-identity, while at the same time one’s compromised self-identity following cessation negatively impacts one’s role. This may be suggested given that a number of senior’s perceive, as is noted in sub-topic, ‘Loss of Personal Identity,’ that to cease driving would diminish and/or hinder one from fulfilling one’s role and, thereby, affect one’s self-identity. Further, it may be concluded that our understanding around role loss, as is found in literature discussing seniors’ perceptions around driving cessation, should come to include the notion that role loss is directly linked to and/or deeply intertwined with one’s overall life satisfaction. This is most evident in the sub-topic ‘Personal Roles are Related to Life Satisfaction.’

Secondly, it may be noted that participants’ understanding pertaining to role loss may be influenced by ethnicity and cultural understandings around the topic. Further, it may be suggested that family dynamics and the understanding around driving cessation may also influence seniors’ perceptions around role loss post-cessation. This may be inferred given that a number of seniors, when discussing losing one’s role following driving cessation, share that their roles may be assumed by other family members, redefined by family members and that they may experience role reversal with their children. Interestingly, those that share such concerns are seniors from the Asian, South Asian and Caribbean/African community.

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should they cease driving they would indeed lose one’s familial and/or socially defined role. This may suggest that even those seniors who share that role loss is culturally inappropriate following cessation may believe that role loss may occur, although they may be hesitant to state such feelings given the attached taboo.

7.2.6 Findings and Relevant Results: Perceptions around Driving and Age Related Status

Previous works documenting and assessing seniors’ perceptions around driving do not examine whether the role of the automobile and the act of driving provide older driving adults with a sense of age-related status. This present thesis aims to provide insight into this subject. As is noted in topic ‘Ability to Drive in Older Age: Form of Age-Related Status,’ Table 7.2, this work examines whether older drivers perceive the act of driving as providing them with a sense of age-related status, whereby the ability to drive in older years sets these seniors apart from those who are unable and/or can no longer drive. As this work demonstrates, just under half of all seniors perceive that driving provides them with a sense of age-related status “that only driving can give,” whereby many other seniors do not make the connection between driving and status in old age.

This work further demonstrates that perceptions around the topic ‘Ability to Drive in Older Age: Form of Age-Related Status’ differ according to ethnicity. As is seen in Table 7.2, almost all Caribbean/African (93.2%) and Caucasian (90.9%) seniors perceive that the ability to drive in old age distinctly sets them apart from non-driving older seniors, thereby allowing these Caribbean/African and Caucasian seniors to have a sense of social status provided by the private automobile and the act of driving. Conversely, however, almost all Asian (95.2%) and South Asian (90.9%) seniors perceive the opposite, and do not attach the ability to drive to any form of age-related social status.

Given the statements made in the topic ‘Ability to Drive in Older Age: Form of Age Related Status,’ a number of concluding remarks may be noted. First, it may be suggested that seniors’ understandings and ideas around personal social status in relation to the ability to drive in old age may be influenced by one’s ethnic background. This may be noted given that almost every Asian, South Asian, Caucasian and Caribbean/African senior holds a particular understanding around the age-related status provided by the ability to drive. Secondly, and specifically for Caucasian and Caribbean/African seniors, perceptions around the age-related
social status that is derived from driving may, in part, explain why these seniors perceive driving cessation to be a difficult life experience, as is noted elsewhere throughout this thesis.

7.2.7 Findings and Relevant Results: Perceptions around Personal Poverty Following Cessation

This work broadens our current understanding around seniors’ perceptions around driving cessation as it takes into consideration seniors’ perceptions around personal poverty in relation to driving cessation. As is seen in Table 7.3, the majority of seniors partaking within this driving cessation is linked to feelings of personal poverty and/or reminds them of a time in which they “suffered from poverty.” As is noted in topic ‘Personal Poverty Related to Driving Cessation,’ 66% of all seniors perceive that should they cease driving, they would feel and/or be reminded of their “encounters with poverty.”

This work further demonstrates that such views are expressed by seniors from varying ethnic backgrounds. As is noted in Table 7.3, almost all Caribbean/African (93.2%) seniors and the great majority of Caucasian (72.7%) seniors state that to cease driving would be “similar to being in poverty again.” To a lesser though still significant degree, just over half of all South Asian (54.4%) and Asian (51.1%) seniors share such beliefs. Further, reasons for identifying with the topic ‘Personal Poverty Related to Driving Cessation’ differ according to ethnicity. To exemplify, for the majority of Caribbean/African (83%) seniors and a great number of Caucasian (59.5%) seniors, to cease driving would remind them of a time in which they experienced financial difficulties. For the majority of Caribbean/African (72.8%) of seniors, and just over half of all Asian (51.8%) and South Asian (505%) seniors, to cease driving would “remind me of a time when I was a poor immigrant who just arrived” and could not afford an automobile. For almost all Caribbean/African (93.2%) seniors and the majority of Caucasian (61.1%) seniors, to cease driving would signal to others (i.e. wider community) that they are not only “old” but cannot afford a private automobile.

Importantly, this work finds that for Caribbean/African (93.2%) seniors the relationship between driving cessation and perceptions around poverty are linked to perceptions around one’s race. As is noted in Table 7.3, sub-topic ‘Old and in Poverty,’ these Caribbean/African seniors share that to cease driving would portray to others that they are not “only an old person,” but also unable to “afford the car because I am black, and they assume that black people and black seniors are poor.”
In examining seniors’ perceptions around personal poverty and driving cessation, this work also notes that for some seniors, just under 40% of participants, the link between poverty and the inability to drive is non-existent. Here, too, ethnic differences in perceptions are evident, whereby it is the majority of Asian (48.8%) and South Asian (45.4%) seniors who express such views. To a lesser degree, Caucasian (27.2%) and Caribbean/African (6.7%) seniors state that there is no relationship between driving cessation and personal poverty.

In light of the above, a number of concluding remarks may be suggested regarding seniors’ perceptions around personal poverty and driving cessation. First, ethnic differences in perceptions around personal poverty may be influenced and/or shaped by life events, such as immigration. As is noted in Table 7.3, sub-topic ‘Impoverished Immigrant,’ Caribbean/African, Asian and South Asian seniors express that driving cessation in older years would remind them and/or make them feel as newly arrived immigrants who were unable to afford an automobile, whereby not a single Caucasian senior identifies with this sub-topic.

Further, it may be inferred that participants’ understandings around personal poverty stem from the various ways in which seniors’ perceive and interpret how their ethnicity and financial status is understood in wider society. This is most evident amongst Caribbean/African seniors, who share that others would view driving cessation as being the direct result of being old and from Caribbean/African descent.

7.2.8 Findings and Relevant Results: Seniors’ Perceptions around Driving as a Form of Socialization

Literature discussing driving cessation amongst older adults readily notes that driving one’s automobile allows seniors to socialize with other passengers (see for example, Bryanton, 2009; Pine, 2011; Kostyniuk and Shope, 1998). To exemplify, in examining older women’s perceptions around driving cessation in Charlottetown, Prince Edward Island, Bryanton (2009) notes that driving provides a time when these woman can converse with friends and/or other automobile passengers. It would seem, however, that literature documenting the social aspect of driving does not assess and/or further explore the benefits that may be derived from the social opportunity provided by the private automobile.

In examining seniors’ perceptions around the social aspect of driving, this thesis finds that all participants perceive that driving provides a forum in which to socialize, whereby not a single senior states otherwise. As is noted in topic ‘Driving as a Form of Socialization,’ Table 7.4,
all seniors perceive that driving allows them to socially interact and engage with other passengers. As is further noted within this topic, all seniors, regardless of ethnicity, believe that “driving allows for me to have a chance to be social with whoever is sitting right beside me.” It is, therefore, not surprising that all seniors share that to cease driving would result “in having to give up a social part of old age that is provided when you get to drive.”

Unlike other studies examining seniors’ perceptions around the cessation of driving, this thesis demonstrates that there are a multitude of benefits associated with the perceived social aspect of driving. While all seniors share that driving provides them “with the perfect social atmosphere,” the various reasons provided by participants as to why benefits exist differ according to ethnicity. For instance, in examining Table 7.4, sub-topic Discussions with Spouse,’ one will note that the social aspect of driving for the majority of Asian and a smaller number of Caucasian seniors is grounded in the fact that they are able to engage in conversation with one’s spouse, often discussing issues and topics that are not discussed outside of the private automobile. The sub-topic ‘Discussion with Family and Friends,’ marks the only time, in reflecting on this topic, whereby all seniors unanimously perceive that driving is a form of socialization, given that one may interact “and be social with a good friend and family member.”

In discussing the topic ‘Driving as a Form of Socialization,’ seniors note that, given the privacy of the automobile and the fact that one cannot look at other passengers, driving is the ideal time to share “things that I would never talk about outside the car.” As such, this work shows that the physical structure of the automobile provides seniors with a perceived sense of safety, which allows them to socialize and, further, discuss matters that may not be addressed elsewhere. Interestingly, this work further shows that the discussions which take place in the automobile “are to remain in the automobile” as seniors have developed a certain understanding where “what is said in the car, stays in the car, no questions asked.”

Importantly, and closely connected to the above, it should be noted that the social aspect of driving allows many seniors to engage in discussions around age-related issues and the topic of driving cessation. For these seniors, the privacy afforded by the automobile ensures that they are able to share their thoughts, feelings and concerns regarding health and driving in old age. As such, the driving and even the physical act of being in an automobile paradoxically allows seniors to engage in discussions about no longer driving. However, as is noted in Table 7.4, sub-topics ‘Discussions around Age-Related Issues’ and ‘Discussions around Driving Cessation,’ this is not identified with by all seniors, but rather only by non-Caucasian seniors.
Regarding the sub-topic ‘Discussions around Age-Related Issues,’ the overwhelming majority of South Asian (90.9%) and Asian (86.6%) seniors and the majority of Caribbean/African seniors perceive that driving provides them with the forum in which to “talk about age and all the health stuff that comes with age.” In relation to the sub-topic ‘Discussions around Driving Cessation,’ only South Asian seniors perceive that the automobile and the act of driving allows them to discuss issues pertaining to driving cessation.

Given these statements, a number of concluding remarks may be made regarding seniors’ perceptions around driving cessation and socialization. To begin, it may be suggested that participants, regardless of ethnic background, share a similar understanding regarding the role of the private automobile in providing a forum where social interactions may occur. As such, it may be suggested that participants, irrespective of ethnic background, may further share a similar understanding of the sense of privacy, safety and security the automobile provides when sharing one’s thoughts with other passengers in the vehicle.

However, the above statements also suggest that one’s ethnic background may influence the types of discussions and interactions that are acceptable while socializing in one’s automobile. This may be asserted given that only non-Caucasian seniors, for instance, share that the social environment of driving provides them with the opportunity to discuss age-related health matters, whereby not a single Caucasian seniors expresses such thoughts. Further, given that only non-Caucasian seniors identify with the sub-topics ‘Discussions around Age-Related Issues’ and ‘Discussions around Driving Cessation’ and that these seniors share that such sub-topics are only discussed in the confines of one’s vehicle, it may be suggested that such topics are not easily communicated and/or inappropriate to discuss in other more formal settings.

Lastly, the social interactions that occur within the private automobile may contribute to the overall physical and emotional well-being of participants. For instance, there may be numerous benefits to discussing age-related issues with other passengers and, further, various benefits may arise from discussing and sharing one’s concerns, thoughts, fears and ideas around driving cessation with those riding in the automobile. Also, it may be inferred that the social interactions, which occur while driving with others, may contribute to the overall well-being of seniors in later years as such social opportunities may serve to foster positive relationships. To exemplify this point, in identifying with sub-topic ‘Bond with Grandchildren,’ Caucasian seniors share that having one’s grandchild/grandchildren present in the automobile allows them to develop a closer relationship, which may benefit these seniors emotionally.
7.3 Perceptions around Driving Cessation: Family Interactions

The second theme found under Category 2 incorporates topics that capture the relationship between driving cessation and the interactions with participants’ families. The theme of ‘Emotional Perceptions: Family’ is captured under 3 topics: ‘Concern Over the Mobility of Family Members,’ ‘Right to Ask Family Members for Assistance with Personal Mobility’ and ‘Burden on Family Members.’ ‘Concern Over the Mobility of Family Members’ is included within this theme as it outlines the perceptions relating to the mobility of one’s family should participants cease driving. The second and third topics are also included within this theme as both highlight the complexity in seniors’ interactions with family members in order to maintain mobility following the cessation of driving.

7.3.1 Concern Over the Mobility of Family Members

During the interview process, seniors are asked to reflect upon the mobility of family members and whether they are concerned over the mobility of family members should these participants cease driving. In discussing this topic, over half of all participants perceive that should they would “be very, very concerned over the mobility of my loved ones” should they cease driving. In relation to this topic, ethnic differences in perceptions arise regarding whether these seniors do or do not express concern over the mobility of family members should they cease driving. Ethnic differences in perceptions further arise regarding the various reasons provided as to why these seniors do or do not express such concern.

<table>
<thead>
<tr>
<th>Sub-topic: Concern as Wife Does Not Drive</th>
<th>Sub-topic: No Concern as Spouse Drives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>100</td>
<td>17</td>
</tr>
<tr>
<td>South Asian</td>
<td>South Asian</td>
</tr>
<tr>
<td>38</td>
<td>1</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Caucasian</td>
</tr>
<tr>
<td>0</td>
<td>113</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>Caribbean/African</td>
</tr>
<tr>
<td>50</td>
<td>2</td>
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</tbody>
</table>

Table 7.5: Prevalence of Seniors Indicating ‘Concern Over the Mobility of Family Members’

<table>
<thead>
<tr>
<th>Concern Over the Mobility of Family Members (n=351, 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Association (n=218, 62.1%)</td>
</tr>
<tr>
<td>Negative Association (n=133, 37.8%)</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>110 86.6%</td>
</tr>
<tr>
<td>17 13.3%</td>
</tr>
<tr>
<td>South Asian</td>
</tr>
<tr>
<td>43 97.7%</td>
</tr>
<tr>
<td>1 2.2%</td>
</tr>
<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>8 6.6%</td>
</tr>
<tr>
<td>113 93.3%</td>
</tr>
<tr>
<td>Caribbean/African</td>
</tr>
<tr>
<td>57 96.6%</td>
</tr>
<tr>
<td>2 3.3%</td>
</tr>
</tbody>
</table>

Sub-topic: Concern as Unable to Help with Grandchildren

<table>
<thead>
<tr>
<th>Sub-topic: Concern as Unable to Help with Grandchildren</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>92 72.4%</td>
</tr>
</tbody>
</table>

| Asian | 110 | 86.6% |
| South Asian | 43 | 97.7% |
| Caucasian | 8 | 6.6% |
| Caribbean/African | 57 | 96.6% |

| Asian | 17 | 13.3% |
| South Asian | 1 | 2.2% |
| Caucasian | 113 | 93.3% |
| Caribbean/African | 2 | 3.3% |

| Asian | 92 | 72.4% |
The majority of senior participants perceive that, should they no longer drive, they would “become gravely concern[ed] over how some of my family members would be mobile.” Just over 62% of all participants share that “if I had to stop driving I would be worried about how my family members would keep getting about.” Such perceptions are widely shared by South Asian (97.7%), Caribbean/African (96.6%), Asian (86.6%) and to a lesser degree Caucasian (6.6%) seniors. As will be examined below, ethnic differences arise regarding the various sub-topics in which these seniors identify with when discussing this topic. In reflecting upon the ‘Concern Over the Mobility of Family Members,’ a number of South Asian, Caribbean/African and Asian seniors perceive that should they would express ‘Concern as Wife Does Not Drive.’ Further, South Asian, Caribbean/African, Asian and Caucasian seniors, although to differing degrees, share that should they cease driving they would be concerned with the mobility of their grandchildren, and identify with sub-topic ‘Concern as Unable to Help with Grandchildren.’

Regarding the first sub-topic ‘Concern as Wife Does Not Drive,’ 86.3% of South Asian, 84.7% of Caribbean/African and 78.7% of Asian seniors, perceive “that if I didn’t drive I would worry about how my wife would get around.” It should be noted that the South Asian, Caribbean/African and Asian seniors who discuss this sub-topic are all male. For these senior males, concern over the mobility of their wives is grounded in the fact that they “do all the driving, where my wife does no driving or almost no driving,” and “my wife has come to always depends [sic] on me for a ride.” As such, it is held that should these male seniors cease driving, there is great concern that one’s wife would be left “stranded” and “stuck at home,” given that “my wife has come to depend on me for a lift everywhere she goes,” is unaware of public transit and “has no idea how else to get around.”

To highlight such perceptions, one Chinese man, who stares at the palm of his hands when discussing the sub-topic ‘Concern as Wife Does Not Drive,’ quietly shares: “Shelly, well Shelly, oh that is my wife. Shelly would not be able to go out. She just wouldn’t. If I stopped driving Shelly would be without a lifeline to the outside world and that would be all my fault, all my fault.” A Jamaican male, who spent 8 minutes reflecting upon his wife’s mobility options should he no longer drive, emotionally shares:
This is how it is. I drive and Michelle doesn’t. I don’t want to talk about why she doesn’t. But [6 minute pause] but if I stopped driving Mich would be always home. She would be stuck in this house because how else can she get around? She doesn’t drive. I mean I am sure she would be able to go out. She could walk to the store or walk to visit a friend but she wouldn’t be able to go out like we do now. Her life would change and like I just said to you she would be stranded. I think stranded or trapped or stuck, these all good words to describe what I am trying to say; she would become these words.

In a similar tone to the above, an Indian man, who thinks of himself as “foolish” in telling his wife to stop driving in older years, shares:

I just thought it as for the better. I didn’t want her to get hurt. But now when I think of it she was a safe driver and was a good driver. I don’t know why I did that to her. I thought well since I am driving there is no reason for her to drive and I can do all the driving. It started off slowly where she asked me for more and more rides and I just did that. And then she just stopped all together and now she doesn’t drive but she has her license. If I stopped driving she probably wouldn’t start driving because it has been 11 years since she actually jumped into the driver’s seat. And that means if I stopped driving she wouldn’t have as much freedom and I hate to admit this, I really, really hate to admit this out loud, I have to blame myself for doing that to her.

Furthermore, in discussing the sub-topic ‘Concern as Wife Does Not Drive,’ each South Asian, Caribbean/African and Asian senior male acknowledges that other mobility options, such a public transit and taxi services, are available and may provide their spouses with additional mobility options “other than a ride from me.” However, these senior males further share that such transportation options may not be as “trustworthy” and as “efficient” as the “ride that only I, as there husband, can give them.” As such, these South Asian, Caribbean/African, and Asian seniors note that “there is no other way for my wife to get around unless I give them the ride she needs, when she needs it.” Thus, given the lack of “suitable transportation options for my wife,” these seniors share that should they cease driving their spouses would have no other transportation options and would, therefore, be unable to maintain personal mobility. As one Indian male, who is “afraid for my wife’s well-being if I don’t drive,” shares:

How else would my wife Rita get around? How? If she doesn’t have me? How? Explain to me how? I can’t explain it to myself, which makes me so mad at myself. My poor wife would be stuck. I can’t put her on the bus because heaven knows the last time she was
on a bus and I don’t trust the bus one bit. So Rita would be stuck and stuck in this house, which would drive anyone to lose their marbles. And she would be stuck here all because I can’t drive. I would be so worried about her, like I said she would lose her marbles, which is probably true because anyone who is stuck in a house and can’t get around would go crazy.

Interestingly, these non-Caucasian senior males further perceive that they would be concerned, should they cease driving, that their spouse would experience and/or undergo emotional and physiological trauma characteristic of seniors who have ceased driving themselves; the result “of me no longer driving, means my wife is no longer getting out and in a way she is no longer getting the benefits that come with driving.” As such, when reflecting on the sub-topic ‘Concern as Wife Does Not Drive,’ these male seniors are “deeply worried” that should their wives be “stuck inside because I can’t get her into a car because I don’t drive,” one’s spouse would come to exhibit depressive symptoms, “lose their roles within the community,” “lose their outside connections” and essentially “fall victim to the negative consequences of driving cessation.”

To exemplify such perceptions, one Trinidadian man, whose wife is “the happiest woman I know,” shuffles his feet while he states:

*If I stopped driving Justine would become depressed because she would be trapped here at home. I could see it now, she would cry, scream and yell. I mean there are ways to get around, like a taxi, but our primary way and her primary way would all be gone.
What would I do? What would she do? I think my lovely wife, who sacrificed so much for me, would just fall apart. I would have destroyed her but not driving and taking away her freedom to go where she needs to go to be happy.*

In a similar tone, an Indian male, who would “worry non-stop about how my wife got around,” shares:

*Honestly, I don’t even want to think about me not driving for Louisa’s sake of mind. If I didn’t drive, 2 lives would be destroyed. 2 lives. [3 minute pause] What would Louisa do? How would she get around? If stopped driving, Louisa would be stuck at home. Don’t get me wrong, she has her license, and she gets it renewed whenever she needs to. But I usually give her all the rides and since she was 65 years old I think she has driven 2 or 3 times. Don’t ask me why. Part of it she just lost her nerve driving and part of it is that I took over and didn’t really let her drive no more. The point of the story is that Louisa*
would be stuck at home if I didn’t drive and she would suffer everything I think I would suffer if I didn’t drive, the stuff we talked about earlier. You know, being depressed, hating life, crying, anger, losing your freedom to drive, losing self-esteem. Everything that we talked about before would happen to her. I don’t think I could face her after I stopped driving because it is my fault that she would feel like this. Really, I hope it never comes down to this, were we are both stuck at home and both depressed because we can’t get out.

While a great number of ethnic male seniors express concern regarding the mobility of one’s wife should they cease driving, concern over the mobility of family members, and in particular grandchildren, is also communicated during the interview process. As is noted in Table 7.5, sub-topic ‘Concern as Unable to Help with Grandchildren,’ the majority of seniors from the South Asian, Caribbean/African, Asian and Caucasian community (irrespective of gender) share that should they cease driving “I would be really and seriously concerned about how my grandkids are to get around without me.” For 93.1% of South Asian, 91.5% of Caribbean/African, 72.4% of Asian seniors and, to a smaller degree, 6.6% of Caucasian seniors, it is perceived that they play a fundamental and integral role in providing mobility for their grandchildren when “it is needed most,” by way of ensuring they are “dropped off and picked up in the car when it comes to school,” “are driven to all their social activities” and “get to all their medical appointment on time and safely because I drive them.” According to these seniors, the automobile, and “only the car,” makes it possible to ensure that the mobility needs of their grandchildren are met. As such, it is perceived that their grandchildren would not be afforded with the mobility options that they “need to maintain their lifestyles and to get around” should they cease driving, “and this scares me, really scares me.”

In capturing the above perceptions, a Jamaican woman, who helps raise her 8 grandchildren, shares:

Well, if I didn’t drive my grandbabies I just know they wouldn’t be able to get to their swim lessons and school. I pick them up in the morning and take them to school. Daughters are out the door before their children are even up so I help out and take them to school. If I couldn’t drive how else would they get around? They wouldn’t be able to and they would miss out. So yes, if I did not drive I could honestly say to you right now that I would be so, so, so worried about how my grandchildren would get around.
An Indian grandfather of 6 “wonderful and smart” grandchildren shares:

I usually take the boys to school in the morning and pick them up after school. The area they go to school is iffy. I am not crazy about [it] and they are transferring next year. But because of this I pick them up and take them back and forth. My son and daughter-in-law can’t do it because they work so early in downtown Vancouver so they can’t so I do it. And I worry what would happen if I couldn’t. How else would the boys get to school? They would probably be stuck at home or having to transfer right now or my grandsons wouldn’t be able to go to their swimming classes in the morning before school. I guess if I stopped driving I would worry about this, how my grandsons would manage getting from place to place without me helping them.

Similar to the above sub-topic ‘Concern as Wife Does Not Drive,’ these South Asian, Caribbean/African, Asian and Caucasian seniors readily acknowledge that other mobility options, such as public transit, is available and “probably could give [my grandson] transportation.” However, each senior further notes that such transportation options may not be as “safe” and as “good” as those “rides I give my grandchildren.” These seniors perceive that there is a lack of suitable transportation alternatives available for their grandchildren and, thus, their grandchildren would “lose a safe and convenient ride and probably just be stranded” should they cease driving.

To highlight such perceptions, one Chinese man, who “loves taking care of his 2 silly grandchildren,” states:

I really wonder how my Janice and Kevin would get around if it weren’t for me and my wife. I know their parents get them around on the weekend and after work, but how about during the day? I take to play camp and swimming and we drive to the park to walk around. I mean how else? They can’t take the bus because they are only 10 years old; they are twins so they are same age. And the bus is dangerous for kids to be by themselves so that is not allowed ever. So how else? They need me and my wife to drive. If I stopped driving and if my wife stopped driving, my Kevin and Janice would be stranded at our house all day after their parents drop them off. That would be horrible for them. I do worry that if I don’t drive them or if my wife doesn’t give them a ride or help them get around they would just be stuck, just stuck, and they are too young to be just stuck.
In reflecting on the special needs of the eldest granddaughter, a Bangladeshi female shares:

My granddaughter, she has [3 minute pause]a back problem. And she can’t get around really well on the bus and stuff like that. And the worst part is, is that her parents work a lot and can’t always give her a ride and stuff like that. So I provide her with rides whenever she needs them. She just calls me and I go and pick her up and drop her off and then pick her up. I think if I stopped driving she would have no way to get around. I really stress and worry about this, she needs me to drive her place to place because there is no other way.

As is noted in Table 7.5, fewer than 40% of seniors have “no immediate concern over the mobility needs of anyone of my spouse.” Importantly, as is further evident within Table 7.5, a clear ethnic difference in perceptions emerges, whereby almost all Caucasian seniors (when compared to their non-Caucasian counterparts) express that “I have no worries about my wife getting around.” Just over 93% of Caucasian seniors, and fewer than 14% of Asian, 3% of South Asian and 2% of Caribbean/African seniors express such sentiments. When discussing this topic, these seniors refer only to the mobility of their spouse and, thus, identify with sub-topic ‘No Concern as Spouse Drives.’

The majority of Caucasian seniors, and to a lesser degree Asian, South Asian and Caribbean/African seniors, who identify with sub-topic ‘No Concern as Spouse Drives,’ such perceptions are grounded in the fact that one’s spouse can drive and is, furthermore, encouraged to “drive on a regular basis.” As such, should these seniors find themselves faced with driving cessation they would not leave their significant others “stranded” or “glued to the house” given that “my wife can drive in her old age.” As one senior Caucasian male, who has “not a shred of concern over the way my wife drivers,” states:

If I stopped driving Paula would be able to drive herself and I am not worried about how she would get around if I didn’t drive. I know she can drive and she is a good driver, so I really don’t have any concern or fear over how my family would get around if I stopped driving.

7.3.2 Right to Ask Family Members for Mobility Assistance

During the one-on-one interview process, just over half of all participants spoke of the right to ask family member for assistance with personal mobility should they cease driving. For a
number of seniors, it is perceived that it is their right to ask family members for assistance with personal mobility, whereby a smaller number of seniors believe that it is not their right to request assistance with personal mobility from family members, even if they no longer drive. Ethnic differences in perceptions are clearly evident amongst those who do or do not believe it is there right to ask family members for assistance with their mobility. Ethnic differences further arise regarding the various reasons provided as to why seniors perceive it is or is not their right “to ask family members for help with getting out and about.”

Table 7.6: Prevalence of Seniors Indicating ‘Right to Ask Family Members for Mobility Assistance’

<table>
<thead>
<tr>
<th>Positive Association (n=119, 33.9%)</th>
<th>Negative Association (n=61, 17.3%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>75</td>
<td>59%</td>
</tr>
<tr>
<td>South Asian</td>
<td>South Asian</td>
</tr>
<tr>
<td>36</td>
<td>81.8%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Caucasian</td>
</tr>
<tr>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>Caribbean/African</td>
</tr>
<tr>
<td>8</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-topic: Right to Request Mobility Assistance</th>
<th>Sub-topic: Do Not have the Right to Request Mobility Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>75</td>
<td>59%</td>
</tr>
<tr>
<td>South Asian</td>
<td>South Asian</td>
</tr>
<tr>
<td>36</td>
<td>81.8%</td>
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<tr>
<td>Caucasian</td>
<td>Caucasian</td>
</tr>
<tr>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>Caribbean/African</td>
</tr>
<tr>
<td>8</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

As is noted in Table 7.6, 33.9% of participants share that should they “no longer drive it is my right to ask my family to help me get around no matter what.” As is made clear in Table 7.6, such perceptions are expressed by 81.8% of South Asian and 59% of Asian seniors, and to a lesser degree 13.5% of Caribbean/African seniors. Not a single Caucasian senior expresses such sentiments. In discussing the topic ‘Right to Ask Family Members for Mobility Assistance’ these South Asian, Asian and Caribbean/African seniors identify with the sub-topic ‘Right to Request Mobility Assistance.’

In identifying with the sub-topic ‘Right to Request Mobility Assistance,’ the majority of South Asian (81.8%) seniors, a great a number of Asian (59%) seniors and a small number of Caribbean/African (13.5%) seniors share that “it is alright” for them to request assistance with personal transportation needs should they no longer drive. For these seniors, the right to request assistance with personal mobility is grounded in one’s culture, whereby it is culturally acceptable that older adults ask other family members, and in particular younger family members, to provide them with and/or aid them in meeting their transportation needs. Thus,
for these seniors, should they cease driving and need “some help getting around,” there would be no hesitation in requesting mobility assistance from family members.

One Chinese senior, who taught his family to “always put family first,” shares:

I can ask my grandson Andrew anything and even for a ride. I know I can because we raised my grandchildren, all 8 of them, to show deep, very deep respect for their older grandparents. And we showed them by example because when my mother was sick with cancer she lived with us and we talked [sic] care of her. When I stop driving and when my wife, Sara, stops driving then we can ask our children and their children for a lift. I know my grandchildren and kids will say yes because we help each other. It is almost like an unspoken rule in our culture. You don’t question to help, you just do help, especially with the older generation.

Furthermore, an Indian woman, who “raised her grandbabies since before they could walk and talk,” shares:

You know this driving thing in older years is such a funny topic. We seniors all pretend it’s a big secret. And sometimes my friends, like Laura, well she really struggles with it because she think, which I think she is probably wrong, well she thinks her kids and grandkids won’t help if she didn’t drive, like they wouldn’t drive. And Laura also thinks that it is also not her place to ask, like she shouldn’t even dare, like she has no right to bother her kids. I tell her, “Laura, just ask. I mean they are not going to say no. They are your kids and it is in their Indian culture to help if you need it.” Laura sometimes forgets that. I feel different, I have no problem asking and I don’t feel the one bit regretful to ask my kids and grandkids if I didn’t drive and I think it’s within my rights to ask if I didn’t ask. I mean what is the big deal? I am asking for some help, no big deal and it is, like I keep saying to Laura, we help each other. Younger Indian kids and grandbabies help. No questions asked, they help. And they always help me, whenever I ask.

In a similar tone to the above, a Trinidadian senior, who believes his family would help “in a blink of an eye,” bluntly states:

I mean in the end I have the right to ask my kids and their kids to drive me if I stopped driving. And even if I did drive and still needed a ride I could ask them. In our community, and not like others, we help our own. And we darn well help our older family members. That is how things are. So I have no worries about asking my kids anything and I don’t have a problem asking them anything about my driving.
However, while just over 33% of seniors perceive it is “my darn right to ask my family, and anyone in my family, for help with getting out and about,” a number of other seniors perceive otherwise. As is noted in Table 7.6, just over 17% of seniors perceive that “even if I don’t drive no more it is not my right to ask for help getting out of the house and moving about.” Such perceptions are shared by 40.9% of South Asian and 33.8% of Asian seniors, and no other ethnic groups. In discussing this topic in this manner, these South Asian and Asian seniors identify with the sub-topic ‘Do Not have the Right to Request Mobility Assistance.’

For the South Asian and Asian seniors, to cease driving does not “mean I can go around asking for help with my transportation needs.” For these seniors, such perceptions are grounded in the fact that they believe that, within a North American context, it is not appropriate to ask others, including family members. These South Asian and Asian seniors readily share that the “North American culture” is not family-centric, is “a selfish culture” that promotes individual well-being and success and is “a type of culture that doesn’t promote children helping their parents, because it is a me, me, me kinda of culture.” As such, according to these seniors, while such requests may be acceptable within a South Asian and/or Asian context, they are unclear whether seniors have the “right to make these same demands on their family here in North America.” These seniors note that the “clashing culture” – their own South Asian or Asian culture and a North American culture – “makes me believe that I don’t have a right to ask for rides and I don’t have this right even if I stopped driving.” Thus, while it is culturally appropriate to care for seniors “by helping with whatever they need, even giving them a ride,” such South Asian and Asian cultural norms “are not so clear” within a North American setting.

To exemplify, one Chinese male questions whether he has the right to “trouble” his grandchildren for mobility assistance, as they are “busy hanging out with friends.” As this Chinese man continues:

In Chinese culture you help your elders. This is all very important. But here in Canada, it becomes confused. Do you still expect your grandson to help when he was raised in a Chinese and Canadian culture? I ask myself, “Do I have the right to call and ask for help?” I know I can with my kids because they are more Chinese, but how about my grandchildren.

An Indian woman, who believes “Indian and Vancouver culture got mixed-up somehow,” shares: Well I do and I don’t have the permission to ask my kids for help. Yes, because I do because I am their mother and in my culture it is the only way. You help your mother
and you help your older mother. I know a lot of other cultures that do that. But how do I explain this? In Vancouver, my kids became more like Canadian. More separate from Punjabi culture. I think if I stopped driving 30 years ago, I would yes, with 100% that I could ask. But maybe not so much in Vancouver, they [children] see things differently, like certain things aren’t their responsibility.

7.3.3 Burden on Family Members

In discussing the role of one’s family in relation to driving cessation, participants are asked to reflect upon whether they believe they would become a burden on family members should they no longer drive. In responding to this topic, the overwhelming majority of seniors share that should they cease driving they “would not ever become a burden on my family or no one else.” Just under half of all seniors, conversely, believe that should they no longer drive they would view themselves “as becoming a huge and heavy burden on my family.” Importantly, a number of seniors perceive that they “are unsure if I would or wouldn’t be a burden” and, thus, respond that “I might be both, a burden and I might not a burden on my family if I stopped driving.” While all seniors reflect on the topic of ‘Burden on Family Members,’ ethnic differences in perceptions arise. Further, ethnic differences in perceptions are also evident regarding the various reasons provided as to why these seniors identify with becoming a burden on family or not becoming a burden on family should they cease driving.

Table 7.7: Prevalence of Seniors Indicating ‘Burden on Family Members’

<table>
<thead>
<tr>
<th>Burden on Family Members (n=351, 100%)</th>
<th>Positive Association (n=157, 44.7%)</th>
<th>Negative Association (n=295, 84%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Happy to be a burden</td>
<td>Asian 89 70%</td>
<td>Asian 92 72.4%</td>
</tr>
<tr>
<td>Not Happy to be a burden</td>
<td>South Asian 32 72.7%</td>
<td>South Asian 40 90.9%</td>
</tr>
<tr>
<td>Unsure</td>
<td>Caucasian 0 0%</td>
<td>Caucasian 121 100%</td>
</tr>
<tr>
<td>与 Caribbean/African</td>
<td>Caribbean/African 36 61%</td>
<td>Caribbean/African 42 71.1%</td>
</tr>
</tbody>
</table>

Sub-topic: Burdensome on My Family

| Asian 89 70% | Asian 92 72.4% |
| South Asian 32 72.7% | South Asian 40 90.9% |
| Caucasian 0 0% | Caucasian 121 100% |
| Caribbean/African 36 61% | Caribbean/African 42 71.1% |

Sub-topic: Duty of Family Members

| Asian 92 72.4% |
| South Asian 40 90.9% |
| Caucasian 0 0% |
| Caribbean/African 42 71.1% |

Sub-topic: Will Find Another Way to Get Around

| Asian 0 0% |
| South Asian 0 0% |
| Caucasian 121 100% |
| Caribbean/African 0 0% |
Fewer than 45% of seniors perceive that should they retire from driving they would become a burden on close relatives. In becoming “big trouble for my family ‘cause I can’t drive,” ethnic differences emerge, whereby such perceptions are shared by 72.7% of South Asian seniors, 70% of Asian seniors and 61% of Caribbean/African seniors. Not one Caucasian senior, however, shares such perceptions. As will be further highlighted below, ethnic differences arise in the various ways in which these non-Caucasian seniors frame this topic.

In discussing the first sub-topic ‘Burdensome on My Family,’ a number of South Asian, Asian and Caribbean/African seniors perceive that should they “no longer have the keys to my car” they would become a burden to family members “who must now help me get around.” For 72.7% of South Asian, 70% of Asian and 30.5% of Caribbean/African seniors, it is believed that in order to meet their mobility needs one’s family must provide them with “the right transportation support, which means giving me a ride.” Other transportation options, such as public transit, are viewed as “inappropriate for seniors to take,” “less desirable and should only be taken as a last resort” and “just not as good as the car.” Thus, according these seniors, “out of fear of being stuck at home in older years,” would request a ride from family members. As these seniors note, it is expressed, with great sadness, that should they no longer drive “there would be no other way to get around, besides depending on my family for a ride.”

However, while these South Asian, Asian and Caribbean/African seniors share that they would request a ride from family members “because there would be no other way to get around if I, myself, didn’t drive,” they would feel “extremely” burdensome in doing so. Perceptions around becoming a burden on one’s family are grounded in the fact that one’s family is “very busy already without me asking for a ride” with other concerns such as “work related stuff that needs to get done without worrying about how their parents are going to get around,” and “are overly busy” meeting the mobility demands of their children by “taking them to school and wherever else they need to go.” In light of this, to request aid with personal mobility in the likelihood of driving cessation, these South Asian, Asian, and Caribbean/African seniors believe that “I would become a huge and bad weight to carry for my kids and maybe even other family members.” To highlight such perceptions, one Chinese male, who perceives he would be “a crutch on my kids” if no longer drove, shares:

I don’t know how I would get moving and get to where I need to go. I don’t want to use the bus because of my language. What if I get lost? How can I ask for help or direction[s]? It just won’t work for me. I think my kids have to take me around if I
stopped driving because that is the only way. And they would drive me because I like that more and because it is easier for me than using the bus. If my kids didn’t drive me or won’t drive me I won’t use the bus and I would stay here in my home. There is no other way if they don’t take me.

In a similar tone, one Indian woman, who is uncomfortable with having to rely on her son for mobility purposes if she no longer drove, nervously shares:

Well I will say that I this is scary and strange thing we are talking about [referring to depending on son]. Let’s say I stopped driving, then yes, I would have to really rely on my son Anthony to take me places. I would feel terrible inside every time I asked him. I would hate my situation and I would hate myself [5 minute pause]. I would just hate myself and I would regret making my son take. But then what else can I do? What are my alternatives? I have no choice but to ask. I need to inconvenience Anthony so that I can get around. That makes me a bad mother, but I don’t want to be stuck at home if I didn’t drive and if that means ask Anthony then I will need to.

Importantly, the immense burden that these South Asian, Asian and Caribbean/African seniors perceive causing their families should they no longer drive is intertwined with feelings of guilt. All seniors who identify with the sub-topic ‘Burdensome on My Family’ readily perceive that “asking for help on getting places and being this burden on my kids makes me feel guilty.” To alleviate such guilt, these seniors perceive that they would offer family members “something in return for their transportation services.” For these South Asian, Asian and Caribbean/African seniors, reciprocal acts include babysitting with no charge, cooking and tutoring services. In “returning the favour,” such seniors perceive that they would feel less of burden to their “very busy families.” One Indian man, who would hate to bother his busy daughter should he cease driving, states:

I would not want to ask my daughter to help me get around. I wouldn’t want to do that at all. I would feel just so bad inside my soul for doing that. I know how busy she is. She just adopted a little boy from India, we named him Dipen. What a beautiful boy he is. But she is busy. But I would ask because I need to get around, so I would ask for a ride. I would feel so bad about this and yet I would ask. But I wouldn’t just take from my daughter, I would give something back to her. I would offer to babysit Dipen and I would take care of him while she needed to go out or take some time for herself. Hopefully it does not come down to this, a time when I have to trade my license for babysitting.
As is noted in Table 7.7, the overwhelming majority of seniors share that they cease driving they “would not in a million or even billion years become a burden on my family just because I don’t drive.” All Caucasian (100%) seniors express such sentiments, as do the majority of South Asian (90.9%) seniors. To a lesser degree, although still significant, Asian (72.4%) and Caribbean/African (71.1%) of seniors further express that “if I stopped driving I wouldn’t be any trouble to my kids or anyone else for that matter.” As is highlighted below, South Asian, Asian and Caribbean/African seniors share that one would not become a burden on one’s family should they cease driving as it is the ‘Duty of Family Members’ to “help older seniors get around if they need it cause they don’t drive anymore.” Furthermore, Caucasian seniors perceive that they would “never become a hassle to my family” as they believe that they ‘Will Find Another Way to Get Around.’

Regarding the sub-topic ‘Duty of Family Members,’ seniors from the South Asian, Asian and Caribbean/African community share that should they stop driving they would not become a burden on their family “if I ask for ride,” given that it is the duty and “job” of one’s family to ensure the mobility needs of seniors are “adequately attended to.” For 90.0% of South Asian, 72.4% of Asian and 71.1% of Caribbean/African seniors, it is both a right and culturally acceptable practice for seniors to make requests “for anything I need to get along in older years, even a ride.” Given that it is the duty “of my kids to help me keep moving if I couldn’t drive,” these seniors perceive that they place no burden on their family by “telling them that I might need a right here or there.” Furthermore, these seniors stress that it is culturally inappropriate and offensive should their family act as “if I am causing them stress by asking for a ride” as it is “their duty to make sure I am not stuck at home because I can’t drive.”

As such, one Indian woman, who knows her eldest daughter would provide her with transportation following cessation, shares:

*If I decided I couldn’t drive anymore well Tamara would have to drive me. I am her mom and she knows that in many ways she needs to help me. We just don’t abandon our family and especially not our older family members and especially not our mothers in the Indian culture. Some cultures do this, but we don’t. So I know Tamara might think I am bothering her but I am not and I won’t see it as that because she needs to help me. This is what family is all about.*

In a similar tone, a Trinidadian man, who expresses that driving cessation would be a both a burden and not a burden on his family, states:
I know I said it would be a burden on my family because there is no other way to get around and that they would have to give me rides or else I would be stuck on my couch. But at the same time I don’t think this either. In many ways, I am their father and this means they need to help me and take me just like I have raised them to do. To respect me and their elders by helping. I helped my parents, they lived with us for years when they were super old and couldn’t handle things on their own. It is what they do. So I do expect that from my kids, to help me and, yes, if that mean rides then so be it. In a way I think it is their job to make sure I am kept well when I can’t drive and that means giving me a ride when I need it.

In relation to the sub-topic ‘Will Find Another Way to Get Around,’ all Caucasian (100%) seniors, and only these seniors, state that perceptions around becoming a burden on one’s family are non-existent as they would find other means of mobility. According to all Caucasian seniors, it is perceived it is not the responsibility and/or duty of their family to ensure their mobility and, thus, would “take other means of transport, like a taxi or walk” if they should no longer drive. For these seniors, one’ family “is too busy to start worrying about how I can get around,” and instead of being a burden, these Caucasian seniors would not “simply find another way to get out an about.” One Caucasian male, who rolls his eyes at the thought of having to ask his son for a ride, shares:

If I didn’t drive it is not Winfield’s responsibility to chauffer me around. It just is not. It would be my decision to stop driving and that means it is my responsibility to find other ways of getting out and about. Look, if I stopped driving I would make it work. I would find another way of getting out that front door and it is not depending on my boy.

It should be noted, however, that according to these Caucasian seniors, there are “only 2 instances where it is okay to ask for a ride and still feel like I am not a burden to my kids.” The first instance is regarding an emergency situation when no other means of transportation is available, such as “when you get sick and need to go to the doctors.” Further, these Caucasian seniors perceive that “asking for a ride once in a while” would not place too much additional pressure on one’s family as it is not a constant and overwhelming demand. To exemplify, one Caucasian woman, who lives in the most walkable place in Vancouver but “drives everywhere regardless,” shares:

I would ask for a ride from my daughter Elvira and her husband Bob, of course I would. But only, and only, in times of desperation, of real desperation. And for me that means if
I am in desperate need of getting to the doctor and can’t find any other way. That is the only time I would ask Elvira and Bob, otherwise if I had to ask every time I need a lift I would be chore for them and none of us would be happy with that.

7.4 Findings and Relevant Results: Perceptions around Driving Cessation: Family Interactions

This section will assess and examine all relevant findings pertaining to the theme ‘Perceptions around Driving Cessation: Family Interactions.’ This section will further explore where such findings are consistent with current literature pertaining to seniors’ perceptions on the subject matter, and where they differ, thus adding to the understanding of seniors’ perceptions of driving cessation.

7.4.1 Findings and Relevant Results: Seniors’ Perceptions Over the Concern of the Mobility Needs of Family Members

The second theme developed within this chapter is the ‘Perceptions Around Driving Cessation: Family Interactions.’ The first topic within this theme, ‘Concern Over the Mobility of Family Members,’ is not explored and/or addressed in current literature examining seniors’ perceptions around the cessation of driving. This work reveals that seniors hold varying views on the topic.

In discussing the mobility needs of one’s family members, it is revealed that a number of seniors – just over 62% – share that should they cease driving they would “be deeply concerned over the mobility needs of my close family.” For these seniors, a number of relevant points emerge.

First, as is noted in the topic ‘Concern Over the Mobility Needs of Family Members,’ Table 7.5, of the 62% of seniors who share concern over the mobility of family members should they cease driving, the majority are non-Caucasian. As is demonstrated in Table 7.5, 97.7% of South Asian, 96.6% of Caribbean/African and 86.6% of Asian seniors state “if I stopped driving I would worry about how my wife and grandson would get out and about.” This may be directly contrasted to the 6.6% of Caucasian seniors who express similar sentiments.

Secondly, as is examined in the topic ‘Concern Over the Mobility of Family Members,’ male seniors who express concern over “how my family would stay mobile if I didn’t drive no more” ground such perceptions in the fact that one’s wife is without a driver’s license and, therefore, unable to maintain mobility should these seniors cease driving. In examining Table 7.5, sub-topic ‘Concern as Wife Does Not Drive,’ a number of seniors share that they provide
and/or ensure that one’s wife remains mobile by way of providing “the necessary rides to my wife whenever and wherever she needs them,” thereby becoming the “sole source of mobility for my wife” given that other forms of mobility, such as public transit, are not seen as feasible. As is further noted in the sub-topic ‘Concern as Wife Does Not Drive,’ such concerns are only expressed by senior male participants from the South Asian (86.3%), Caribbean/African (84.7%) and Asian (78.7%) community. It should be noted that not a single Caucasian senior expresses such concerns.

Importantly, each of these South Asian, Caribbean/African and Asian seniors further share concerns that should they cease driving their wives would undergo emotional and physical sufferings often associated with driving cessation, such as role loss and increased isolation. As such, not only would these seniors be impacted by the act of driving cessation, but so would their wives.

Furthermore, this work, unlike other works documenting seniors’ perceptions around driving cessation, finds that seniors’ concerns over the mobility of family members stem from the fact that they believe that they would be unable to provide grandchildren with a safe and secure mobility option should they no longer drive. As is found in Table 7.5, sub-topic ‘Concern as Unable to Help with Grandchildren,’ a number of seniors share that they provide grandchildren with “rides when no one else can,” thus ensuring that the mobility needs of grandchildren are met. Similar to the sub-topic ‘Concern as Wife Does Not Drive,’ an ethnic difference in perception emerges whereby such thoughts are expressed by almost all Caribbean/African (91.5%), South Asian (93.1%) and Asian (72.4%) seniors. A total of only 6.6% of Caucasian seniors express similar sentiments.

This thesis also demonstrates that while a number of seniors express concern over the mobility needs of family members should these seniors cease driving, a small number feel otherwise. As is seen in Table 7.5, fewer than 40% of all participants share that should they retire from driving they would have “not one single worry about my family getting around.” Those expressing such sentiments are primarily from the Caucasian community, whereby 93.3% of Caucasian seniors share that they would have no need to be concerned over the mobility needs of family members “even if I stopped driving tomorrow.” In direct comparison, only 13.3% of Asian, 3.35% of Caribbean/African and 2.2% of South Asian seniors express such sentiments.

For almost all Caucasian seniors, and a smaller number of non-Caucasian seniors, the lack of concern over the mobility needs of one’s family stems from the fact that the spouses of
these seniors are able to drive, as is noted in Table 7.5, sub-topic ‘No Concern as Spouse Drives.’ Should these seniors cease driving they “would have nothing to worry about ‘cause my wife drives and doesn’t need my help to get around.”

Regarding the above statements around seniors’ perceptions in relation to the mobility needs of family members, 2 concluding remarks may be made. First, it may be suggested that the ethnic differences in perceptions around the mobility of one’s spouse are grounded in differences in understandings around the mobility options available to one’s spouse and the role of participants in providing their spouse with mobility. This may be inferred given that the overwhelming majority of non-Caucasian seniors share that they exclusively provide their spouses with the mobility by way of the automobile, and whereby other forms of mobility are unacceptable. Almost all Caucasian seniors, however, share a different understanding regarding mobility options for their spouse, sharing that their spouse is able to utilize the private automobile for mobility purposes, thus ensuring that the spouses (namely wives) of Caucasian seniors’ are not dependent upon ability to driving status of these seniors.

Secondly, it may be inferred that different cultural roles non-Caucasian seniors assume, such as taking care of and/or helping raise grandchildren, may explain the ethnic differences in perceptions regarding concern over the mobility of family members should these participants cease driving. This may be inferred given that almost all South Asian and Caribbean/African seniors, and the majority of Asian seniors, state that should they cease driving they would not be able to aid and/or care for their grandchildren by providing them with mobility. Just over a handful of Caucasian seniors express such sentiments.

7.4.2 Findings and Relevant Results: Seniors’ Perceptions on Asking Family Members for Mobility Assistance

To date, literature documenting seniors’ perceptions around driving cessation does not delve into seniors’ perceived right to ask family members (i.e. children and grandchildren) for mobility assistance should participants cease driving. This thesis reveals that for a number of seniors, the right to ask family members for mobility assistance is intertwined with perceptions around driving cessation in older age. As is noted in topic ‘Right to Ask Family Members for Mobility Assistance,’ just over 50% of all seniors share their views and thoughts on the right to ask one’s family for “help getting around if I were to ever to stop driving.”
Regarding this topic, ‘Right to Ask Family Members for Mobility Assistance,’ a number of relevant and intriguing points emerge. First, as is noted in Table 7.6, all seniors who identify with this topic are non-Caucasian. To exemplify, of the 33.9% of seniors who share that should they cease driving they would have the “absolute right to ask my spouse, kids and grandson for a ride wherever I want” are seniors from the South Asian, Asian and Caribbean/African community. Only 17.3% of seniors who note that they do not have the right to “request help with getting around, even if I didn’t drive” are from the South Asian and Asian community.

Secondly, those seniors who express that they have the right to request assistance with personal mobility should they cease driving note that such perceptions are grounded in culture. As is seen in Table 7.6, sub-topic ‘Right to Request Mobility Assistance,’ 81.8% of South Asian, 59% of Asian and 13.5% of Caribbean/African seniors share that should they retire from driving it is within their right, as defined by their culture, to ask others for assistance with mobility, as it is culturally inappropriate to “deny seniors in my [Chinese] culture the help they need getting around.”

For those seniors who note that one does not have the right to request assistance with personal mobility should they cease driving, such perceptions are also grounded in culture, or more appropriately, confused “cultural norms.” As is noted in Table 7.6, sub-topic ‘Do Not have the Right to Request Mobility Assistance,’ 40.9% of South Asian and 33.8% of Asian seniors state that they “do not have any right whatsoever to call and ask my son or his 3 sons to help me get around. My wife doesn’t have the right either ‘cause it’s not right to do here in this Canada culture.” For these South Asian and Asian seniors, to ask for assistance with personal mobility is acceptable within their own cultures. However, given that these seniors now reside in and are immersed in North American culture, described as a culture that does not foster familial connections, it is perceived that they do not have the right to “trouble my kids, who are ... North American in their thinking” by way of requesting assistance with mobility should these seniors cease driving. As such, for these non-Caucasian seniors, one’s culture both allows for and hinders them from asking family members for assistance with personal mobility.

Given the above, a number of concluding comments may be made. First, the above statements may hint at the fact that for non-Caucasian seniors, one’s family may play a large role regarding personal mobility should they cease driving. This may be noted given that a number of these seniors perceive that it is their right to request mobility assistance should they retire from the road. However, it may also be suggested that the perceived cultural conflict, as
noted in sub-topic ‘Do Not have the Right to Request Mobility Assistance,’ may alter the structure of one’s family and, thus, pose and/or create a barrier for these seniors in meeting their mobility needs should they cease driving. This may be suggested given that is discussing the North American culture in which their families are privy too, these seniors share that this North American culture does not foster family connectedness and, furthermore, share that due to such to such North American cultural values one does not have the right to request mobility assistance post-cessation.

Secondly, and closely related to the above, for those South Asian and Asian seniors who identify with the sub-topic ‘Do Not have the Right to Request Mobility Assistance,’ it may be suggested that the perceived cultural conflict that deter these seniors from asking for mobility assistance may impact their overall well-being, whereby they may be hesitant to request a transportation to and from important appointments, such as a medical appointment.

7.4.3 Findings and Relevant Results: Seniors’ Perceptions on Becoming a Burden to Family Members Post-Cessation

Numerous works (see for example, Carp, 1988; Coughlin, 2001; Persson, 1993; Rudman et al., 2006) studying seniors’ perceptions around driving cessation demonstrate that older adults perceive and/or state that following the cessation of driving one becomes a direct burden on family and friends, but more family given that one’s family have to take time out of their busy schedule and/or go out of their way to provide seniors with transportation. Other works demonstrate that seniors perceive that should they cease driving, they would be a burden to one’s family as requesting a ride places family members in a precarious situation whereby they may unable to provide transportation (i.e. due to time constraints), but still force themselves to give an older adult a ride the ride, even when it comes at a great cost to family members. Becoming a burden on family members is troubling for seniors, especially when family members miss work and therefore lose money, important functions and other personal needs to provide seniors with mobility (Coughlin, 2001).

The work of Burkhardt (1998) exemplifies the above findings. In examining seniors’ perceptions around the nature, effects, and meaning for elders who reduce or cease driving, the author reports that should older adults no long drive they feel that would become a direct burden on family members who they may request a ride from in order to meet their high-order needs. In assessing the interview data collected from 12 focus group sessions, with 86 seniors 70
years of age and older, Burkhardt (1998) finds that feelings of becoming burdensome on family members stem from the fact that it is believed that family members would be forced to take older adults places even they do not want to and that family members, in providing seniors with mobility assistance, may suffer financially.

It is therefore not surprising that perceptions of becoming a burden one’s family post-cessation often result in and/or are accompanied by feelings of guilt, shame, embarrassment, humiliation and sadness. In attempts to avoid feeling like a burden on family members and mitigate the associated negative feelings, seniors employ a number of strategies. The work of Carp (1988), for instance, demonstrates that seniors, to ensure that they do not become a burden on family members, attempt to equalize the playing field by way of providing a service in return for mobility assistance. Such services include, but are not limited to, babysitting, cooking, and sewing without pay.

This thesis also documents seniors’ perceptions around becoming a burden on one’s family members should they cease driving. However, in working with ethnic seniors, this study documents that ethnic seniors do in fact have various perceptions pertaining to becoming a burden upon family members should these seniors cease driving.

As is noted in the topic ‘Burden on Family Members,’ 44.7% of seniors perceive that should they cease driving they would become a burden on family members, given that they would request transportation assistance. This thesis, unlike other studies examining seniors’ perceptions around driving cessation and becoming a burden on family members, demonstrates that only non-Caucasian seniors, however, perceive that should they cease driving they “would indeed become a huge burden on the backs on my kids.” As is seen in Table 7.7, of the 44.7% of seniors who perceive they would become a burden on family members should they cease driving, all are from the South Asian, Asian and Caribbean/African community, whereby not a single Caucasian senior expresses such thoughts. Just over 72% of South Asian, 70% of Asian and 61% of Caribbean/African seniors state they would “weigh on my family’s shoulders if I stopped driving because they would end up driving me places, and I know they are too busy to do it without being annoyed.” These South Asian, Asian and Caribbean/African seniors perceive that despite the fact that they would become a burden on family members by asking for transportation assistance, they would have to ask for a ride “because there is nothing [referring to transportation alternatives] that is good like the car.”
Feelings of guilt are also associated with perceptions around becoming a burden on one’s family. Similar to findings in current literature, this thesis demonstrates that ethnic seniors also perceive that should they cease driving, they would feel guilty in burdening one’s family for mobility assistance. Again, similar to current literature, these South Asian, Asian and Caribbean/African seniors state that to alleviate feelings of guilt they would offer a “free service, like cooking and cleaning, for their help with me getting around to places.” Thus, in taking into account ethnic seniors’ perceptions around the topic ‘Burden on Family Members,’ this work shows that ethnic seniors also perceive that should they cease driving and request mobility assistance they would become a burden on one’s family and, furthermore, feel “deep guilt in asking for help getting about.”

While this study demonstrates that a number of non-Caucasian seniors perceive that they would become a burden to family members post-cessation, it is also revealed within this work that the majority of all participants – a total of 84% – perceive that should they cease driving they would not become “a burden on my family, not one bit.”

First, as is noted in Table 7.7, seniors from all ethnic backgrounds perceive that should they cease driving they would not become a burden on family members, whereby all Caucasian, almost all South Asian (90.9%) and the majority of Asian (72.4%) and Caribbean/African (71.1%) seniors express such sentiments.

However, as is further noted within in Table 7.7, a direct conflict emerges whereby ethnic seniors who share that should they cease driving they would become a burden on family members also note that should they cease driving they would not become a burden on family members. The primary reason for such conflict rests in the fact that these non-Caucasian seniors believe that while asking one’s family for mobility assistance may be burdensome, it is the duty of one’s family to provide older adults with mobility and, thus, these seniors note that they “would never be a burden, if you look at it in this way, where it is my family’s duty.” As is documented in the topic ‘Burden on Family Members,’ sub-topic ‘Duty of Family Members,’ 90.9% of South Asian, 72.4% of Asian and 71.1% of Caribbean/African seniors share that it is the duty of one’s family to provide “me with a ride whenever I need it,” given the perceived cultural norms whereby older adults receive such assistance due to their elderly status. In not examining ethnic seniors’ perceptions regarding the topic of ‘Burden on Family Members’ and, in particular, the corresponding sub-topic ‘Duty of Family Members,’ current literature does not document that ethnic seniors believe that their mobility needs will be met should they cease
driving, although there is great confusion as to whether these non-Caucasian seniors should feel guilty or not guilty in requesting mobility assistance from family members.

Furthermore, this thesis confirms findings presented in the study conducted by Coughlin (2001), whereby seniors, in order to avoid becoming a burden on one’s family, find other means of transportation following cessation. As is noted in the topic ‘Burden on Family Members,’ sub-topic ‘Will Find Another Way to Get Around,’ a number of seniors share that should they cease driving they would “simply just use another means of getting to where I need to go;” and, thus, would not become a burden on “my already overly busy family.” These seniors would refrain from becoming a burden on family members “as it was not their choice to stop driving, it was mine and I need to live with that responsibility.”

While the sub-topic ‘Will Find Another Way to Get Around’ readily confirms the work of Coughlin (2001), this study further demonstrates that such perceptions are only held by Caucasian seniors. As is seen in Table 7.7, sub-topic ‘Will Find Another Way to Get Around,’ all Caucasian seniors, and only Caucasian seniors, share that should they no longer drive they would “resist becoming a burden on family” by way of utilizing other means of mobility. As such, this work uniquely demonstrates that only Caucasian seniors perceive that they would use other modes of transportation to ensure that they did not become burdensome on one’s family.

In light of the above, a number of remarks may be inferred. First, the above may suggest that the understanding around the role of one’s family in providing mobility for seniors in older age and specifically post-cessation may differ according to ethnicity. This may be noted as a number of non-Caucasian seniors share that they would request mobility assistance from family should they cease driving, whereby Caucasian seniors note that that should they no longer drive family members have no responsibility to ensure their personal mobility.

Secondly, and closely related to the above, the differing cultural understandings related to the role of one’s family in providing mobility post-cessation may also lead to differing understandings regarding seniors becoming a burden on one’s family. As is noted above, all Caucasian seniors share that they would not become a burden on one’s family as they will utilize other modes of transportation to ensure their mobility, while non-Caucasian seniors express confusion regarding this subject matter; they would request assistance with mobility and, thus, note that they both would and would not become burdensome on other family members.

Similar to the above topic ‘Right to Ask Family Members for Mobility Assistance,’ the above statements may suggest that the confusion expressed by Asian, South Asian and
Caribbean/African seniors regarding becoming a burden on family members should they cease driving may be grounded in perceptions regarding how one’s respective culture merges with and/or fits into the more dominant, Canadian culture. This may be inferred as seniors from the Asian, South Asian and Caribbean/African community share that it is the duty of family members to provide mobility assistance to older adults, and culturally taboo to do otherwise, but the same group also shares that they would become burdensome in requesting mobility assistance. As is noted in the topic ‘Right to Ask Family Members for Mobility Assistance,’ such feelings may be attributed to confusion around seniors’ rights to ask family members for mobility assistance within a Canadian context.
Chapter 8

Category 3 – Seniors’ Perceptions Pertaining to Instrumental Concerns around Driving Cessation

Chapter 8, Category 3, examines the theme ‘Factors Contributing to Driving Cessation/Deterring Driving Cessation’ in later years. In doing so, this category examines seniors’ perceptions of instrumental concerns around the cessation of driving. Within this chapter, all incorporated themes, topics and sub-topics are considered to be instrumental perceptions as they represent the physical and/or structural aspects of seniors’ perceptions around driving cessation. As will be outlined below, section 8.1 examines seniors’ views around the instrumental concerns contributing to and/or delaying driving cessation. Section 8.2 ‘Findings and Relevant Results,’ links seniors’ perceptions around this theme to current literature, while documenting where this study reveals unique results.

8.1 Factors Contributing to Driving Cessation/Deterring Driving Cessation

The theme ‘Factors Contributing to Driving Cessation/Deterring Driving Cessation’ includes all topics that document and discuss seniors’ perceptions around instrumental concerns in relations to the factors contributing to and/or deterring the cessation of driving in older years. Given the differing perceptions emerging within this theme, this theme is divided into the following 3 subsets: ‘Health Aspects around Driving in Older Years,’ ‘Financial Barriers to Driving in Older Years’ and ‘Aid with Driving in Older Years.’ The first subset, ‘Health Aspects around Driving in Older Years,’ includes the topic ‘Self-Examination Prior to Driving,’ which examines seniors’ perceptions around their personal health, ability to drive and driving cessation. The second subset, ‘Financial Barriers to Driving in Older Years,’ includes the sub-topics ‘Cost of Maintaining an Automobile in Older Years’ and ‘Government Should Provide Seniors with Financial Assistance to Maintain the Private Automobile,’ as both discuss the financial responsibility associated with the private automobile and driving cessation in later years. The final subset, ‘Aid with Driving in Older Years,’ incorporates the theme ‘Co-Pilot Delays Driving Cessation,’ which documents seniors’ perceptions around the role of a second driver in relations to the need to cease driving.
Health Aspects around Driving in Older Years

8.1.1 Self-Examination Prior to Driving

A small number of seniors broach the topic of personal self-examinations prior to driving when discussing personal health issues in relation to driving cessation. For these seniors, personal self-examinations include testing one’s vision, reflexes and hearing prior to driving, without the assistance of a medical practitioner. In performing a self-examination, these seniors decide whether they are “fit to drive or whether they should stop driving.” While only a small number of seniors discuss this topic, ethnic differences in perceptions are still evident.

Table 8.1: Prevalence of Seniors Indicating ‘Self-Examination Prior to Driving’

<table>
<thead>
<tr>
<th>Positive Association (n=23, 6.5%)</th>
<th>Negative Association (n=0, 0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>0 0%</td>
</tr>
<tr>
<td>South Asian</td>
<td>0 0%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>15 12.3%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>8 13.5%</td>
</tr>
</tbody>
</table>

Sub-topic: Self-Examination as Indicator to Drive/Cease Driving

|                  | Asian | 0 0% | South Asian | 0 0% | Caucasian | 15 12.3% | Caribbean/African | 8 13.5% |

As is noted in the introduction of this topic, a small number of seniors perceive that self-examinations will allow them to determine whether they should or should not cease driving. Just over 6% of all participants share that “my own personal evaluation on my health tells me whether I should drive or not drive.” As is noted in Table 8.1, only Caucasian (12.3%) and Caribbean/African (13.5%) seniors share that they view ‘Self-Examination as Indicator to Drive/Cease Driving.’

In discussing this sub-topic, these seniors express that driving self-examinations are linked to aiding seniors in making the final decision around driving cessation. Not only do self-examinations “tell me if I can drive on a certain day,” but further inform seniors whether or not they should take into consideration the need to “stop driving all together.” Should they see

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15 In general, studies examining seniors’ perceptions around driving cessation include a section that specifically pertains to seniors' perceptions around health and driving status. This chapter only includes the topic 'Self-Examination Prior to Driving Cessation,' but does not provide an examination of seniors’ perceptions around the relationship between driving cessation and health. The researcher has chosen not to include a section on seniors' perceptions around health and driving cessation within this chapter as it is readily discussed elsewhere throughout this thesis (i.e. Category 4; Theme ‘Preparation for Driving Cessation’).
themselves as repeatedly failing their self-examinations, they would consider that it might be beneficial to cease driving. For each of these Caribbean/African and Caucasian seniors, these self-evaluations allow them to “reconnect” to their bodies, so that they may make informed decisions around whether they are “good drivers or bad drivers or need to stop driving all together;” their personal self-evaluations are “fool proof,” whereby each of these seniors express that they would “be very, very honest with myself about the results of the test, where if I fail I would stop driving.” Still, each of these Caribbean/African and Caucasian seniors note that “failing my self-test is only considered failing when it happens more than 5 times or more, not if it happens twice.”

In discussing why he would cease driving, a Jamaican senior shares:

*I think I would stop if I couldn’t pass my own driving tests at least for 3 or 4 weeks straight. Then you know you have a big problem. Until then I would just have to make sure I keep to the roads I know and avoid rush hour like the plague. Yup, so when that happens I think I would just stop driving, you know if I fail my test a bunch of times. But not before I fail a bunch a times, no need to stop driving if you fail, let’s say, only 5 or 6 times.*

A Caucasian senior, whose self-examination consist of being able to do 10 pushups and 10 leg lifts, states:

*I do these pushups and leg lifts every time before I drive. They work and they tell me how strong I am that day. And if I can do them I know I can grab that steering wheel with no trouble and press that break with no trouble. And if I can’t do my pushups and leg lifts I might not drive that day, but I don’t think I would I would stop all together. I would stop all together when I can’t even do half of my pushups and leg lifts. See I use these pushups and leg lifts to signal to myself when I should start thinking about not driving. It is a personal way of doing it without someone else making the decision for you.*

It is important to note that each of these Caribbean/African and Caucasian seniors perceives that they have not “failed my tests enough times yet” to consider no longer driving.

It is also noteworthy that each of the Caribbean/African seniors who discuss the theme ‘Self-Examination Prior to Driving Cessation’ shares that should they “fail” their personal health examination, they would not “really stop driving, but rather would change my driving patterns.” This is not to say that these seniors would arrange for other transportation, such as calling a taxi
and/or asking a friends or family for rides; rather, these Caribbean/African and Caucasian seniors would self-regulate their driving behaviour by driving shorter distances and avoiding “complicated driving situations,” like highway driving or driving downtown. One Caucasian male, who knows he “would never fail my own test,” openly shares:

   Look my dear, I know I would never, ever, ever, ever fail and let’s say I did fail. Well failing is like not passing my own test for 10 days in a row. So let’s say this happens, I wouldn’t exactly stop driving, that is a bit drastic don’t you think? I would just change my driving habit a bit. You know, like not driving downtown or just driving on the back roads.

   A Jamaican senior, who has “not failed a single one of my tests,” echoes the above statements by sharing: “Even if I did fail for 5 times straight, well heck I won’t really stop driving. I would just not drive as much or as far.”

Aid with Driving in Older Years

8.1.2 Co-Pilot Delays Driving Cessation

During the one-on-one interview process, a small number of seniors broach the idea of having a co-pilot in relation to driving cessation. In discussing this topic, these seniors note that the presence of a co-pilot while driving ensures their safety and “makes sure I am a good driver” and is, therefore, noted as delaying the need to cease driving. Interestingly, this topic is only discussed by senior men. While a small number of seniors identify with this topic, ethnic differences arise regarding who identifies with the topic of ‘Co-Pilot Delays Driving Cessation.’

Table 8.2: Prevalence of Seniors Indicating ‘Co-Pilot Delays Driving Cessation’

<table>
<thead>
<tr>
<th>Co-Pilot Delays Driving Cessation (n=33, 9.4%)</th>
<th>Positive Association (n=33, 9.4%)</th>
<th>Negative Association (0, 0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>0 0%</td>
<td>Asian 0 0%</td>
</tr>
<tr>
<td>South Asian</td>
<td>0 0%</td>
<td>South Asian 0 0%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>16 13.2%</td>
<td>Caucasian 0 0%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>17 28.8%</td>
<td>Caribbean/African 0 0%</td>
</tr>
</tbody>
</table>

Sub-topic: Co-Pilot Processes External Driving Environments

| Asian                                        | 0 0%     |
| South Asian                                  | 0 0%     |
| Caucasian                                    | 10 8.2%  |
| Caribbean/African                            | 15 25.4% |
As is noted in the introduction of this topic, a small number of seniors discuss the topic of ‘Co-Pilot Delays Driving Cessation.’ Only 33 senior participants – fewer than 10% of all interviewees – broach this topic. Further, Table 8.2 demonstrates that only Caribbean/African and Caucasian seniors share that they would drive with a co-pilot; 28.8% of Caribbean/African and 13.2% of Caucasian seniors share that “having my wife as my second driver makes me a super safe driver and that means I never have to stop driving as long as I have my second driver.” Seniors from the Asian and South Asian community do not discuss this topic. As will be noted below, according to these Caribbean/African and Caucasian seniors, a co-pilot will delay the cessation of driving as ‘Co-Pilot Processes External Driving Environments’ and ‘Co-Pilot Reminds Driver of Essential Roadway Rules.’

The first sub-topic ‘Co-Pilot Processes External Driving Environments,’ is discussed by 25.4% of Caribbean/African and 8.2% of Caucasian seniors. According to these seniors, a co-pilot is perceived as assisting a senior driver in processing one’s external driving environment. For these seniors, a co-pilot aids in “catching driving things that I would miss,” such as a pedestrian crossing at a designated crosswalk, a child’s ball rolling onto the road up ahead or a pedestrian darting out onto the roadway unexpectedly. Co-pilots are perceived, by these Caribbean/African and Caucasian seniors, as screening for dangers on the road, thereby keeping seniors “safe and secure from anything hazardous when I am driving.” Given the perceived “safety” and “security” provided by these co-pilots, these Caribbean/African and Caucasian seniors firmly note that they are “safe driver because I have someone helping me and that means I never have to stop driving, because I am safe.”

To exemplify, a Trinidadian male, whose “wife helps me drive,” openly shares:

To be 100% honest with you, May helps me drive. She does too. And when she is in the car I am an even better driver, because May helps me figure out if something up ahead on the road could put us and even them, if it is a kid who is running across the street, in danger. Sometimes my eyesight isn’t the best so I need her to help me take in this information and make a quick decision. I mean if she wasn’t there I could get into an
accident and lose my license. So, yup, when May is in the car with me I am a much better driver and because she is always there I see no reason to give it up [driving] and I don’t think she does either. Heck, there is no reason to even think of not driving because I am safe driver, especially when May is around acting as my second pair of eyes.

In a similar tone, a Caucasian male, who “makes my wife drive everywhere with me,” shares: Magdalena drives with me 95% of the time, otherwise I won’t drive and she knows how important driving is for me, so she comes along. Magdalena, when she is with me in the passenger side of the car is like a safety blanket almost. She, you know, makes sure I am being safe when I drive and fill[s] me in when I am not being safe. She tells me if I am going down the wrong side of the road. This happened once, I didn’t see the sign that said “one-way.” Anyways, she makes sure I am safe when I am driving. And because I am safe with her help I don’t even consider not driving.

As is further noted in Table 8.2, sub-topic ‘Co-Pilot Reminds Driver of Essential Roadway Rules,’ 20.3% of Caribbean/African and 9% of Caucasian seniors share that a co-pilot delays driving cessation as the “second driver” provides important reminders regarding the “essential rules of the road.” Essential roadway rules, for these Caribbean/African and Caucasian seniors, include “coming to a full stop at red lights,” “remembering to check before you make a lane change, especially tricky lane changes” and “remembering to signal when you make a move on the road.” Each Caucasian and Caribbean/African senior expresses that having a co-pilot “repeat these rules” ensures that these seniors remain safe drivers, that their driving abilities are not questioned by “family, friends and even the licensing board” and, as such, that there is no reason for them to consider driving cessation.

To highlight the above perceptions, a Jamaican man, who describes his wife “as my partner in crime when driving,” states:

Immaculata reminds me how to drive like a safe driver. Don’t think that I am not a safe driver, I am. Just you know how it is when you have been driving for long periods of time you become too comfortable and a sloppy driver so you don’t pay attention all that well. She points out things like “Stop at the stop sign fully my silly husband” or she says “change lanes, but really look before you do please.” She is just wonderful when she [is] helping me drive. I feel better, a relief when she is driving with me. And because I know she will always drive with me I never fear of being a bad driver or that I will mess
up and I know that I won’t have to stop driving, there is just no good reason to when you are a fit driver and a super safe driver like me [points to himself].

As is noted in the introduction of this topic, each of these 33 participants refer to their spouse as their co-pilot. Interestingly, 11 of the Caribbean/African and 6 of the Caucasian male seniors openly admit that their spouses have no driving experience and/or have not driven for a number of years.

Financial Barriers to Driving in Older Years

8.1.3 Cost of Maintaining an Automobile in Older Age

The topic of ‘Cost of Maintaining an Automobile in Older Age’ is discussed by all participants. For a number of seniors, the cost of maintaining one’s private automobile in older years is perceived as directly resulting in driving cessation, where others see no relation between the two. As will be highlighted below, perceptions around the relationship between the cost of maintaining the private automobile as a senior and driving cessation greatly differs according to ethnicity.

Table 8.3: Prevalence of Seniors Indicating ‘Cost of Maintaining an Automobile in Older Years’

<table>
<thead>
<tr>
<th>Cost of Maintaining an Automobile in Older Years (n=351, 100%)</th>
<th>Positive Association (n=64, 18.2%)</th>
<th>Negative Association (n=287, 81.7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>15</td>
<td>112</td>
</tr>
<tr>
<td>South Asian</td>
<td>5</td>
<td>39</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0</td>
<td>121</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>44</td>
<td>15</td>
</tr>
</tbody>
</table>

Sub-topic: Overall Expense of Automobile

| Asian                                                         | 15                                | 112                               |
| South Asian                                                  | 5                                 | 39                                |
| Caucasian                                                    | 0                                 | 121                               |
| Caribbean/African                                            | 44                                | 15                                |

Sub-topic: Will Ask Children to Aid with Automobile Costs

| Asian                                                         | 0                                 | 0                                 |
| South Asian                                                  | 0                                 | 0                                 |
| Caucasian                                                    | 0                                 | 0                                 |
| Caribbean/African                                            | 10                                | 5                                 |

A total of 18.2% of senior interviewees, as expressed in the sup-topic ‘Overall Expense of the Automobile,’ perceive that the cost of maintaining an automobile will inevitably lead to
the cessation of driving. As is noted in Table 8.3, seniors who discuss this topic in this framework are from the Caribbean/African (74.5%), Asian (11.8%) and South Asian (11.3%) community; for these seniors “the damn cost of the car will be the reason I stop driving.” A smaller number of Caribbean/African seniors further link the cost of the automobile to driving cessation by discussing the sub-topic ‘Cost of Automobile and Other Life Expenses.’ It should be noted that not a single Caucasian senior relates the cost of the private automobile to driving cessation.

In discussing the topic ‘Cost of Maintaining an Automobile in Older Years,’ a number of seniors note that they may “be forced” to cease driving given the ‘Overall Expense of Automobile.’ As is noted in Table 8.3, 74.5% of Caribbean/African, 11.8% of Asian and 11.3% of South Asian seniors perceive that the primary reason they would cease driving is not health and/or other aged related matters, but rather due to the “exorbitant price of up keeping the car.” For these non-Caucasian seniors, there is a fear that they will be unable to “keep up with the paying for the specifics of the automobile.” These “specifics” include “automobile insurance,” “fuel,” “tire changes,” “monthly oil changes” and “just the general overall maintenance” of a car. Furthermore, each of these seniors state that the “price of taking care of my car keeps going up and up, like gas, it just keeps going up.” Importantly, a number of Caribbean/African, Asian and South Asian seniors share that they own older automobiles, whereby the cost of caring for their automobile to “just keep it in good shape” is magnified.

In capturing the above perceptions, one Jamaican male, who continuously shifts his feet while discussing this topic, nervously shares:

I hate talking about this. Hate it, but here we go. All right, I am scared, dead scared, that the older I get the more I can’t pay for my car. I mean the insurance is killing me, gas is so expensive now, and honestly the older my car gets the more friggin’ work it needs. I feel like it has a problem every darn day of the week. Sometimes I feel like I see my mechanic more than I see my kids. I just feel that because of how much it costs to keep her [referring to the car] running I won’t be able to keep my car and that is the only reason why I would willing stop driving because I can’t afford my car no more.

A second senior, a Chinese man, does not even glance at the researcher when stating:

I don’t think I can afford my car forever. No, I don’t think I can. And if I can’t pay for everything to keep it going, like gas, I won’t be able to keep driving. I would have to just park the car and stare at it, not drive it. That is the only reason I think I would say why I won’t be able to drive, not because I am sick, because I am not, but because I just can’t
afford gas. You know gas is cheaper at night, like at 11pm. Did you know that? Before, like in the last 3 or 4 years, I would fill up then because I could pay for it and even then I wasn’t putting in a full tank. And now, sometimes, I feel like I can’t even fill it up now, even at night when it is cheaper, because cheaper at night is still very expensive.

Interestingly, a number of Caribbean/African seniors share that they may have to cease driving as they are unable to afford the private automobile and additional life expenses. As is noted in Table 8.3, sub-topic ‘Cost of Automobile and Other Life Expenses,’ 16.9% of Caribbean/African seniors state that “I can’t pay for it all; it could come down to the car or other expenses like food.” Given their fixed-income, these seniors perceive that they are unable to afford the maintenance needed for the private car and other “life expenses and costs to keep living.” Each Caribbean/African senior notes that the up-keep of the automobile is their most significant expense, and that they may not be “able to keep paying for the car and keep driving as other things start to cost too much.” A Jamaican woman, who becomes misty eyed when discussing automobile financing, bravely shares:

Sometimes I wonder how much longer I can keep driving. To keep my car costs me an arm and leg. I didn’t have much money when I was younger and working and I still don’t. But things cost a ton, I mean I went to buy eggs the other day and it was so expensive. I almost dropped dead when I saw the price of those eggs. I still bought them, but they were so expensive. I don’t remember eggs being so expensive in my life. See what I mean? When the cost of everything else goes up, I can’t keep paying for it all. I just don’t think I can keep making the payments on my car and everything else. But then I wonder what life will be like if I don’t drive? And I think to myself what is better in life? Going without eggs or my car? I don’t know, I just don’t know [drops hands in lap]. And there is my story like why I would ever give up [my] license, the price of eggs or the price of my car. I think probably my car.

As such, should a trade-off be made between the cost of maintaining the personal vehicle and other “life and household needs like heating and food,” these Caribbean/African seniors would “give up their car and stop driving.” One Trinidadian senior, who “cries when I think of this,” openly shares:

We help pay for Emily’s university. She is the first girl to go to university in our family and we are just so proud of her. But the catch is her school is so expensive, so expensive. I had no idea how expensive and I didn’t want to say no and I don’t want her
to take out a loan from the bank. And we are all so proud of her, she gets straight A’s. She is in biology at the University of Toronto. Like I said we are so proud. But like I keep saying to you and my wife, it is expensive but we have to make it work, we have to help her pay. No question about that. My wife, her name is Carol, well we sat down and looked at our books [finance books] and we noticed that the car, and keeping it alive, costs a ton. Way more than anything else. We both didn’t want to say it, because it makes us sad, really sad, but I think we will have to stop driving and just give up the car so we can pay for Emily. I haven’t made the final decision yet, but I know the car will go. I don’t want to even think about it, it hurts so bad. It hurts bad to know that the only reason I can’t drive and enjoy everything that comes with driving, and I worry what people will think of me as an old black man who can drive, is because we can’t afford Emily’s education and the car. I think Emily knows because she was just saying yesterday how she is trying to get some funding from the school for her schooling. Good girl she is, smart and loving. Me and Carol raised that girl, that’s why she is so amazing.

As noted in the introductory paragraph of this topic, the great majority of seniors do not perceive that the cost associated with maintaining an automobile is associated with driving cessation, as they can afford “any payments needed for the car.” For 81.7% of all senior interviewees, there is “no relationship between not driving and not being able to afford the car, because I can do both.” As is noted in Table 8.3, such perceptions are shared by all Caucasian (100%) seniors, a great number of Asian (88.1%) and South Asian (88.6%) of seniors and a smaller number of Caribbean/African (25.4%) seniors. As will be noted below, these Caucasian, Asian, South Asian and smaller number of Caribbean/African seniors state that they “have no issues paying for the car and that means no issue of ever having to stop driving,” as they are ‘Financially Able to Afford My Automobile.’ Furthermore, for a small number of Caribbean/African seniors, there is no correlation between the financial responsibilities of car ownership and driving cessation as they ‘Will Ask Children to Aid with Automobile Costs.’

In discussing the topic ‘Cost of Maintaining an Automobile in Older Years,’ a number of seniors perceive that the “high costs of keeping your car” will not be a factor in driving cessation, given that they “are fully able to afford whatever the costs of maintaining my wonderful car.” As is noted in Table 8.3, sub-topic ‘Financially Able to Afford My Automobile,’ 100% of Caucasian, 88.1% of Asian, 88.6% of South Asian and 25.4% of Caribbean/African seniors see themselves as “financially comfortable” and, thus, able to afford an automobile and
any associated expenses. Importantly, in discussing the sub-topic ‘Financially Able to Afford My Automobile,’ a number of Caucasian, Asian, South Asian and Caribbean/African seniors also share that they are currently “financially comfortable enough to make the payments on my car,” and that should “there come a time when I can’t make the car payments, I will find a way no matter what.”

To exemplify the above perceptions, one Caucasian male, who is a “proud older driver,” boldly states:

I have no problem paying for the things I need for my car, like all that insurance and gas. I never think to think about money and my car and keeping driving. It never even occurred to me that someone couldn’t afford their car and had to stop driving because of this. I guess it could happen, but not me, I can afford my car and I guess this means I won’t ever have to stop driving.

In describing himself as a “cash-able to pay for gas,” an Indian senior also states:

Honestly, I never ever would think not having the right amount of money could stop someone from driving. It makes sense once you think about it though. I mean seniors, well the most of us at least, are kinda on a fixed budget because we get our pensions and whatever else the government gives us. So yeah, it makes sense that if you don’t have the right money you have to give up [your] car, it costs a ton to keep. But I don’t ever worry about that, ever. I have enough money to afford whatever I need to pay for with my darling car. Honestly, I have enough money so it doesn’t even phase me to think “Hey Davis, you might not be able to drive or you have to give it all up because you can’t afford it.” That is not a conversation I had to have with myself, ever, and I don’t ever, ever, ever plan on having that talk with myself.

The small number of Caribbean/African seniors who also identify with this sub-topic express similar statements to those found above. Being a proud “black older driver,” a Jamaican man states:

I know what you are getting at. I think if you can’t afford to drive you are in trouble. Big whopping trouble; serious trouble I swear to you. I know a lot of people my age who had to stop driving because they just couldn’t afford to pay for their car anymore. Damn shame, because I can’t imagine not having my car because I can’t afford it. I planned for this day, when I wasn’t working anymore and I had to still pay for my car because I know and I always know that I was going to keep driving that nothing would stop me. So a
long time ago, me and Elizabeth, that is my wife, we went to the bank, just down the street here, and we opened a car-saving account and every month I would put money and Elizabeth would put money in the account. And we promised we would only use the money to pay for the car and everything the car needed. And it worked, I never worry about not having to drive because I can afford my car with my own money because we are smart. I wasn’t going to be a black man with no car and I wasn’t going to be a black old man with no car.

For a small number of Caribbean/African seniors there is little “fear that I will be forced to stop driving” due to insufficient finances, given that these seniors ‘Will Ask Children to Aid with Automobile Costs.’ According to the 8.4% of Caribbean/African seniors who identify with this sub-topic, they would “simply ask my kids to help me out and pay so that I don’t ever have to not drive.” For these Caribbean/African seniors, it is strongly believed that they obtain the right to ask for financial assistance to “keep my car in good shape” as they are their grandchildren’s primary caregivers. As the automobile is perceived as an essential aspect “in raising my grandbabies” these seniors believe that “my children can help me with my car because I drive their kids around.” To elaborate, one Jamaican woman, who does not “think twice about money for my car,” righteously states:

I never think about not driving or having to quit driving because I can’t pay for insurance or gas. They are expensive, real expensive. And I know it is not just me who thinks like this. I have tons and tons of friends who say the same thing, especially with gas and stuff. The price of gas is through the roof. And I need tons of gas, because like I said before I am raising my granddaughters, two of them and they cost a lot and I need to drive them everywhere they need to go. They are too young to take the bus and are way too young to work so it is up to me. So when I need something with the car to be fixed or if I need money in general for the girls I ask their mother, who is my daughter. Why not? I have the right to. I am raising her daughters for the most part and have been for most of their lives. And my daughter is good at paying for my car, when I ask she comes up with the money and fast. And it is helpful and needed because like I said I can’t pay for everything myself and I need to drive the girls to the things they do, like dance and swimming. I guess what I am saying, in a long way [laughs] is that not driving because I can’t afford it doesn’t worry me, I just ask my baby girl to pay for the car and the stuff car needs, so it all works out.
8.1.4 Government Should Provide Seniors with Financial Assistance to Maintain the Private Automobile

In reflecting on the cost of the maintaining the automobile in older years, a small number of participants express that the provincial government should provide seniors with financial assistance needed to ensure that they are able to “keep my automobile, even if I can’t pay for it” and, thus, “ward off driving cessation.” All seniors who broach this topic speak energetically on the subject matter; in fact, one senior male spends 20 minutes rationalizing why the Ontario Government should ensure that seniors are able to afford and maintain their private automobile. As explored below, this topic is only discussed by one ethnic group.

Table 8.4: Prevalence of Seniors Indicating ‘Government Should Provide Seniors with Financial Assistance to Maintain the Private Automobile’

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Positive Association (n=42, 11.9%)</th>
<th>Negative Association (n=0, 0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>0 0%</td>
<td>Asian 0 0%</td>
</tr>
<tr>
<td>South Asian</td>
<td>0 0%</td>
<td>South Asian 0 0%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0 0%</td>
<td>Caucasian 0 0%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>42 71.1%</td>
<td>Caribbean/African 0 0%</td>
</tr>
</tbody>
</table>

Sub-topic: Financial Assistance to Maintain Mobility

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>0 0%</td>
</tr>
<tr>
<td>South Asian</td>
<td>0 0%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0 0%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>42 71.1%</td>
</tr>
</tbody>
</table>

Just over 11% of all seniors, when discussing financial constraints around the automobile and driving cessation, share that provincial governments should provide the financial aid necessary to ensure that older adults are able to afford the private automobile in later years and, therefore, “ensure that driving cessation doesn’t become a reality.” As is noted in Table 8.4, only Caribbean/African seniors, and no others, identify with this topic. In fact, 71.1% of all Caribbean/African seniors share that “the Ontario Government should help me make my car payments so that I don’t have to stop driving.”

As is noted in Table 8.4, sub-topic ‘Financial Assistance to Maintain Mobility,’ these Caribbean/African seniors perceive that should they be unable to make the necessary automobile payments and should they receive little and/or no government aid in making such payments they would “have to stop driving and have no mobility in my old darn age.” As such, each of these Caribbean/African seniors express that given the benefits for older persons that
“only comes from driving the car, like going out, visiting friends, and all that,” it is in the best interest of the provincial government to aid seniors with car payments as the “negative consequences of not making sure seniors are mobile is much, much worse.” For these Caribbean/African seniors, the “negative consequences” of losing one’s mobility due to the inability to afford the automobile would result in “the government being stuck with a lot of seniors stuck at home and depressed and sad,” whereby the provincial government “will have to pay for seniors to make sure that they are not depressed and sad and that will cost tons.” Thus, according to these Caribbean/African seniors, “it makes perfect sense to help pay for the car so we don’t stop driving then have to pay for hospital bills of depressed seniors, which will probably cost a heck of a lot more.”

A Jamaican male, who links mobility benefits derived from the automobile to health in older age, shares:

_I think the Toronto government should help me maintain my car and everything it needs for one reason and one reason only. The reason is because I need the car to be in tip-top shape. Without the car and my driving I wouldn’t be able to get to where I need to go and get there on time. I have arthritis in the hips and I always have to go to the specialist and how would I get there if I didn’t drive? I can’t take the bus because it is uncomfortable and I can’t be paying for a taxi 4 times a month, so I need to drive to make sure I am healthy when it comes to my left hip. And the Ontario Government, I think, and probably the Harper government, the feds, they gives [sic] seniors so many things like free health care and few other things here and there. They do this so seniors can be healthy and happy and because they [the government] know that seniors can’t afford a lot, so they make it free. I don’t see why they just don’t do this with the car._

A Trinidadian woman, who needs “the car to be me – a social butterfly,” and links mobility benefits to “my overall happiness,” expresses:

_I love driving but sometimes I wonder how I can keep paying for every single thing that is wrong with my car. It adds up, you know. But I need to drive, that can’t be a question. I need it because it keeps me social and I need to be social at my age because it makes me so happy and makes me feel so good. When I was younger, when I was working, I didn’t need to be as social because I had work and was always running around after the kids, so I felt I had enough social in my life. But now I feel like I need the social because it makes me feel so happy and good and I don’t want to give it up because I can’t keep my_
I do think the government can help in some way and that they should because there are probably tons of seniors in the same position as me and the government would only be doing itself a favour by making sure seniors are happy when they get older because then we don’t have to keep going to the doctors or wherever always complaining about how happy we are. And the government gives us free health care, so they can help with the car payments or something, or maybe they can include helping with [the] car as a health care policy, because if they help with the car, because seniors need to get around to be happy, then they make sure we are healthy as we age.

8.2 Findings and Relevant Results: Seniors’ Perceptions Pertaining to Instrumental Concerns around Driving Cessation

This section will examine the findings of this chapter, and further link these findings and relevant results to current literature, noting where these findings contribute to the current literature base, while also highlighting where new and unexplored information is presented.

8.2.1 Findings and Relevant Results: Personal Health Self-Evaluations and Driving Cessation

To date, a number of studies (see for example, Lister, 1999; Lister, 2008; Dellinger et al., 2001) examine seniors’ perceptions around driving cessation. In general, current research had come to 2 conclusions. On one side, studies have found that when seniors perceive their health as poor and/or failing they cease driving, often without the insistence of their health care providers. On the other hand, research has also shown that even when seniors perceive their health to be poor and/or failing, many do not cease driving.

Hakamies-Blomqvist & Wahlstrom (1998) and Dellinger et al. (2001) serve to exemplify this debate. The work of Hakamies-Blomqvist & Wahlstrom (1998) examines Finnish seniors’ perceptions around health and driving cessation former or current drivers aged 70 and older. Participants were asked to complete a self-reported health evaluation indicating whether personal perceptions around health influence their decision to drive and/or cease driving.

Similarly, Dellinger et al. (2001) examined health indicators of community-dwelling Southern Californian older adults partaking in the 1994 Lipid Research Clinics Prevalence Study (LRCPS). All participants were 55 and older, and the group consisted of both non-drivers and drivers. Throughout the LRCPS, seniors were asked to indicate how they perceived their health, which was then correlated by the authors to whether or not seniors drove.
In each study, the authors demonstrate that seniors’ perceptions around personal health influence their driving. Hakamies-Blomqvist & Wahlstrom (1998) consistently find that the majority of older drivers who perceive themselves to have adequate, poor or failing health cease driving accordingly, without the advice of a medical practitioner, and cite perceptions around their health as the primary reason. In fact, a number of seniors openly share that their ideas around their personal health caused them to fear getting into an automobile accident, hurting others and/or themselves, and, thus, led to the cessation of driving; seniors partaking in this study see poor health as a central reason to no longer drive in older age.

The work of Dellinger et al. (2001) confirms the above findings by noting that a significant number of seniors who perceive their health to be poor also cease driving accordingly. These seniors reveal perceptions around their health to be the sole reason they decided to cease driving. Here, too, the decision to cease driving was based on personal perceptions around health and not the advice of a health care professional.

However, Dellinger et al. (2001) further notes that a number of seniors who perceive themselves as having poor or failing health continue to drive and have no intentions of ceasing. These older drivers may aware of their health-related inabilities to safely drive or be unfamiliar with health-related factors that compromise the ability to safely drive. As such, Dellinger et al. (2001) concludes that seniors’ perceptions around personal health do not always result in the cessation of driving.

This thesis further contributes to the understanding of seniors’ perceptions around personal health and driving cessation by demonstrating that seniors judge their health in relation to their ability to drive using self-created “health screening tools.” As is noted in topic ‘Self-Examination Prior to Driving,’ 6.5% of all participants perform personal self-evaluation prior to driving, which determines for them whether a decision to cease and/or continue driving is needed. These self-employed screening measures are seen as the “true recommendation to knowing whether I should give up my keys.” Further, like other works discussing seniors’ perceptions around health and the impacts on driving cessation, this thesis demonstrates that all senior participants that employ self-evaluation techniques do so without the aid and/or guidance of a health care professional.

Where this thesis significantly differs from other works on seniors’ perceptions around health, driving ability and driving cessation is in its demonstration of the in-depth self-evaluation design undertaken by these seniors when determining their ability to safely drive and/or inform
themselves around whether they should cease and/or continue driving. As is noted in the topic ‘Self-Examination Prior to Driving,’ these 6.5% of seniors not only have specific tests they complete, but testing parameters and/or conditions and pass/fail thresholds.

Importantly, findings from topic ‘Self-Examination Prior to Driving’ further demonstrate that perceptions around personal ideas of health, driving ability and driving cessation are expressed only by Caribbean/African (13.5%) and Caucasian (12.3%) seniors, whereby not a single Asian or South Asian senior expressed such sentiments.

In light of the above perceptions expressed around the topic ‘Self-Examination Prior to Driving,’ a number of concluding remarks may be inferred. First, it may be inferred that ideas around personal health and the impact of driving cessation are influenced by ethnicity, given that only Caribbean/African and Caucasian seniors express that they undertake personal self-examination to determine whether they are healthy enough to drive. Secondly, and of great concern, perceptions around the usefulness and accuracy around self-examination techniques may ensure that these Caribbean/African and Caucasian seniors are ignoring important bodily signs regarding their ability to safely drive and/or are minimizing the current health-related concerns that may impair their ability to safely drive. As such, these seniors may not be retiring from the road at the appropriate time. Lastly, and again of great concern, is the fact that perceptions around the reliability of self-examinations in determining one’s driving ability may replace the medical advice of a health care professional in determining these seniors’ ability to safely drive.

8.2.2 Findings and Relevant Results: Seniors’ Perceptions around the Role of the Co-Pilot

To date, no studies have examined seniors’ perceptions around the role of a co-pilot and driving cessation in later years. As such, the topic ‘Co-Pilot Delays Driving Cessation’ further informs our understanding of seniors’ perceptions around driving cessation, by highlighting that for a small number of seniors “having a co-driver makes me a safe driver and a better driver” and is, therefore, a strategy used to “ward of any driving cessation.” As is noted in Table 8.2, such perceptions are shared 9.4% of all participants.

Further, this thesis brings to light that ideas around the “safety provided by my co-pilot” are discussed only by the Caribbean/African and Caucasian seniors, and no seniors from the Asian and South Asian communities. The topic ‘Co-Pilot Delays Driving Cessation’ is discussed by 28.8% of Caribbean/African and 13.2% of Caucasian seniors, who agree that “a co-pilot is
necessary to help you take in the entire roadway and just remind you of things that you might forget after so many years of driving."

In light of the above perceptions, a number of concluding remarks may be noted. First, it may be inferred that perceptions and ideas around the safety and security provided by the presence of a co-pilot are highly influenced by ethnicity, given that the only seniors to discuss such perceptions are from the Caribbean/African and Caucasian communities. Further, it may be inferred that these Caribbean/African and Caucasian seniors are exercising unsafe driving habits, given that they may not be able to navigate a number of roadway situations and/or be using an inexperienced co-pilot (i.e. co-pilot has never driven) as a means of interpreting and navigating roadway environments. Lastly, it may be noted that perceptions around the enhanced driving safety provided by the presence of a co-pilot allows these seniors to avoid, deny and/or ignore age and other health-related concerns around their ability to drive. This may lead to a situation whereby these Caribbean/African and Caucasian seniors are not transitioning from active to non-active drivers in an appropriate timeframe.

8.2.3 Findings and Relevant Results: Seniors’ Perceptions around the Cost of Maintaining the Automobile in Older Years

A number of works (see for example, Lister 1999; Kostyniuk and Shope, 1998; Liddle et al., 2008; Rudman et al., 2006) document that for a number of seniors driving cessation is believed to be a direct consequence of the inability to afford the cost of a private automobile in later years. The work of Rudman et al. (2006) exemplifies such statements. The Toronto-based study examines the perspectives of pre-seniors and seniors on driving self-regulation and driving cessation in later life. In relation to the theme ‘monitoring and regulation of self,’ participants share that the primary reason to cease driving is the presence of roadway stressors that may cause seniors to become involved in an accident.

A small number of these seniors who identify with the theme ‘monitoring and regulation of self,’ further share that the cost of maintaining an automobile may also factor into the decision to cease driving (Rudman et al., 2006). According to these seniors, however, the inability to afford one’s automobile in later years and therefore be forced to cease driving is considered an act that will likely never happen and low on senior’s list of factors contributing to driving cessation. In fact, Rudman et al. (2006) notes that ideas around the cost of maintaining the private automobile in older years and the relationship to driving cessation are rarely discussed.
Findings from the topic ‘Cost of Maintaining an Automobile in Older Years,’ confirm the above. As is noted in Table 8.3, approximately 18% of all senior participants share that “the great cost of owning your own car is probably going to be the reason I don’t drive no more.” It is perceived that the primary reason as to why they would be unable to afford the automobile in older years is due to the overall high “expense of that darn automobile, with gas and such” and the cost of the automobile in relation to “other expenses that come up in your old age, like paying for certain medications and stuff.” As such, the financial cost of maintaining an automobile in older years is directly correlated to driving cessation for these seniors. In fact, for seniors who share that the “relationship between money for my car and driving cessation is very real,” the cost of maintaining an automobile in later years is seen as the primary factor behind driving cessation. In current literature, as noted above, perceptions around the financial cost of maintaining one’s vehicle has been seen as a secondary factor.

Although a number of seniors perceive that they are unable to afford the automobile “due to how much it costs to have one in my old age,” the majority of participants perceive that the cost of maintaining the automobile in later years has no relation to driving cessation, as is noted in the topic ‘Cost of Maintaining an Automobile in Older Years.’ Over 81.7% of all senior interviewees share that “there is no problem of affording my car” and, therefore, no perceived relationship between “keeping my car and that ugliest thing in life – not driving.”

Most importantly, findings throughout the topic of ‘Cost of Maintaining an Automobile in Older Years’ demonstrate that the perceived correlation between the cost of keeping one’s private automobile in older age and driving cessation is a perception shared by only non-Caucasian seniors. As is noted in Table 8.3, only Caribbean/African, Asian and South Asian seniors, but not a single Caucasian senior, express that “the high and crazy costs of owning my wonderful baby [car] is going to be my only reason for having to put down my keys.” 74.5% of Caribbean/African, 11.8% of Asian and 11.3% of South Asian seniors positively identify with this particular topic, whereby all Caucasian (100%) seniors share that they are able to afford the automobile in later years and, therefore, “do not associate the cost of my car to not driving.”

It should also be noted that while the great majority of Caribbean/African seniors share that the inability to financially afford the automobile may cause driving cessation, a small number of Caribbean/African seniors share that they do not perceive any relationship between the cost of maintaining one’s automobile in later life and driving cessation as they would “simply ask my kids to help me pay for anything that has to do with keeping my car in my old age, like
gas and insurance.” As is noted in Table 8.3, sub-topic ‘Will Ask Children to Aid with Automobile Costs,’ just over 8% of Caribbean/African seniors express such sentiments.

Given the above statements regarding the topic ‘Cost of Maintaining an Automobile in Older Years,’ a number of concluding remarks may be inferred. First, it may be noted that perceptions around the cost of maintaining a vehicle in older age in relation to driving cessation may reflect the current financial circumstances of Caribbean/African, Asian and South Asian seniors. Secondly, it may be noted that Caribbean/African seniors have a unique perception regarding the responsibility of others in ensuring their mobility by way of the private automobile. This may be asserted given that Caribbean/African seniors, and only these seniors, express no relationship between driving cessation and the affordability of the private automobile in later years, as they would readily ask their children to pay for any costs associated with the up-keep of one’s automobile.

8.2.4 Findings and Relevant Results: Seniors’ Perceptions around the Role of Government in Providing Financial Assistance in Maintaining the Automobile

To date, studies documenting and examining seniors’ perceptions around driving cessation do not highlight seniors’ perceptions around the role of government in ensuring that older adults are able to financially afford the automobile and in order to “make sure driving cessation doesn’t happen because of having no money for ya [sic] car.” As such, this thesis extends the understanding regarding seniors’ perceptions around driving cessation by highlighting that seniors believe that “the provincial government should make sure us old folks have enough money to pay for our cars so we don’t have to force ourselves to not drive.”

As is noted in the topic ‘Government Should Provide Seniors with Financial Assistance to Maintain the Private Automobile,’ just over 10% of seniors express that the “government should give seniors the necessary dough [laughs] to make sure we can keep driving even if we are having some financial problems,” so that these seniors are not forced to cease driving.

While only a small number of seniors identify with the topic ‘Government Should Provide Seniors with Financial Assistance to Maintain the Private Automobile,’ this thesis brings to light that such perceptions are only shared by Caribbean/African seniors, whereby seniors from other ethnic groups do not identify with this topic. As is noted in Table 8.4, over 70% of all Caribbean/African seniors perceive that “it is role of the government to make sure they give seniors who can’t afford their car money so that they can afford their car so that they keep on
As is further noted in Table 8.4, these Caribbean/African seniors base such sentiments on the fact that the private automobile provides mobility and the many benefits derived from mobility, whereby it is the responsibility of the government to ensure this continued mobility by way of the private automobile. As is noted in sub-topic ‘Financial Assistance to Maintain Mobility,’ these Caribbean/African seniors share that the mobility benefits associated with driving can be assured should the government provide them financial resources to maintain their automobile and ward off driving cessation.

Given the perceptions expressed around the topic ‘Government Should Provide Seniors with Financial Assistance to Maintain the Private Automobile,’ a number of concluding remarks may be made. First, it may be assumed that perceptions around the role of the government in providing seniors with financial assistance for the private automobile in order to mitigate driving cessation may be influenced by ethnicity. This may be asserted given that the majority of Caribbean/African seniors, and only these seniors, broach this topic. Secondly, it may be noted that Caribbean/African seniors may have a unique understanding regarding the responsibility of others to ensure their mobility by the private automobile in later years.
Chapter 9

Category 4: Seniors’ Perceptions around Preparing for Driving Cessation and Third Party Involvement in the Driving Cessation Decision-Making Process

Chapter 9, Category 4, brings together the themes of ‘Seniors’ Perceptions around Preparation for Driving Cessation’ and ‘Third Party Intervention in the Driving Cessation Decision-Making Process,’ and each corresponding topic and sub-topic. Each overarching theme pertains to future plans in preparing for driving cessation and perceptions regarding who may involve themselves in this decision-making process. Section 9.1 discusses seniors’ perceptions around preparing for the cessation of driving; section 9.2 links seniors’ views on this theme to current literature documenting where different understandings around preparing for driving cessation emerge; section 9.3 examines seniors’ perceptions around the role of and right of a third party involving oneself in the decision-making process surrounding driving cessation, exploring whether or not a senior’s physician, family members and/or friends should insert themselves in the decision-making process. Third party involvement in the decision-making process is well documented in literature and section 9.4 highlights where different understandings, as found within this work, arise regarding this theme.

9.1 Preparation for Driving Cessation

This theme examines seniors’ perceptions regarding future plans around driving cessation, and whether seniors’ perceive these preparations to be necessary. While other topics within this Category may be considered under this theme, only topics in which seniors explicitly express whether or not they are actively making future plans to cease driving are incorporated. As such, this theme only includes the topic ‘Preparing for Driving Cessation,’ which includes seniors’ perceptions around preparing for driving cessation, both within the near and distant future.

9.1.1 Preparing for Driving Cessation

For each one-on-one interview, participants are asked whether or not they had made any alternative transportation preparations in the likelihood of driving cessation. The overwhelming majority of seniors, regardless of ethnicity, admit that they have not prepared for the cessation of driving, thereby discussing this topic in a negative framework. Just over a dozen seniors, however, proudly share that they have made preparations for a “future without a car,” thus expressing this topic in a positive framework. Throughout this topic and its various sub-topics, ethnic differences in perceptions arise.
Table 9.1: Prevalence of Seniors Indicating ‘Preparing for Driving Cessation’

<table>
<thead>
<tr>
<th>Sub-topic: Life Plan</th>
<th>Sub-topic: Still Healthy&lt;sup&gt;16&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>12 (9.4%)</td>
</tr>
<tr>
<td>South Asian</td>
<td>5 (1.4%)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Asian</td>
<td>4 (3.1%)</td>
</tr>
<tr>
<td>South Asian</td>
<td>6 (2.2%)</td>
</tr>
<tr>
<td>Caucasian</td>
<td>111 (91.7%)</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>47 (79.6%)</td>
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</tbody>
</table>

<table>
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<tr>
<th>Sub-topic: Driving Cessation Will Not Occur in their Lifetime</th>
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<tr>
<td>Asian</td>
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<td>South Asian</td>
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<td>Caucasian</td>
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<tr>
<td>Caribbean/African</td>
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<tr>
<th>Sub-topic: Admit One Cannot Drive</th>
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<tbody>
<tr>
<td>Asian</td>
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<td>South Asian</td>
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<td>Caucasian</td>
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<td>Caribbean/African</td>
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<tr>
<th>Sub-topic: Beat the Aging Process</th>
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<tr>
<td>Asian</td>
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<tr>
<td>South Asian</td>
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<tr>
<td>Caucasian</td>
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<tr>
<td>Caribbean/African</td>
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</table>

<table>
<thead>
<tr>
<th>Sub-topic: No (without an explanation)</th>
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<tbody>
<tr>
<td>Asian</td>
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<tr>
<td>South Asian</td>
</tr>
<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>Caribbean/African</td>
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</tbody>
</table>

<sup>16</sup> It should be noted that discussions around health in the sub-topic ‘Still Healthy’ are self-evaluations made by seniors and not professional health care workers.
A total of 334 seniors – a staggering 95% of all participants – openly share that they have not made any preparations for life after driving cessation. As noted in Table 9.1: Prevalence of Seniors Indicating ‘Preparing for Driving Cessation,’ 90% of Asian seniors, 88% and South Asian seniors and all Caucasian (100%) and Caribbean/African (100%) senior participants state that they have “to date not made many attempts to plan for a life without a car.” As is detailed below, for these Asian, South Asian, Caucasian and Caribbean/African seniors, albeit to differing degrees, reasons for not preparing for driving cessation are grounded in the fact that they are ‘Still Healthy’ and, thus, not experiencing driving related challenges, and “truly and honestly” believe that ‘Driving Cessation will not Occur in their Lifetime.’ As noted in the third sub-topic, only Caucasian and Caribbean/African seniors link the lack of preparation to the fact that to do so is to openly ‘Admit to One Cannot Drive’ in older age. Caribbean/African seniors discuss this topic by noting that to avoid making plans is to simply and successfully ‘Beat the Aging Process.’ As is seen in the final sub-topic, ‘No (without an explanation),’ an overwhelming number of Asian and South Asian seniors define this topic with a simple “no.”

In relations to the first sub-topic, ‘Still Healthy’, the overwhelmingly majority of Caucasian (91.7%) and Caribbean/African (79.6%) seniors, and less than a handful of South Asian (2.2%) and Asian (3.1%) seniors, perceive that there is no “real reason” to plan for the cessation of driving as they are in “perfect health” and not experiencing any “driving problems or challenges or difficulties or whatever.” Reflecting on reasons to cease driving, a Jamaican man shares:

Well, let me see. [3 minute pause]. The only true reason you would start drawing up plans to not drive is quite simple – health. Once your health goes well that is the end of that, for the most part. Sometimes you can drive when you are unhealthy. But, back to what I was thinking. I am healthy as can be and I don’t have any problems with my driving. None at all. And I would know if I did or if I wasn’t healthy. So let me say because I am so darn healthy there is no reason to start planning for no driving. Why should I begin? I am healthy and it is not like no driving happens to healthy people.

Similarly, an older Caucasian male, who is “in tip-top shape,” states:

Never and not once. Not driving and planning for a life with not driving has never in a million years crossed my mind. I won’t plan for it and I won’t start planning for it. Why would I? I am healthy and not slowing down, so why plan? You should only plan for
things when they happen and it has hasn’t happened. So no need to plan. And maybe if some medical thing pops up and I am not healthy anymore and not a safe driver because of it, then maybe I can plan or start planning. But I am not planning now, I am one healthy and strong older man.

A second Caucasian man, who perceives himself to have the “strength of 3 young lads,” notes: Why plan? There is nothing the matter with me. Nothing. I am super healthy, so there is no need to make any other arrangements. I drive fine, my healthiness doesn’t affect my driving abilities [laugh]. Just the opposite my dear, it makes me the best driver. So like I said, no need to stop driving and no need to make plans for not driving.

The small number of seniors from the Asian and South Asian community also express similar sentiments to those heard above. One Chinese man, who describes himself as “healthy as 3 bulls and a horse,” shares: “Why would I plan [for driving cessation]? Really, why would I? There really is no reason to plan because I am healthy and I can drive fine. Do you plan for things when you are healthy? I don’t, so I haven’t planned for this.”

While these Caucasian and Caribbean/African seniors articulate that they have not prepared for driving cessation, as they are “healthy as can be,” they further admit that even when one is afflicted with health-related challenges, planning for driving cessation may not be necessary. For these seniors, it is believed that it is possible to safely drive while ill; being unwell in later years does not translate into driving cessation and, thus, there may be no need to prepare for driving cessation. An Ethiopian man, who has been currently diagnosed with lung cancer, shares:

*Just because you are sick doesn’t mean you have to stop driving. When you are sick do you stop living? Nope, what you do is keep going on. So that is what I do. Just because I am sick doesn’t mean I stop driving. It is okay to keep driving even when you are not well, because your ability to drive just disappear. Oh, and also you don’t exactly need to plan for not driving just because you are sick because like I said your abilities don’t fly out the door because you are sick. I haven’t planned for not driving, not one bit.*

However, these seniors, in discussing the sub-topic ‘Still Healthy,’ do state that others (i.e. friends and/or family) experiencing serious health-related and physical ailments that impact one’s ability to safely drive should consider planning for driving cessation. A St. Lucian woman, whose father ceased driving after being diagnosed with advanced dementia, states:
The only time you should plan to stop driving is if you are suffering with dementia or something that affects your reasoning. Otherwise just because you aren’t 100 percent doesn’t mean you need to stop driving. My friend Costa drives and he has the beginning stages of Parkinson’s. See what I mean? People can drive even when they are not 100 percent.

Health-related and physical ailments that are considered important enough to plan for driving cessation include cognitive impairments and physical amputations. In general, though, health-related ailments may not directly necessitate the need to plan for driving cessation for these mature drivers.

A second perception shared by seniors is that ‘Driving Cessation Will Not Occur in Their Lifetime.’ As such, a great number of mature driver’s note that they have not planned for the cessation of driving as such an event will not “happen in my life, not now and not ever.” Similar to the above sub-topic, Caucasian (89%) and Caribbean/African (77%) seniors are more likely to express such sentiments when compared to their South Asian (15%) and Asian (7%) counterparts. A Trinidadian male, who “knows not driving will not happen to me,” shares:

It just won’t happen to me. I just know this deep down and inside my gut it will never happen to me. Don’t ask me why, I can’t explain why I think like this. I just have the instinct that not driving is not something that I’ll ever have to face and to tell me different is to lie to my face. And I am not planning for something that is never going happen. Like when I was younger I just knew I didn’t want kids, so I didn’t plan for a life with kids. I did the opposite; I planned for a life without kids. And that is the same here, why plan for something that won’t happen?

Given that it is perceived by these seniors that the cessation is not a life event that they will have to contend with, each of these Caucasian, Caribbean/African, Asian and Caucasian seniors further firmly state that they never concern themselves with the thought of no longer driving and, thus, is not “something that ever crosses my mind” and that planning for “something you don’t think about and know won’t happen is backwards.” As one Jamaican man, who has never given driving cessation a “first thought or a second thought,” shares:

I could care less to think of it [referring to driving cessation and planning for driving cessation]. I really do not think of it because it won’t happen to me. And at this age and this stage in my life I really only think of things that I know will be a problem. And I only plan for things that will happen. Who the heck has time to plan for things that won’t
happen at this age? I planned for my funeral because I know that will happen, but not not driving because I know that won’t happen and I won’t even think of it.

An Indian man, who has been driving “before he was born,” happily states:

I am making no plans because, look, I know it will never happen to me. I will never need to stop driving, I just don’t see it ever. So why make any plans for something that will never happen to me? Sounds a bit silly to plan for something that you know will never happen. Don’t you agree? The thought doesn’t even cross my mind until this moment.

Something even funnier is planning for something you don’t even think about.

In addition, to demonstrate that the cessation of driving will “never occur” and, thus, is not deserving of a “thorough plan,” each senior names a close friend and/or family member who has recently ceased driving. In doing so, these Caucasian, Caribbean/African, Asian and South Asian seniors draw a direct comparison between themselves and the circumstance which led one’s close family and/or friend to cease driving. Each senior re-affirms that “these driving cessation circumstances” will not happen to them and, thus, neither will driving cessation. In relaying why his close friend has ceased driving, a male from St. Lucia shares:

Well Jerome had to stop driving because he was going blind in his left eye and some of his right eye. He had some disorder that he couldn’t control and that no medicine can help, at least that is what the doctor at St. Mike’s told him. Anyways, Jerome lost his license after his eye doc reported him, or was it the eye specialist? A sad but true story. Jerome hasn’t been the same since. And see, no pun intended, it is things like this that causes no driving. And I know I won’t be going blind or have any eye troubles now or in the future and I am not going to plan because I don’t have a reason that will put me over the edge [referring to driving cessation].

One of the 7 South Asian seniors who “know lots of people who stopped driving” states:

Let me see, I can name tons and tons of people who can’t drive no more. Either they ended up sick or had something happen to them and their license was taken away by their doctor or the government or someone from the government of British Columbia. My wife’s friend, Kirsten, well she had gotten into a car accident because she had a seizure and they took away her license. These things that cause my friends to stop driving won’t be a problem for me. I know I won’t have some cancer or a seizure that will make me stop. And I won’t plan for not driving because there is no reason to.
77% of Caribbean/African and 51% Caucasian seniors perceive that to begin preparing for driving cessation is to openly ‘Admit One Cannot Drive.’ Not one Asian or South Asian senior identifies with this sub-topic. As these Caribbean/African and Caucasian seniors readily note they have not made arrangements for alternative forms of transportation given that it would signal that one is an incompetent driver. One Grenadian man, who is the proud owner of 3 cars and “can drive them all at once,” states:

Are you kidding Miss? To even think of trying to prepare for not driving is like to call your child and say “Hey Anthony. Guess what? Papa is having difficulty driving because my eyesight is slowly going. Let me tell you now that would never ever, ever happen in my house. Ever. And yes, my eyesight is slowly going, but only slowly. If I did that [referring to planning for driving cessation] would be like saying I can’t drive anymore because you only plan for something in this house when change is happening.

One Caucasian man, who has been driving his “entire life,” expresses:

I would never prepare for not driving. Do you understand that? Well I might as well take out a billboard add and scream to the world that I can’t drive because that is exactly what that is doing. Imagine if my kids found out I was planning for no longer driving? [laughs]. I might as well die now. So if I started planning for not driving that means I need help getting around and that I would need other transportation which I don’t and I don’t want people to think that. I don’t want my kids to by running up to me and saying “Hey daddy, can I help you with anything? Do you need a ride anywhere?” That would be humiliating and so degrading.

Regarding the fourth sub-topic, ‘Beat the Aging Process,’ just under half of all Caribbean/African (49%) senior participants, but no other ethnic group, state that to begin planning for the cessation of driving is perceived as willingly giving into the aging process. Preparing for driving cessation is framed as “giving in” to older age, “being weak as you age” and “losing the battle” regarding the aging process. A Jamaican man, who was raised by a grandfather who drove well into old age, states:

When my grandpop stopped driving because he felt uncomfortable, I remember my uncles saying and me thinking that he is just weak and giving in to being old. We all get old and that shouldn’t be a reason to stop driving. I used to tell grandpop to just make short trips, to fight the urge not to drive, because how else was he going to get around?

After he stopped driving, he spent so much time at home. Something he never did when
he was driving .... So if I started preparing for not driving and coming up with plans, well then I just might as well call these uncles and say that I have given into being old and that old age has finally got the best of me.

Therefore, older adults equate not preparing for transportation alternatives in the likelihood of driving cessation with refusing to succumb to the perils of age.

While the overwhelmingly majority of Caribbean/African and Caucasian seniors provide lengthy answers as to why they have not planned for the cessation of driving, 95% of Asian and just under half of all South Asian (47%) seniors do not provide an answer, as is evident in the sub-topic category ‘No (without an explanation).’ These Asian and South Asian seniors simply answer that they do not plan and/or have not begun planning for driving cessation. When asked by the researcher why they have not made transportation alternatives, they did not provide an answer, whereby many shrugged their shoulders and/or quickly changed the topic. To exemplify, a Korean man, when asked if had planned for driving cessation, quickly responds, “No, I haven’t [shakes head]. No, sorry I haven’t. What is the next question?”

A small number of seniors (4%) proudly share that they have begun planning for driving cessation. As is evident in the ‘Life Plan’ sub-topic, these seniors are from the Asian and South Asian community. While small, a total of 9% of Asian and just over 1% of South Asian seniors note that they have begun planning for driving cessation as such plans are perceived as an “essential element” of one’s “overall life plan and strategy.” For these Asian and South Asian seniors, planning for driving cessation and mobility alternatives provides security and safety in the event one should cease driving unexpectedly and/or expectedly. In preparing for cessation, Asian and South Asian seniors believe that it may reduce the shock of cessation and further relieve some of the burden that one’s family might feel in having to provide transportation. A Japanese man, who proudly admits to having planned for driving cessation, notes:

Well just think carefully about it. If life you plan for your retirement, your health, your children schooling costs and just about everything else. Why not have a plan in place just in case you can’t drive? I do and so does my wonderful wife, Mihee. That is not to say we can’t drive or we are beginning to feel uncomfortable. We aren’t. We are just being secure.

An Indian woman, who “enjoy[s] driving but am not stupid around not driving,” shares:

Oh course me and Jack made plans not to drive. We laid it all out. This doesn’t mean we are going to stop, we just need a plan. So we came up with one and talked to our kids
about it and we are all happy with it. You need to plan for these things. I mean we planned in our will who will get the house and all that stuff, so why not this? At first, it was so hard to even talk about but we did it and we planned for it. I mean we hope we don’t ever have to use our plan but at least it is there and it will keep us moving even if we don’t drive anymore.

It is important to note that regarding this particular sub-topic not a single Caucasian or Caribbean/African senior states that they have begun planning for driving cessation.

9.2 Findings and Relevant Results: Preparation for Driving Cessation

The following will highlight the findings within the theme ‘Preparation for Driving Cessation,’ connecting, where appropriate, these findings to current literature, while differentiating where this work generates new information.

9.2.1 Findings and Relevant Results: Preparing for Driving Cessation

Preparation for driving cessation is a well-researched topic in literature pertaining to the cessation of driving amongst older adults. Numerous studies (see for example, Rudman et al., 2006; Kostyniuk and Shope, 2003; Persson, 1993; Bauer et al., 2003; Kostyniuk and Shope, 1998) document whether older driving adults prepare for the event of driving cessation and how seniors perceive the need to prepare for the likelihood of no longer being able to use the private automobile. Studies consistently find that the majority of seniors do not prepare for driving cessation, irrespective of older age range (i.e. 75 years, 80 years, 85 years, etc.). To exemplify, In a study examining driving patterns amongst drives, former drivers and driving couples over age 65, Kostyniuk and Shope (1998) finds that not a single senior, out of the 90 interviewees, actively planned for driving retirement; this even applies to participants facing age and/or health-related challenges generally associated with driving cessation. For these seniors, driving cessation is not viewed as an urgent and/or important matter that must be immediately contended with. In a more recent study with 1,053 respondents aged 65 and older, Kostyniuk and Shope (2003) come to a similar conclusion, whereby older driving adults do not plan and/or prepare for a time when they would no longer be able to drive. Through a telephone-based survey, over half of all seniors state that they have not, in any manner, prepared for driving cessation as they perceive it to not be of any concern in the foreseeable future (Kostyniuk and Shope, 2003).
Consistent with the above, this thesis demonstrates that seniors do not prepare and/or plan for the cessation of driving. As is noted in the topic ‘Preparing for Driving Cessation,’ just over 95% of all participant’s state that they are not “making any type of preparation for not driving.” Importantly, such findings are evident across ethnicity, whereby the majority of seniors, regardless of ethnic background, share that they have not “even thought about it and defiantly have not planned for a life without my car.” A small ethnic difference does arise, however, given that all Caucasian (100%) and Caribbean/African (100%) seniors admit to not planning for cessation, where just over 90% of Asian and 88% South Asian senior make similar comments.

9.2.2 Findings and Relevant Results: Health Status in Preparing for Driving Cessation

Literature highlighting this particular topic, in general, demonstrates that the primary reasoning as to why seniors have not planned for the cessation of driving is grounded in the fact that these older adult perceive themselves to be ‘fit’ and/or ‘in good to excellent health’ and, thus, are free of any physical, visual and cognitive impairments that may result in cessation. In one of the earliest studies documenting seniors’ perspectives on driving cessation, Yassuda et al. (1997) finds that the majority of interviewees had not made any arrangements in the likelihood of driving cessation and seemed more concerned with the maintenance of driving skills as opposed to planning for retirement from the road. When asked why a driving cessation plan had not been conceptualized, participants note that they were healthy and, therefore, did not feel the need to make alternative plans in the likelihood of no longer driving. Numerous other studies (see for example, Sims et al., 2007; Marottoli et al., 1993; Hakamies-Blomqvist et al., 1998), using more quantitative approaches to measure perceptions around health and driving cessation, overwhelmingly show that older drivers note good to excellent health as they primary reason to continue driving and not make any plans for cessation. For instance, Sims et al. (2003), using the self-rated health measures (‘poor,’ ‘fair,’ ‘good,’ ‘very good,’ or ‘excellent’), demonstrates that 94% participants who perceived (through a rating system) themselves to be in ‘good,’ ‘very good’ or ‘excellent’ health cited health as a foremost reason to continue driving.

Similar to the findings in the literature, this thesis demonstrates that perceptions around one’s overall health are a primary reason for not planning for the cessation of driving, as is noted in the sub-topic ‘Still Healthy.’ Such perceptions are readily expressed by just over 91% of Caucasian and 79% of Caribbean/African seniors. As is described in Table 9.1, under the sub-
topic ‘Still Healthy,’ the majority of Caucasian and Caribbean/African seniors perceive themselves to be in “great, if not excellent health” and, therefore, see “no reason to make such plans.” A smaller number of Asian (3.1%) and South Asian (2.2%) seniors perceive that one’s health is a reason to “avoid planning for that type of event.” As such, it may seem that Caribbean/African and Caucasian seniors believe that one’s “great health” may deter one from planning for the cessation of driving, whereby Asian and South Asian seniors may perceive other factors to be more pressing as to why they have not begun preparing for driving cessation.

Furthermore, in discussing health related factors and driving cessation when discussing ‘Still Healthy,’ these Caucasian and Caribbean/African seniors contradictorily state that “even when faced with serious illnesses” the preparation for driving cessation may not be necessary. As noted in sub-topic ‘Still Healthy,’ these Caucasian and Caribbean/African seniors perceive that one may continue to safely operate an automobile even with certain ailments, such as cancer and joint disorders, that are characteristic of driving cessation (Marottoli, 1993). In fact, seniors partaking within this study who are currently afflicted with “serious problems,” share that “you can still drive sick.” As such, it may seem that such comments indicate that Caucasian and Caribbean/African seniors may not always be willing to recognize the effects of being ill on one’s ability to safely drive and, thus, may not plan for the cessation of driving in a timely fashion. Such comments, made by Caucasian and Caribbean/African seniors, further suggest that these seniors are aware of illnesses that may lead to poor driving ability and may be afflicted with such ailments (i.e. cancer), but are in denial of the true nature of these illnesses in relation to their ability to safely drive. Further, while other studies note that seniors drivers do drive with health-related challenges commonly associated with driving cessation (i.e. Lister, 1999; Campbell et al., 1993; Kostyniuk and Shope, 1998), no study documents that Caucasian and Caribbean/African seniors in particular perceive that health-related ailments in older age do not necessitate a plan outlining “what happens next” following cessation.

9.2.3 Findings and Relevant Results: Likelihood of Driving Cessation in One’s Lifetime and Aging and Driving Cessation Process

While perceptions around planning for driving cessation are examined in previous literature, ethnic differences have not been examined. As noted in the theme, ‘Preparing for Driving Cessation,’ a number of perceptions, other than health, influence one’s decision to plan for driving cessation, and trends emerge according to ethnicity.
A significant finding, as is noted in the sub-topic ‘Driving Cessation Will Not Occur in Lifetime,’ demonstrates that seniors perceive that the cessation of driving will not occur in their lifetime and, thus, spend “no time at all thinking and planning about something that won’t happen to me.” Such perceptions are particularly strong amongst Caucasian and Caribbean/African seniors. As is found in Table 9.1, the sub-topic ‘Driving Cessation Will Not Occur in Lifetime,’ approximately 90% of Caucasian and close to 80% of Caribbean/African seniors perceive “no need to plan for a life change that just isn’t going to happen to me” as “I will never have to face not driving.” Such perceptions, as expressed by Caucasian and Caribbean/African seniors, may be directly correlated to perceptions around one’s health.

Importantly, such perceptions, as is noted in Table 9.1, sub-topic ‘Driving Cessation Will Not Occur in Lifetime,’ are also discussed by 15% of South Asian and less than 10% of Asian seniors, thus signaling that they too believe, albeit to a smaller degree, that driving cessation is “not happening to me” and, therefore, do not “see any reason to plan.” Thus, while preparing for driving cessation is overwhelmingly expressed as an “unnecessary task” by Caucasian and Caribbean/African seniors, this view is also held by some of their South Asian and Asian counterparts.

A number of conclusions may be drawn from the sub-topic ‘Driving Cessation Will Not Occur in Lifetime.’ First, such comments may indicate that these seniors deny and/or not readily admit that driving cessation is a real issue facing older drivers, and thus a life event that these seniors may have to contend with and/or prepare for. Furthermore, in perceiving that driving cessation may not be of any relevance in their lifetime and, therefore failing to prepare should cessation occur, these seniors may be completely caught off guard with this sudden life change. Numerous studies indicate (see for example, Bauer et al., 2003; Sims et al., 2003; Rudman et al., 2006) that seniors who prepare for driving cessation tend to feel more mobile, perceive themselves to be more in control and tend to more easily adapt to life without the automobile when compared to those that have not made such plans. As such, it may be of great importance and of great benefit for these Caucasian, Caribbean/African, South Asian and Asian seniors to create a strategic plan of action in the likelihood of driving cessation.

A second striking finding, not examined in current literature, arises regarding the sub-topic ‘Admit One Cannot Drive.’ Only Caucasian and Caribbean/African seniors perceive that to make plans for driving cessation is to openly “take out a public add” announcing that one can no longer drive. The great majority of Caribbean/African (77.9%) and just over half of all Caucasian
(51.2%) seniors conceptualize preparing for driving cessation in this framework. As such, it is evident that, for these Caucasian and Caribbean/African seniors, to prepare for driving cessation in any fashion is perceived as calling into question one’s own driving abilities in older age.

From these results, it is clear that planning for driving cessation is intrinsically related to perceptions around aging in greater society. Given the above comments and perceptions, as is seen in sub-topic ‘Admit One Cannot Drive,’ it may be noted that these Caucasian and Caribbean/African seniors may be reluctant to and/or refuse to prepare for driving cessation as to make such preparations is to admit that one is aging. Given the negative connotations generally associated with aging and, in particular, aging and driving cessation (Harrison and Ragland, 2003), it is not a surprise that these Caucasian and Caribbean/African seniors may delay preparing for driving cessation so as not to be cast in this light. As one study notes, no longer driving in older age is stigmatized in society, and thereby directly affecting how older adults view themselves and are viewed by wider society (Harrison and Ragland, 2003). Thus, for these Caucasian and Caribbean/African seniors, it may seem “perfectly rational that I don’t plan for not driving” and/or demonstrate any “move towards not driving” in order to ensure that one is not labeled as “old and unable to drive.”

While this thesis demonstrates that in not preparing for driving cessation older Caucasian and Caribbean/African drivers perceive themselves to “make sure I am not admitting to the fact that I can’t drive in my old age,” other works examine the relationship between perceptions around aging and driving cessation in wider society. As both Carp (1988) and Eisenhower (1990) note, greater society and, thus, senior drivers themselves perceive that to cease driving is to formally identify one as old. Continuing driving in older acts as a disidentifier of the stigmatized identify of old age generally associated with those who give up driving. In a North American context, to cease driving in later years is seen as weak, dependent upon others, feeble and to have one’s autonomy rightfully threatened (Cruikshank, 2003). Thus, many older drivers “cling fiercely to their right to drive because they well know that anyone too old to drive is indisputably old” (Cruikshank, 2003, p. 55).

In fact, as is evident in sub-topic ‘Beat the Aging Process,’ 49.1% of Caribbean/African seniors interviewed in this study directly state that the preparing for driving cessation is linked to “screaming one is old” and, thus, subject to the stigmatizing identities as discussed by Carp (1988) and Eisenhower (1990). However, as each of these seniors note, this stigma is “well-embedded in the Caribbean (and African) culture,” whereby it is perceived that to prepare for
driving cessation is to ‘old’ within one’s culture. Given this, these Caribbean/African seniors reason that to make no preparations is to ensure that one is “overcoming their age” and, therefore, avoid being viewed as old within their culture. Similar to the findings reported by Carp (1988) and Eisenhower (1990), aging within the Caribbean/African community is “something that is not looked upon with delight.”

In light of the above findings in sub-topics ‘Driving Cessation Will Not Occur in Lifetime,’ ‘Admit One Cannot Drive,’ and ‘Beat the Aging Process,’ a number of conclusions may be inferred. First, the above findings may demonstrate that Caucasian and Caribbean/African seniors may perceive that in not preparing for driving cessation one is warding off any stigma attached with driving cessation in older age. This stigma, according to these Caucasian and Caribbean/African seniors, is a social construct, and is perceived as being placed upon seniors by their wider community. For Caribbean/African seniors and Caucasian, such stigma is cultural and is linked to their community’s understanding around aging and driving cessation. Thus, perceptions around driving cessation and its inherent meaning may also inform our understanding regarding the aging and driving cessation and, further, provide an understanding as to why seniors, and in this case Caribbean/African and Caucasian seniors, do not prepare for driving cessation.

Secondly, findings reported under sub-topics ‘Admit One Cannot Drive’ and ‘Beat the Aging Process’ may indicate that ‘out of fear of being looked at as a certain way by my peers’ these Caucasian and Caribbean African seniors may be hesitant to plan driving cessation. In order to ensure one does not fall “prey to the aging cycle” these seniors may also deny and/or ignore clear signs that they should begin planning for life after driving. Should these seniors avoid preparing for driving cessation in order to forgo the “bad things people say about old people who can’t drive,” they may find it difficult to cope and/or adjust to driving cessation when and if it does occur.

9.2.4 Findings and Relevant Results: Barriers to Discussing Preparations for Driving Cessation

As is seen in the sub-topic ‘No (without an explanation),’ the great majority of Asian and South Asian seniors do not prepare for driving cessation for a number of reasons. The above further highlights perceptions as to why Asian and South Asian seniors prepare or do not prepare for driving cessation. However, in discussing this topic, the majority of Asian and South Asian seniors, 80% and 50% respectively, do not indicate why they have not begun planning for
cessation. Thus, given that the majority of Asian and South Asian seniors admit to not preparing for driving cessation, but provide no explanation as to why this is so, it may be inferred that this is a topic that is culturally inappropriate to discuss with older Asian and South Asian seniors or a topic that Asian and South Asian seniors do not want to discuss for other reasons. As such, it is difficult to truly understand and/or provide any conclusions as why these seniors have not prepared for cessation.

9.2.5 Findings and Relevant Results: Seniors Are Preparing for Driving Cessation

The theme ‘Preparation for Driving Cessation’ makes clear that the overwhelming majority of participants have not begun preparing for driving cessation. In fact, only 4.8% of all participants happily share that they have begun preparing for driving cessation. Such findings are consistent with other literature, where it is well documented that few seniors plan for their retirement from the road (Lister, 1999). However, this thesis demonstrates that South Asian and Asian seniors (9.4% and 1.4%, respectively) are more likely to plan for cessation than Caucasian (a group that is noted in other literature to have made preparations for driving cessation) or Caribbean/African seniors.

9.3 Third Party Involvement in the Driving Cessation Decision-Making Process

The theme, ‘Third Party Involvement in the Driving Cessation Decision-Making Process,’ pertains to perceptions regarding who may discuss and/or broach the topic of driving cessation with older adults. Within this work, seniors express an array of beliefs regarding the appropriateness of health care professions and close friends and family in discussing driving cessation with older adults. As such, this theme incorporates topics that address seniors’ perceptions regarding the role of others in addressing driving cessation. Topics included within this overarching theme include: ‘Doctor’s Involvement in the Driving Cessation Decision-Making Process,’ ‘Involvement of Family in the Driving Cessation Decision-Making Process’ and ‘Involvement of Friends in the Driving Cessation Decision-Making Process.’ It should be noted that that third party involvement is defined as physicians (i.e. family doctor), family members (i.e. spouse, children, etc.) and friends.

9.3.1 Doctor’s Involvement in the Driving Cessation Decision-Making Process

Perceptions around the role of one’s family physician in the driving cessation decision-making process are discussed by all seniors at great length. In reflecting on this topic, seniors
provide definite and clear responses around the role and right of a physician in deciding their license status. The majority of seniors partaking within this study express that one’s physician does not have the right to involve themself in the decision-making process surrounding driving cessation. However, a smaller but still significant number of seniors do state that their “doctor has the God-given right to make the decision about you not driving.” Clear ethnic difference arises regarding whether one perceives a doctor has or does not have a role in the decision-making process pertaining to cessation. Furthermore, ethnic differences in perceptions are evident in relations to each sub-topic informing whether these seniors believe that their “doctor should or shouldn’t butt-in in the decision around not driving.”

Table 9.2: Prevalence of Seniors Indicating ‘Doctor’s Involvement in the Driving Cessation Decision-Making Process’

<table>
<thead>
<tr>
<th>Doctor’s Involvement in the Driving Cessation Decision-Making Process (n=351, 100%)</th>
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<tbody>
<tr>
<td><strong>Positive Association (n=140, 39.8%)</strong></td>
<td><strong>Negative Association (n=210, 59.8%)</strong></td>
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<tr>
<td>Asian</td>
<td>10</td>
</tr>
<tr>
<td>South Asian</td>
<td>10</td>
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<tr>
<td>Caucasian</td>
<td>119</td>
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<tr>
<td>Caribbean/African</td>
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<tr>
<th><strong>Sub-topic: Doctor Knows Me Best</strong></th>
<th><strong>Sub-topic: Private Matter</strong></th>
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<tr>
<td>Asian</td>
<td>10</td>
</tr>
<tr>
<td>South Asian</td>
<td>10</td>
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<tr>
<td>Caucasian</td>
<td>119</td>
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<td>Caribbean/African</td>
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<tr>
<th><strong>Sub-topic: Doctor as Honest about My Health</strong></th>
<th><strong>Sub-topic: Doctor Does Not Know Me Best</strong></th>
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<tbody>
<tr>
<td>Asian</td>
<td>0</td>
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<tr>
<td>South Asian</td>
<td>0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>99</td>
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<tr>
<td>Caribbean/African</td>
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<th><strong>Sub-topic: Yes, but Lack of Transportation Alternatives</strong></th>
<th><strong>Sub-topic: Dishonest in Reporting Health Results</strong></th>
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<tr>
<td>Asian</td>
<td>0</td>
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<tr>
<td>South Asian</td>
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<tr>
<td>Caucasian</td>
<td>42</td>
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<td>Caribbean/African</td>
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<th><strong>Sub-topic: Doctor is a Stranger</strong></th>
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<td>Asian</td>
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<td>South Asian</td>
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Just under 40% of all participants discuss this topic in a positive framework, whereby one’s doctor retains the right to become involved in the driving cessation decision-making process of older driving patients. While a number of seniors frame this topic in a positive manner, a sharp ethnic contrast exists. As is highlighted in Table 9.2: Prevalence of Seniors Indicating ‘Doctor’s Involvement in the Driving Cessation Decision-Making Process,’ 98% of Caucasian seniors perceive that one’s physician has the right to become involved in the licensing status of their older patients. This is in compared to the only 22% of South Asian, 7% of Asian and 1% of Caribbean/African seniors who note that one’s family doctor “is allowed to become involved in the big decision about not driving no more.” As is explored below, these Caucasian, South Asian, Asian and Caribbean/African seniors ground perceptions regarding the role of a physician in the decision process in the fact one’s doctor is well aware of their patient’s overall health and, thus, one’s ‘Doctor Knows Me Best.’ The second sub-topic, ‘Yes, but Lack of Transportation Alternatives,’ is conceptualized by only Caucasian seniors; it refers to the fact that while one’s physician may intervene in the driving status of their “old patients that are zipping around,” a physician may be hesitant to do so given their awareness of the lack of appropriate transportation alternatives. The last sub-topic, that a ‘Doctor is Honest about My Health’ and has the “darn and absolute right” to “be a central of the driving cessation decision” is also only expressed by Caucasian seniors.

A number of seniors believe that their primary health care professional has the right to involve themselves in the “whatever kinda way I make my decision around not driving,” given that one’s ‘Doctor Knows Me Best.’ As is exemplified in Table 9.2, the overwhelming majority of Caucasian (98%) seniors and, to a lesser extent, South Asian (22%) seniors express such sentiments. A smaller number of Asian (7%) and Caribbean/African (1%) older drivers also note...
that one’s family doctor “knows all about [me] and is allowed to be involved.” According to these seniors, physicians are perceived as knowledgeable regarding their patients’ overall health, health-related challenges faced by patients and the history of a patient’s health. Family physicians are viewed as “knowledgeable and well informed about me and my body” given that they have access to senior’s current and past medical records, and, thus, the family physician is a primary candidate “to sit at the table while I decide to stop or keep driving.” One Torontonian Caucasian senior, shortly before taking the driving re-licensing examination, shares:

*Only your doctor can really discuss this matter with you [driving cessation]. I know that some kids want to tell their pops “Hey dad no driving” and stuff like that. But, like I said, only your doctor can really do this. I think only your doctor can tell you whether you are a good, okay or bad driver because he has your medical records and he knows so much about your health. He can use those to determine whether you should be driving. Otherwise, someone else telling you to drive or not to drive is based on thin air. How should they know? They don’t have your medical records?*

Further, each of these Caucasian, South Asian, Asian and Caribbean/African participants notes that they “deeply” and “fully trust” that their physicians are well aware of the health-related and are the “right person who should really get in the mix in telling their clients whether to keep on driving or just stop.” A Caucasian woman from Vancouver, who was recently re-issued her license “because my doctor must know I am a good driver and knows my health better than anyone,” happily shares:

*When you say who has the right to talk about no more driving, it is your doctor because your doctor knows you the best, he really does. They really do. But also, your doctor knows about this stuff, about when you should stop driving because they trained to know about the types of sicknesses and physical problems that make you unable to drive. What do my kids know about the aging process? Alexandra is 45, she is a spring chick. She can’t tell me about the kinds of physical problems that lead to bad driving, only my doctor can. And really, we have discussed this openly. I told her, “Dr. Les, you better tell me when you think I shouldn’t drive!” She always laughs and tells me I am okay to drive, but that she will tell me when I can’t drive anymore.*

In identifying with this sub-topic, one Torontonian Jamaican male, who has recently and “rightly” passed his “easy-peasy driving test,” similarly shares:
Only Dr. Susan can tell me when to stop driving. Only Dr. Susan knows what sort of physical problems would make me a bad driver. They are smart when it comes to this, so when I go in for my check-up I know she is looking for these problems. I just know she is, she is that kind of doctor, thorough and smart. And because she knows about this stuff and because she knows about my health, like my history because I have been seeing her since I was 43 years old, she would catch any problems I have and tell. I completely trust Dr. Susan, I do, I do, because of her knowing what it means to drive the older and crankier [laughs] you get.

Closely related to the above sub-topic, seniors not only note that one’s ‘Doctor Knows Me Best,’ but also that one’s ‘Doctor is Honest about My Health’ and, thus, have the right to engage oneself in the decision-making process. As is noted in Table 9.2, however, this perception is only expressed by Caucasian seniors. Just over 81% of all Caucasian seniors firmly perceive that one’s physician would be open and honest should they detect any health-related challenges that may impair the driving ability of an older driver. Furthermore, every Caucasian senior notes that they “deeply believe and really know” that should their physician have “the smallest doubt” regarding their ability to drive that they would ask these patients to undergo the necessary testing determining whether one is or is not a safe driver. For these Caucasian seniors, one’s family doctor will always consider the best interest of their patients and, therefore, honestly advise one to continue or stop driving. One older Caucasian male, who has been “going to the same doctor since I was just a young pup,” emphatically states:

Lookie here, my doctor would tell me in a heartbeat, actually faster than a heartbeat, that I should maybe rethink driving. And you know why? Because he is my doctor and he has my absolute wellbeing at heart. He would never ever steer me down the wrong pathway. Never! He can’t because it is illegal first off and secondly because he just cares so deeply about patients. You can just tell he does; he is a caring man. And for this fact, only Dr. Ambrosia has the right to help me plan or intervene for the day when I kiss my keys goodbye.

Interestingly, in discussing this topic ‘Doctor’s Involvement in the Driving Cessation Decision-Making Process,’ Caucasian seniors (34.7%) state that “yes, my doctor has the right to talk to me about not driving,” but further note that their physicians may be hesitant when it comes to “delivering the news that I shouldn’t drive,” given that health care providers are well aware of both the lack of viable transportation alternatives for older adults and the mobility
consequences following cessation. In sub-topic ‘Yes, but Lack of Transportation Alternatives,’ and in examining Table 9.2, one can clearly see that such perceptions are expressed only by Caucasian seniors. As one Caucasian male, who believes their “doctor to be the best doctor in the world,” states:

Oh I know Dr. Muir would tell me [referring to driving ability and driving cessation], but I also think she would be so hesitant. I only think this because she knows what am I supposed to do without the car? Dr. Muir fully knows that I would never be able to get around and that I would be stuck at home and what that would cause. And you know what else? Dr. M, she knows that there is nothing else out there that is good for seniors to use, nothing like the car. So Dr. M. would tell me that I should probably not drive, and I would want her to do this, but she would do this through gritted teeth.

As such, these seniors express concern that one’s family doctor may be reluctant to discuss the cessation of driving given the unsuitable transportation alternatives available post-cessation, irrespective of the fact that these seniors welcome their advice.

The majority of interviewees (59.8%) openly share that one’s primary physician does not have the right to intervene in the decision-making process relating to the cessation of driving. While the above clearly demonstrates that some Caucasian seniors, when compared to their non-Caucasian counterparts, express that one’s physician should involve them self in the decision-making process, the reverse holds true when this topic is framed in negative manner. To exemplify, 98% of Caribbean/African, 92% of Asian and 75% of South Asian seniors perceive that one’s primary physician does not have the right to involve them self in the driving cessation decision-making process. This is directly contrasted to the only 2% of all Caucasian seniors who state similar sentiments. As is explored below, when discussing why a physician does not have the right to “interfere,” these seniors, to differing degrees based on ethnicity, note that the decision to drive or not to drive is a ‘Private Matter.’ Non-Caucasian seniors, as is seen in the second sub-topic, further link this topic to the fact that one’s ‘Doctor Does Not Know Me Best.’ Asian and South Asian seniors similarly note that one’s doctor should not “get involved in my driving business” as they perceive that their doctor would be ‘Dishonest in Reporting Health Results.’ In examining the last two sub-topics, perceptions regarding the role of the physician in the driving cessation decision process are influence by the fact that one’s ‘Doctor is a Stranger’ and ‘Suspicion Around Doctor’s Intentions.’
For many older driving participants, the decision to cease and/or continue driving is a strictly ‘Private Matter’ that only a senior may make, whereby one’s physician is “not invited into the discussion or decision around this issue.” As noted in Table 9.2, sub-topic ‘Private Matter,’ a distinct ethnic divergence emerges whereby 98% of Caribbean/African, 92% of Asian, 75% of South Asian seniors and a just over 1% of Caucasian seniors express that one’s driving status is a personal affair. A Jamaican male participant, who “adore[s] my doctor,” shares:

*Dr. G. is a wonderful doctor. I just adore her. But driving is a personal matter. Very, very personal and she doesn’t have the right to talk to me about it. No right. It is a private matter and because of this, well hey, she doesn’t have the right to bring it up. You can’t have your doctor intervening on matter close to the heart, she doesn’t have the authority to do that.*

A Nigerian man, who states his doctor is the “best around,” similarly says:

*Driving is your decision. It is all on you. And really only you know if you can drive well or drive bad. No one else has the right to tell you how to drive or whether you should not drive. Not even your doctor. I really like my doctor, but he doesn’t have one ounce of right to tell me whether I should or shouldn’t drive. That decision is all mine.*

Each of these Caribbean/African, Asian, South Asian, and the small number of Caucasian seniors, who identify with the sub-topic ‘Private Matter,’ express that driving, similar to one’s “finances or cooking habits,” falls within the private sphere, a realm in which a physician has no right to impede upon. A South Asian man residing in Surrey, and who has been “seeing the same old doctor for my life,” states:

*Well do you go around telling your doctor every bit of your life? I don’t, and I don’t want to because certain things are to be kept within these four walls [referring to house]. I mean there are certain things your doctor can tell you about and that is your health, but not about driving. Driving is something that is separate from your doctor, it is something that is within these walls. And your doc, I don’t care how smart or who they are or how long you have been going to see them, don’t have the right to talk about things that go on in this house.*

Furthermore, these seniors, who identifies with this sub-topic of ‘Private Matter’, expresses that as an adult they, and only they, retain the right to decide their “personal driving status.” For a doctor to advise on this matter would be an insult to one’s reasoning and judgment as an adult. As one Chinese male, residing in Richmond Hill, boldly shares:
Driving is something only I can decide on – to drive or not drive, isn’t that the famous quote? [Laughs]. Driving is highly something only I – just me and only me - can decide on because I’m the adult. As the adult I can make this decision, I am not a child and my doctor can’t tell me what to do or what is best as an adult. That would be insulting. I’m an adult here, so I only can make the final decision of whether to hop into the car and take off.

In reflecting on the role of one’s physician in the decision-making process surrounding driving cessation, a number of senior’s perceive that one’s ‘Doctor Does Not Know Me Best.’ Interestingly, and as is evident in this second sub-topic in Table 9.2, such perceptions are only shared by Asian (79%), South Asian (75%) and Caribbean/African (71%) seniors, but not a single Caucasian senior. For these non-Caucasian seniors, such perceptions stem from the fact that they do not frequently visit their family physician; a number of seniors report seeing their family doctor only once every 2 to 3 years. Vancouverite seniors aged 80 and older further note that a doctor’s visit is warranted only once every 2 years in order submit the Driver’s Medical Examination Report (DMER).

As such, each of these Asian, South Asian and Caribbean/African seniors, when discussing the sub-topic ‘Doctor Does Not Know Me Best,’ share that the time spent in the doctor’s office is relatively insufficient to “get to your know patient” and, therefore, to make a clear and well informed decision regarding a patient’s driving status. In light of this, these infrequent, “sporadic” and “2 seconds short visits” do not allow one’s doctor to make sound decisions regarding a senior’s driving status and, thus, doctors have little right to press upon seniors their medical expertise regarding one’s driving ability. One Korean male, who describes his doctor as a “brilliant and honorable man,” shyly states:

Well, Dr. Yao does not know me very well. Not well at all. I only visit for my yearly check-up [looks over shoulder]. And to be honest, and don’t tell my wife Victoria, but I haven’t gone this year. I just don’t care to go. So how can he know me? He can’t and so he can’t really make a good choice on my driving and that’s why I think he shouldn’t be involved. You know what else? My Dr. Yao, he is a good man, a solid man, but he doesn’t know if I am driving, he never says, “So how is your driving? Is everything okay with your driving? You know what else? My Dr. Yao, he is a good man, a solid man, but he doesn’t know if I am driving, he never says, “So how is your driving? Is everything okay with your driving?

Similar reactions are also shared by Caribbean/African seniors. To exemplify, a Zambian male, who has not been to doctor’s in 6 years, righteously states:
A doctor can’t tell you if you can drive. Let me tell you why. First, your doc has no bloody clue whether you drive. Tell me, does your doc ask you if you drive? Nope. So how does he know? Next on my list, is the reason that those damn ‘check-ups’ are 2 minutes long. How in heavens name is anybody supposed to know if you have issues with your driving? You don’t even catch a man’s name in 2 minute. So there you have it and no my doctor doesn’t have the right to even mutter the “not driving” with me.

Finally, an Indian man, who visits his doctor bi-annually to have the Driver’s Medical Examination Report “signed and sealed,” remarks:

Why would I let my doctor talk to me about driving or not driving? I see my doctor once every 2 years and only because I am 80 and need to have the form [Driver’s Medical Examination Report] signed. Otherwise I used to go every 3 to 4 years. Not even when I am sick would I go to the doctor’s. So when I go to get the form signed Dr. Fortugno just signs the form without even asking me a single question about my health and runs out of the room because the appointment is over and done. So no, Dr. Fortugno doesn’t have the darn right to input any of his “medical” opinions on my driving because he doesn’t have a clue about my health. Sometimes I wonder if he knows my name.

A perception held only by Asian (73%) and South Asian (59%) seniors is evident in the sub-topic ‘Dishonest in Reporting Health Results.’ According to these seniors, one’s physician does not have the right to involve themselves in the decision-making process regarding driving cessation as it is culturally inappropriate to tell seniors “what to do” and “what is good for them.” Given the cultural taboo around “speaking against” one’s elders, it is believed by these South Asian and Asian seniors that one’s physician may not be “brave enough” to “tell a senior the truth that they cannot drive,” even when driving inaccuracies are present and evident. Each senior notes that they “think my doctor is going to be too scared to tell the truth” out of fear that seniors would be “deeply” and “irrevocably” offended. As such, these South Asian and Asian seniors vehemently perceive that such medical dishonesty means that one’s physician does not have the right to intervene in the decision-making process around driving cessation. As one Chinese man whispers in response:

I think my doctor would be scared to tell me to stop driving. Very scared. I think he would tell me and then be afraid I might stop being his client. And to be honest I think I wouldn’t go back. I live in Richmond Hill, how else will I get around? I don’t want to hear I can’t drive or maybe that I should stop driving. And like I said I don’t think he would
stop telling me because he knows that he shouldn’t speak like this to me, I am an older gentleman and in the Chinese culture we don’t speak out against our older gentlemen. And I know because of our “rules” in the community he wouldn’t tell me and I don’t because he won’t tell the truth anyways, and I don’t want to hear the truth, he can’t be a part of this. An Indian woman, residing in Surrey and who thinks her doctor is “just wonderful,” quietly says:

No, Dr. Dufoe wouldn’t say anything because as silly as this sounds to you, in the Indian culture we never ever go against our seniors. When my cousin was dying last year, no one told him, even though he knew, because really you just don’t speak such evil and mean things to seniors in Indian culture. Where I am from in India it brings bad luck to the whole family, like a curse. Dr. Dufoe wouldn’t say anything because of this, he is also from the same part of India. And because of this, you know this, because of the fact that he won’t tell me even if something is wrong he can’t help me or even be involved in helping me figure out whether to drive or not to drive anymore. Although I still think I am alright to drive, there is nothing wrong with me yet [laughs].

Notably, a number of perceptions pertaining to the physician’s role in the driving cessation process are expressed only by Caribbean/African seniors, as is viewed in sub-topic ‘Doctor is a Stranger.’ Just under half of all Caribbean/African (42%) seniors who express that one’s physician does not have the right to involve oneself in the driving cessation decision-making process conceptualize their family doctor as an “outsider” and “stranger.” For these Caribbean/African seniors, a stranger is not afforded the right to provide advice regarding the cessation of driving; having one’s doctor advise on driving matters is “utterly and truly offensive” as one’s physician is not only unaware of any health-related challenges experienced by older patients, but further lack the intimate knowledge regarding the daily driving needs and abilities of these seniors. An Ethiopian man, who has kept the same doctor for over 30 years, shares:

Dr. Romualdi is a great doctor, he knows his stuff. But when it comes to driving and the heath of my driving only I know what to do. Having Dr. Romualdi tell me to stop driving is like having a stranger tell me to stop driving and a stranger doesn’t have the right to do that in my books. This means that my doctor doesn’t have a right to tell me “Vince, you should stop driving today” because doctors are strangers no matter how long they have been your doctor.
A second Ethiopian, who goes to the doctor “once a year so he can tell me I am healthy,” further shares:

My doctor is a stranger. I see the guy once a year. Once a year! So he is a stranger according to my definition of a stranger. That really means he has no clue the reasons that keep me driving, I am talking more than health, so I can get around and help my kids get around. Why would I let a stranger tell me to stop driving? It’s like having a stranger off the street, someone I never knew, tell me to stop driving. I won’t accept that, and I sure as heck won’t accept that from my doctor.

A second perception expressed only by Caribbean/African seniors (16%), and no other ethnic group, is that one’s family physician is unaware of the signs that point to one’s inability to safely operate an automobile and, thus, are ‘Unaware of What Causes Driving Cessation.’ When asked by the researcher to explain, these Caribbean/African seniors state that one may easily “trick” and “fool” their family doctor into believing that they are healthy when they are in fact unhealthy. According to one Jamaican man, “All you have to do is emphasis the good parts of your health, over and over.” As such, each of these 16 seniors note that while one’s physician may “know on paper” what causes an older adult to be a safe driver, they are unable to identify signs of danger “even when they are right in their face.” To exemplify, an Ethiopian man, who recently celebrated his 77th birthday, sadly admits:

My dear, I have something horrible to admit to you. Just terrible and I be ashamed. I am having trouble seeing out my left eye. I can see, but not like the past. It is blurry, like lines everywhere. I don’t know what it is; I can only guess. I don’t tell my wife Clara. She don’t know yet, I am planning on sayin’ something. I really am, soon. Just ya know, waiting for the good time to do this. My dear, I go to see Dr. Pakorn last week, on my birthday. And I jump on the, you know, bed they make you lie on? Yup, so I jump on there and I don’t speak a word of my eye. The doctor never knew. You know what Dr. Pakorn says? Dr. Pakorn says to me, “You are in great shape. It is good to see you are doing so well. He doesn’t know, and if he doesn’t know about my eye then I don’t think he knows what actually brings not driving on and he can’t be involved because he doesn’t know what causes not driving. If I told him I think he would take my license. See how easy is to keep my license and keep on drivin’?

The final perception discussed only by Caribbean/African seniors, and no other ethnic group, is the ‘Suspicion Around Doctor’s Intention’ regarding the licensing status of older
drivers. For 27% of Caribbean/African seniors, perceptions around suspicion stem from the fact that these seniors believe that physicians, in order to meet professional quotas, report any older driver that express any difficulty driving and/or any health-related challenge that may impair one’s driving ability. Given this, these Caribbean/African seniors further perceive that one’s doctor does not have the right to involve them self in the driving cessation decision-making process. Importantly, while doctors are not perceived as being the primary culprit in removing older driver’s license, they are perceived as being a “danger” to one’s driving status as they act on the government’s wishes. Professional quotas are seen as being set by the Ontario provincial government in order to ensure great society is protected from “crazy old unsafe drivers.” As such, these Caribbean/African seniors believe that doctors may remove one’s driver license with little reason and are insensitive to the needs of older drivers, being more concerned with maintaining their medical license. They may, therefore, falsely report an older driver to the Ontario Ministry of Transportation. One Jamaican man, who believes himself to be a “great driver,” states confidently:

Those doctors are told by the government that old drivers need to get off the road because we cause too many accidents. I mean read the newspaper. Everyday there is someone else, some old guy or woman, who mows over a family of 10. Didn’t the Toronto Star or some newspaper just publish on their front page a title that said something like “When is Too Old to Drive?” So the doctors have to report even the littlest thing. Like you break your thumb and your doctor will steal that license. I don’t trust them one bit those doctors. I would rather die before I tell my doctor that I am not well to drive. And because they are trying to make sure the rest of the world is safe, I don’t think my doctor or anyone’s doctor should talk to them about not driving. I know my doctor isn’t welcome to intervene if I couldn’t drive, because she would just do it so that she can meet her quota. There probably wouldn’t even be a darn thing wrong with me. Like I said, I’d rather die, I tell you.

An older St. Kittsians man, who “like[s] his doctor but loves his car much, much more,” similarly states:

Your doctor would just take your license away. That is what they do. Who knows why? Maybe because they want to look like good doctors, protecting everyone from us old drivers who they think can’t drive. I think they have no choice. I wouldn’t trust my doctor with my license and I wouldn’t be none surprised that doctors, to look good,
make up stuff about seniors just to report us. And because of this I don’t think they are allowed to talk to me about not driving.

9.3.2 Family’s Involvement in the Driving Cessation Decision-Making Process

Similar to the above, the role of one’s family in the driving cessation decision-making process is discussed by all participants. Seniors disagree over whether or not one’s family has the right to discuss and/or intervene in the decision-making process, speaking at great length about their fears, anxieties and wants regarding the role of their family in this decision-making process. As is discussed below, perceptions around the family’s involvement relating to an older drivers driving status is influences by one’s ethnic background.

Table 9.3: Prevalence of Seniors Indicating ‘Family’s Involvement in the Driving Cessation Decision-Making Process’

| Family’s Involvement in the Driving Cessation Decision-Making Process (n=351, 100%) |
|---------------------------------|-----------------|
| Positive Association (n=216, 61.5%) | Negative Association (n=135, 38.4%) |
| Asian 62 | 48.8% Asian 65 | 51.1% |
| South Asian 28 | 63.6% South Asian 16 | 36.3% |
| Caucasian 121 | 100% Caucasian 0 | 0% |
| Caribbean/African 5 | 8.4% Caribbean/African 54 | 91.5% |

Sub-topic: Wellbeing of Older Drivers

| Asian 14 | 11.0% Asian 65 | 51.1% |
| South Asian 18 | 40.9% South Asian 16 | 36.3% |
| Caucasian 121 | 100% Caucasian 0 | 0% |
| Caribbean/African 5 | 8.4% Caribbean/African 54 | 91.5% |

Sub-topic: Personal Matter

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<th>Sub-topic: Unaware of My Driving History</th>
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<td>Asian 44</td>
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<td>South Asian 28</td>
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<td>Caucasian 0</td>
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<td>Caribbean/African 0</td>
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Sub-topic: Family Member of Similar Age

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<th>Sub-topic: Welcome Involvement, but Cultural Limitations Present</th>
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In reflecting on this topic, ‘Family’s Involvement in the Driving Cessation Decision-Making Process,’ just over 38% of all senior participants perceive that one’s family does not have the right to intervene in the “driving matters of older adults.” As is noted in Table 9.3, perceptions around this topic are highly dependent upon one’s ethnicity, whereby seniors who
identify with this topic in a negative framework are all non-Caucasian. For 91% of Caribbean/African, 51% of Asian and 36% of South Asian seniors, it is perceived that one’s family, regardless of the family member (i.e. spouse, child, etc.), should not involve themselves in the driving cessation debate. Interestingly, not a single Caucasian senior notes that their family should stay away from “this crucial and sensitive decision.” For these Caribbean/African, Asian and South Asian seniors, though, the belief that family does not have a role to play in driving cessation decision-making debate is grounded in the fact that this decision is a ‘Personal Matter’ that only adult drivers have the right to make. A number of Caribbean/African seniors further state that “my family shouldn’t be allowed to get into the mix” as they are ‘Unaware of My Driving History.’

All seniors, who note the decision to around their driving status should not entail the “input of my family” perceive that the decision to cease driving is a ‘Personal Matter,’ whereby only these seniors can make the decision to continue or cease driving. As is noted in the sub-topic ‘Personal Matter,’ such perceptions are shared 91.5% of Caribbean/African, 36.3% of South Asian and 51.1% of Asian seniors. Interviews reveal that such beliefs are highly cultural, given that as the “elder of the family” obtain the absolute right to make the final decision regarding their driving status. To have one’s family involve themselves in the decision to cease driving is highly “inappropriate,” “shameful” and “disrespectful.” To exemplify, one Jamaican man, who has 3 “wonderful” children, shares:

Never. My kids don’t have the right to tell me whether I can drive or not, not even if I was missing my 2 legs. That is not how it works in this house [shakes head]. Driving is my decision and one that is not to be discussed with my kids or even my wife. They have no right. In Jamaica when things are a personal matter your family doesn’t get involved and your kids do not, and I repeat, do not get involved. And driving or whether I want to drive or simply give it up is a personal thing.

A Chinese man, who describes himself as the “owner of the house,” shares:

Things that I do like driving or cooking is not the business of my family. None. In my culture, what a grown-up does is not the problem of the family. None. And my kids know this, they know this. And because of the line in the sand [referring to cultural division between adults and children] my children, who I like a lot, will not tell me how to live and to stop driving.
For the majority of Caribbean/African seniors (91.5%), one’s family does not have the right to broach the topic, as it is perceived that family members are ‘Unaware of My Driving History.’ As conceptualized by these Caribbean/African seniors, and only these seniors, one’s family is “not in the know about my medical history,” “doesn’t have a clue about my physical abilities that lead to good or bad driving” and are unaware of a senior’s past driving behavior (i.e. number of years driving, accident rates, etc.). Given this “ignorance,” these Caribbean/African seniors perceive that one’s family has little right to intervene in the decision-making process pertaining to driving cessation. To highlight perceptions around family’s unawareness, one Jamaican man, who is “an excellent and wonderful driver,” loudly states:

Well why should they have a say? Why? Do they know how long I have been driving or what kind of driver I am? Have they driven with me? I doubt it. So unless they have seen me in action and can prove I am a bad driver, which the heck I’m not, well then they don’t have a right to open their traps.

Each of these Caribbean/African seniors, who discuss the sub-topic ‘Unaware of My Driving History,’ further state that family members are “completely clueless” regarding the necessary skills and abilities needed for safe driving in older years, lacking the necessary medical expertise. A Trinidadian man, who has been “driving his whole life” and is “so good that I taught my kids and their kids,” willingly shares:

No. No, the answer is no. My family, and when I say family I mean my 3 daughters and 2 sons and wife have no right to chat me up about my driving. None. I would walk away and just leave them talking to themselves. What do they know about driving in my later years? They don’t. And how can they be sure I am good or bad driver? Do they have my medical records? Are they doctors? If they had my medical records then they could talk. But they don’t have my record, so they can’t say two words.

While many seniors perceive the one’s family does not have the right to engage in the decision-making process relating to driving cessation, many other seniors disagree. Just over 60% of all seniors discuss this topic in a positive framework, expressing that one’s family “of course has the right to get themselves in the mess that not driving would be.” This view is expressed by all Caucasian (100%), the majority of South Asian (63%), just under half of all Asian (48%) and a small number of Caribbean/African (8%) do so. For these seniors, the involvement of one’s family “guarantees” the ‘Wellbeing of Older Drivers.’ For South Asian and Asian only ‘Family of Similar Age’ may involve themselves in the driving cessation decision-making
discussion. This is also expressed by South Asian and Asian seniors; while they would welcome the involvement of family around the decision to cease driving, there is great concern that this topic not be addressed due to cultural barriers and, thus, they identify with the sub-topic ‘Welcome Involvement, but Cultural Limitations Present.’

All seniors who perceive that one’s family has the right to involve themselves in the driving cessation decision-making “task,” ground these perceptions in the belief that one’s family has the right to “protect and keep safe” and ensure the overall ‘Wellbeing of Older Drivers.’ For all Caucasian seniors and a smaller number of South Asian (40.9%), Asian (11%) and Caribbean/African (8.4%) seniors, one’s family has a direct responsibility in making certain that older drivers are safe and, thus, are “welcomed to get 100% in [the] discussion around not driving.” According to these seniors, should their ability to safely drive be impaired “even in the slightest bit” they would openly and “thankfully” welcome close family’s involvement in the decision to cease driving. Each Caucasian, Asian, South Asian and Caribbean/African senior, when discussing the sub-topic ‘Wellbeing of Older Drivers,’ states that they would want to know if they were putting themselves and/or anyone else in jeopardy or “grave danger” due to their inability to drive safely. One Caucasian man residing in the City of Vaughan says:

*Oh sure, my family has the right to talk to me about my driving and around the topic of no longer driving and even get involved in helping me make the decision to stop driving. Why wouldn’t they? After all, I am family and they would want to keep me safe. No point in hiding the truth … The car is weapon if you can’t safely control it. Be honest, people die in cars. What is the stat that the airlines use? Oh yes, [laughs] you are so many times more likely die driving then in a plane. Anyways, what is the point of driving if you are going to kill yourself and everyone around you? Personally, I would want to know before I get to that point of being dead. Talk about a boring life - 6 feet under [laughs].*

An Indian gentleman, who “trusts his family completely,” similarly states:

*Oh yes, oh yes. I think they do. My daughters Joan and Nicola have the right to talk about it if they see me struggling with driving. They sure do. If they don’t they would be horrible children, and what kind of children did I raise? They should want to keep me safe. Also, imagine if I hurt someone? Imagine? I would never ever be able to live with myself. I wouldn’t be able to sleep. My heart would ache forever. My two wonderful daughters have the right and responsibility to talk to me about me driving. And I think they would if they thought I couldn’t drive anymore.*
It is important to note, however, that each of these Caucasian, South Asian, Asian and Caribbean/African seniors, when discussing the sub-topic ‘Wellbeing of Older Drivers,’ make clear that while one’s family has the right and responsibility to discuss driving cessation and involve oneself in the decision-making process, it must be done in a “respectful,” “dignified,” “loving” and “careful” manner. A senior Caucasian woman, who resides with her daughter and “joy-rides every darn day,” says:

I encourage Miriam to tell me if she thinks I am slipping. I really do. I don’t want to be a bad driver and I don’t want to hurt anyone. I would die if that happened. But I think she knows there is a way to tell me. Do you know what I mean? Miriam just can’t come running into the room screaming “Mom give me your license right now.” No, she couldn’t do that. I am her mother and I raised her. So what she needs to do is sit me down and talk to me like her equal and like her mother. That is important or I might ignore her advice.

A Chinese woman, who also lives with her daughter, says:

I know Lea would tell me. I raised her to be honest. After her dad left us, he died when she was young, you know, I raised her to be honest with me about everything and anything. No secrets. And that also include my driving. Look, I am no young driver. I know it is not always easy for me to turn the wheel. Anyways, I do want Leah to talk to me about it if she ever got real concerned. But she has to talk to me, not be sneaky and hide my keys or something like that. I think that would be disrespectful and Leah just needs to remember that I will talk to her about my driving as long as we do it with her keeping in mind who I am – an adult and her mom, not a child that needs a lesson.

As mentioned above, for a number of seniors, only a family member of similar age may intervene in the driving cessation decision-making process, as noted in Table 9.3, sub-topic ‘Family Member of Similar Age.’ However, such perceptions are only shared by a significant number of South Asian (63%) and a smaller number of Asian (34%) seniors. Caribbean/African and Caucasian seniors do not frame this topic in this manner. These South Asian and Asian seniors openly share that they would welcome discussions around driving cessation with family members from the “same generation” as it is perceived that these family members would have an intimate understanding regarding how difficult the prospect of no longer driving can be. One Chinese man, who proudly drives everyday and is “not at all rusty in my driving skills,” shares:

Oh yes, my cousin Lorne, well we grew up together. His dad and my dad worked on the
same mine for so many years. We even lived together for a bit in the early-50s [laughs]. So many nice memories. I trust Lorne [looks at hands]. I really trust Lorne and he is the only family in the world that can talk about it [driving cessation] with me. I trust him because I know he is struggling with the same thing. If someone had to get involved in my driving decision, I would only want it to be Lorne. I would give him the right to do this. We are very similar like that and I think, we both think, it is because we lived so close together for so many years. We even married sisters [laughs]. Lorne knows how hard this whole stopping is and what it takes and what needs to be thought about. That is why I say only Lorne can talk to me about this and only Lorne can intervene.

Each South Asian and Asian senior further notes that one of the primary benefits of discussing driving cessation with a family member and/or having a family member “who [are] just as old as me” involve themselves in the decision-making process is the creation of a non-judgmental and non-threatening environment in which feelings can be shared and be made known, without “feeling like you are going to be attacked for your words.” As one Indian woman, who admits to thinking about “giving up my keys every minute of every day,” emotionally shares:

I am struggling with the decision to stop driving. Inside I am hurting, I feel all torn up. I really do. Like it is that sick feeling when you have a secret that you want to share and you can’t. Do you know what I mean? It is that. Oh, I feel like I am in confession [laughs]. My brother Rajiv, he lets me talk about this. Oh, just so you know Rajiv is blind in one eye from his out-of-control diabetes and is worried about [driving cessation]. We talk about when we go for rides. I feel safe with him, I know he won’t say anything. I just sit there and pour my heart out like when we were kids. I even cry. I feel like crying now. If it came down to the final line I think I would want Rajiv to help me make the decision, but only him. We would probably have a pros and cons list and he would help me decide. But only Rajiv, he is the only one I want there when I am making my choice.

The final sub-topic, ‘Welcome Involvement, but Cultural Limitations Present,’ is a second perceptions shared only by South Asian and Asian seniors, and no others. For just over 63% of South Asian and 48% of Asian seniors, ‘Cultural Barriers’ is conceptualized as a sub-topic that combines both culture and the rights of family members to intervene in the driving cessation decision-making process. These South Asian and Asian seniors openly express that they would welcome any opportunity to discuss driving cessation should they and/or others feel that they
their ability to drive safely has diminished in older years. As one Chinese woman, who “likes driving” but is “concerned about the day I can’t do it safely,” eagerly shares:

> If there ever comes a day when I can’t drive the way I do know I would want my 4 kids to say something. Or at least one of them say something. Why not? They have the right to do that. I am their mom and they should want to keep me safe. I want the “convo,” as my grandson says [laughs], to happen. It would be the right thing to do for everyone.

Irrespective of the willingness to discuss driving cessation expressed by these seniors, or the perceptions that one’s family has the right to become involved in the decision-making process, there is great concern that one’s family members may not broach the topic due to cultural inappropriateness. According to these seniors, it may be perceived by one’s family that it is “wrong” and “not their place” to discuss such matters with older family members. As one Indian woman, who resides in Surrey and is concerned about his ability to drive, openly shares:

> I would want to talk about it [referring to driving cessation]. I really would want to. What is the harm? Really? What is the harm? I think it would make everyone happier and we would all breathe easier [laughs] and it is their responsibility to say these things because when they were small I would tell them things if they didn’t look right, and I still do. But let me say this, I don’t think they would say anything and that is because in the Indian culture. They won’t say anything because they think I would get mad or angry or storm out or something because it is not their place. Maybe I should talk about it, like start the conversation? But how do I that? How do I start? It is just a weird thing to talk about and harder to start talking about it.

### 4.3.3 Friends’ Involvement in the Driving Cessation Decision-Making Process

In discussing the topic ‘Friends’ Involvement in the Driving Cessation Decision-Making Process,’ all seniors, irrespective of ethnicity, perceive that one’s close friend(s) has the right to partake in the driving cessation decision-making process. Unlike the other themes within this Category, all seniors from the Caucasian, Asian, South Asian and Caribbean/African community unanimously state that “my friend defiantly has a say in my driving status and any decision around it.” As such, ethnic differences in perceptions are not evident regarding this topic and/or sub-topics.
Table 9.4: Prevalence of Seniors Indicating ‘Friend’s Involvement in the Driving Cessation Decision-Making Process’

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<thead>
<tr>
<th>Friend’s Involvement in the Driving Cessation Decision-Making Process (n=351, 100%)</th>
<th>Positive Association (n=351, 100%)</th>
<th>Negative Association (n=0, 0%)</th>
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<td>South Asian</td>
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<td>Caucasian</td>
<td>121</td>
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<tr>
<td>Caribbean/African</td>
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**Sub-topic: Open and Honest**

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**Sub-topic: Concern Over My Safety**

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**Sub-topic: Understand the Difficulty Involved in Driving Cessation**

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As is described below, for all seniors partaking within this work, one’s friend(s) has the right to broach the topic of driving cessation as friend(s) are perceived as being ‘Open and Honest,’ ‘Concerned Over My Safety’ and as friend’s truly and deeply ‘Understand the Difficulty Involved in Driving Cessation.’

One’s friend(s) has the right to “have the big conversation” and involve themselves in the decision-making process, given that it is perceived that friends would ‘Open and Honest.’ It is commonly stated by participants that a friend(s) would not “beat around the bush,” but rather simply express how they felt regarding the driving abilities of the senior in question. To exemplify, one Caucasian male, who “love, love, love driving,” shares:

*John would tell me right away if he thought I couldn’t drive. John is blatantly honest about things, and it would be no different around my driving. I could hear his voice now, “Luke, you can’t drive anymore, so stop now” [laughs]. That is the type of guy Luke is. And when I think about it now, I would think Luke has the right to tell me this and to make sure I am safe.*
Furthermore, each Caribbean/African, Asian and South Asian senior who discusses the sub-topic ‘Open and Honest’ states that given one’s friend(s) are most likely of a similar age and culture, a friend(s) would understand how to be open and honest regarding driving cessation in a culturally sensitive manner and, thus, would not have to contend with age-related and cultural barriers. One Indian male, who describes his friends as “honest to the bone,” states:

Yes, oh yes. Probably my friends have the right to talk about this [driving cessation]. I trust my friends to tell me if they think I have a problem with my driving and they would tell me as soon as they thought this. I trust them to be this way and I know they would do it properly, like when two men in my community has something important to say to each other. There is a process, like a dance, that needs to be followed.

A male Chinese, who “shares everything with my friend William,” states:

My friend William would tell me. He is very honest with me and I am with him. And because we are the same age and culture it makes it okay to talk about together. I know he would do it man to man, he would say it with the right words and expressions that only Chinese men from Hong Kong use. I wouldn’t have the talk with anyone else but William.

In reflecting on this topic, all seniors perceive that one’s friend(s) has the right to involve themselves in the driving cessation decision-making process out of ‘Concern Over My Safety’ should the ability of these seniors to safely drive be impaired in any way. Each senior expresses that given the close relationship between themselves and their “closest chums,” their friends have the right to broach this topic as one’s friend(s) would only be doing so with the best intentions and to ensure the overall safety of participants. One Caucasian senior, who believes his friends have his “best intentions at heart,” happily shares:

Oh course they can [referring to friends]. Without a shadow of a doubt my buddies can get involved. My friends would do this and I do this for my friends because what is most important is safety. I don’t want a dead friend, what good is that? And they want to see me well and healthy so we tell each other. Safety is a big thing in old age and my friends want to keep me safe and likewise. So yes, we have the responsibility to tell each other. Responsibility is the right word.

As is evident in Table 9.4 seniors, from differing backgrounds ground their perceptions around friend(s) involvement in the decision-making process as they ‘Understand the Difficulty Involved in Driving Cessation.’ It is held that one’s friend(s) would create an inviting and
environment free of judgment in which to discuss driving matters and, in particular, driving cessation in later years. For each senior participant, it is believed a friend(s) would understand the difficulty and challenges faced by older drivers in regarding the decision to cease or continue driving. Given this “deep and real understanding” each senior, regardless of ethnicity, shares that for “this reason and this reason alone” one’s friend(s) has the right to involve oneself in the decision-making process. As one Trinidadian woman, who knows her friends would “support her through anything,” states:

My friends would just let me talk it out. My right hand has cancer but I can still drive but I am slowly losing my grip so I am debating to stop driving. And my girlfriends, well they just let me talk and talk and talk it out. None stop talking about to drive or not to drive because of my hand. They just listen and they don’t judge me. I feel safe talking to them and I know they sympathize because a few of them are also thinking about not driving. I don’t feel this safe talking to anyone else, not my husband or my children. And I do think that when the time comes to decide, really, really, decide, my closet girlfriends has the right to weigh in on the decision; they most certainly do.

9.4 Findings and Relevant Results: Third Party Involvement in the Driving Cessation Decision-Making Process

The following will highlight the findings within the theme ‘Third Party Involvement in the Driving Cessation Decision-Making Process’ connecting, where appropriate, these findings to existing literature, while differentiating where new information is generated by this work.

9.4.1 Findings and Relevant Results: Role of Physician in Driving Cessation Decision-Making Process – Allowing/Not Allowing One’s Physician to Partake in the Process

A central topic within this thesis is the role of one’s physician in the decision-making process regarding driving cessation. As is noted in Table 9.2, topic ‘Doctor’s Involvement in the Driving Cessation Decision-Making Process,’ seniors express differing perceptions regarding the involvement of one’s physician. For just under half of all seniors (39.8%), it is perceived that one’s family physician has a right to intervene in “my driving business,” whereby 59.8% of seniors perceive the opposite, often stating that “my doctor doesn’t have any need or business to involve himself in matter of driving.”

These opposing views are also well researched in current literature examining driving cessation. Rudman et al. (2006) highlights that for many seniors a physician’s advice in the decision-making process around driving cessation is one of great importance and cannot be
dealt with lightheartedly. Across all groups interviewed within this work (driving seniors, ex-drivers), it is perceived that ophthalmologists provided the most valid opinions, citing the objectivity of their tests. The early work of Persson (1993) demonstrates that for many other seniors, one’s physician should not intervene in the decision-making process. In fact, seniors within Persson’s (1993) study are noted as questioning the advice provided by their physician, often choosing to ignore the opinions of their family doctors given driving is not the business of a physician. Such converse findings are consistent in other literature, whereby perceptions around a physician’s involvement in the driving cessation process is either welcomed or completely rejected (see for example, Rudman et al., 2006).

However, such literature does not take into consideration the ethnic dimension around driving cessation. As this thesis clearly demonstrates, perceptions around the “role my doctor plays” in the decision-making process, greatly differs by ethnicity. As is noted in Table 9.2, topic ‘Doctor’s Involvement in the Driving Cessation Decision-Making Process,’ the overwhelming majority of Caucasian (98.3%) seniors perceive that one’s physician “can most certainly get involved in this decision,” whereby only 22.7% of South Asian, 7.8% of Asian and only 1.6% of Caribbean/African seniors state the same; the majority of non-Caucasian seniors readily perceive that one’s physician should “just butt out these issues.” As is further displayed in Table 9.2, topic ‘Doctor’s Involvement in the Driving Cessation Decision-Making Process,’ 92.1% of Asian, 75% of South Asian and 98.3% of Caribbean/African seniors express such sentiments. Less than 2% of Caucasian seniors state that one’s doctor should not involve them self in the driving cessation decision-making process. These apparent differences in perceptions may suggest that Caucasian and non-Caucasian seniors, partaking in this study, perceive the doctor-patient relationship differently, have a different understanding regarding the role of one’s doctor in the decision-making process and perceive the intentions of one’s physician around the subject of driving in a different light.

9.4.2 One’s Physician Does/Does Not Know Them Well Enough to Intervene in the Decision-Making Process

For seniors within this thesis, one’s physician may or may not intervene in the decision-making process based on whether these seniors believe that one’s ‘Doctor Knows Me Best’ or one’s ‘Doctor Does Not Know Me Best.’ Such perceptions are well documented elsewhere. In outlining the various phases prior to and during the driving cessation decision-making process, Liddle et al. (2008) finds that for a small number of seniors the involvement of other key people,
such as a physician, in the decision is welcomed as doctor’s are noted as knowing their patients well-enough to comment on driving abilities. Other studies (see for example, Rudman et al., 2006) point to the fact that doctors have played encouraging roles in the decision-making process, working with patients to help them better understand the need to cease driving due to age-related and/or health-related impairments.

Conversely, the existence of varying opinions about the ability of family physicians to be accurate judges of driving abilities and, therefore, involve them self in the decision-making process, is also well noted in current literature. It is not uncommon that seniors are likely to be skeptical regarding physicians’ abilities to assess driving. Seniors frequently note that a doctor should not involve themselves in the decision-making process as doctors have not directly tested their driving skills (Persons, 1993). Other seniors, even when a physician directly instructed them to cease driving, disregard such information and hold a view different from that of their physician. Importantly,Persons (1993) also finds that just under half of all participants feel that it is not their doctor’s right to raise the topic of driving and driving cessation as they are generally unfamiliar with their patients.

As is noted above, this thesis also demonstrates that seniors either welcome or do not welcome the involvement of their physician in the decision-making process based on whether it is perceived that one’s physician may or may not know them best. However, in engaging ethnic older drivers to reflect upon the roles of their doctors in this decision, this work adds an additional layer of analysis. In examining sub-topics, ‘Doctor Knows Me Best’ and ‘Doctor Does Not Know Me Best,’ it is evident that Caucasian seniors overwhelmingly identify with the former sub-topic and non-Caucasian seniors identify with the latter.

Close to all Caucasian (98.3%) seniors identify with the sub-topic ‘Doctor Knows Me Best’ and can therefore “help me make the decision or at least talk about it,” a direct contrast from the only 22.7% of South Asian, 7.8% of Asian and 1.6% of Caribbean/African seniors who similarly state that their “doc knows me good enough to get his hands in the mess of not driving.” For the majority of Caucasian seniors and the smaller number of non-Caucasian seniors, one’s doctor has the right to involve themselves in the driving cessation decision-making process given that they are aware of these patients overall health.

Conversely, as is shown in Table 9.2, sub-topic ‘Doctor Does Not Know Me Best,’ just over 78% of Asian, just over 65% of South Asian, and almost all Caribbean/African (98.3%) seniors perceive that one’s doctor “doesn’t know me at all and should mind his business.” Out of
the 121 Caucasian seniors interviewed for this study, the majority if interviewees state that one’s doctor does not know them well enough to partake in the decision-making process. For this great majority of non-Caucasian seniors, one’s doctor does not “know me at all in any sense,” given the fact that these seniors do not “visit my doctor enough” to build a rapport that would provide “my doctor with the right to get involved with my decision around my driving.” As such, for the majority of Caribbean/African, Asian and South Asian seniors, the “little contact or the quick contact I have with my doctor” is perceived as creating a barrier through which one’s physician may not broach the topic of driving cessation.

**9.4.3 Findings and Relevant Results: Driving Cessation Decision-Making Process a Private Matter – No Doctor Required**

Given these findings in relation to the sub-topics ‘Doctor Knows Me Best’ and ‘Doctor Does Not Know Me Best,’ it is, therefore, not surprising that the majority of non-Caucasian seniors perceive that driving cessation is a ‘Private Matter’ and, thus, one where one’s physician does not have the right to intervene. As can be noted in Table 9.2, under sub-topic ‘Private Matter,’ 78.7% of Asian, 65.9% of South Asian and a staggering 98.3% of Caribbean/African seniors perceive that the decision around no longer is a matter that only they can and will decide upon. This may be compared to the only 1.6% of Caucasian seniors who similarly express such sentiments. For these seniors, the decision around driving cessation is private given that there is a clear distinction regarding the appropriate topics in which a physician may discuss with these seniors. To discuss driving cessation is “to step out of line and into something that isn’t there business.” As such, it may seem that the majority of non-Caucasian seniors and a small number of Caucasian seniors clearly define what “private matters” are and, thus, “expect that my doctor” respect and “conform” to these “well defined boundaries.” The current literature base does note that seniors find the decision to cease driving to be a private matter and one that does not involve the advice of one’s physician; this work, however, clearly shows that Caucasian seniors do not readily perceive that the cessation of driving is a private matter, while non-Caucasian seniors who are likely to perceive so.

In light of such ethnic differences in relation to the sub-topics ‘Doctor Knows Me Best,’ ‘Doctor Does Not Know Me Best’ and ‘Private Matter,’ it may be concluded that Caucasian and non-Caucasian seniors may have differing perceptions regarding what constitutes as “knowing a patient” well enough to involve oneself in the decision-making process. Non-Caucasian and Caucasian seniors may also have differing perceptions around the “amount it time it takes to
truly get to know your patient,” whereby for these seniors the “quick visits I have with my doc” may or may not prove to be enough to really “know me and abilities and therefore get into telling me about my driving.” Furthermore, ideas around what constitutes a “private matter,” in this case driving cessation, may serve to create barriers for physicians in discussing driving cessation.

9.4.4 Findings and Relevant Results: Honest, Dishonesty, and Hesitation by One’s Physician in the Driving Cessation Process

In discussing whether one’s doctor has the right to intervene in the decision-making process surrounding driving cessation, the sub-topics of honesty and dishonesty arise. As is noted in Table 9.2, sub-topic ‘Doctor as Honest about My Health,’ just over 80% of Caucasian seniors, one’s doctor has the right to become involved in the driving cessation decision-making process, as one’s doctor is perceived as being honest in reporting the overall health, well-being, and functional ability of these seniors. Such findings are consistent with other literature, whereby the honesty of one’s doctor ensures that their involvement in the decision-making forum is necessary and worth listening to. Nevertheless, in examining the sub-topic ‘Doctor as Honest about My Health,’ one will note that an evident ethnic difference emerges, as only Caucasian seniors express such perceptions, whereby no Asian, South Asian and Caribbean/African feel this way. As such, it may be stated that non-Caucasian seniors may believe that one’s doctor is not honest regarding their health.

In fact, 73.2% of Asian and 59% of South Asian participants perceive that one’s physician would be dishonest in reporting health results to older drivers within these respective communities, as is noted in sub-topic ‘Dishonest in Reporting Health Results.’ According to these South Asian and Asian seniors, this “dishonesty” is cultural, whereby “our doctor probably thinks it is wrong to tell older people to stop driving because they are in bad health.” These seniors note that, within their culture, it is taboo for “the younger ones” to tell older adults “how to live their life,” which includes no longer driving due to health related challenges. As such, these South Asian and Asian seniors perceive that “my doctor shouldn’t have the right to tell me whether to drive or stop or help me with the decision on this.”

These comments, as expressed by the majority of Asian and South Asian seniors and as noted in sub-topic ‘Dishonest in Reporting Health Results,’ are concerning for number of reasons. Firstly, should their doctor believe and/or know that these seniors are unfit to drive due to health-related challenges, they may not inform their older patients out of “fear that they
are breaking culture and talking down to seniors.” This may directly place these older Asian and South Asian drivers and the other roadway users in direct harm. Secondly, given that it is perceived by these South Asian and Asian seniors that one’s doctor would not be honest in reporting health-related results, it may make it more difficult for the seniors to discuss their health and/or driving concerns with their physician.

Interestingly, it should be noted that just under 35% of Caucasian seniors also perceive that their physician may be hesitant in sharing health related results regarding one’s driving abilities, although they are a welcome party in the driving cessation decision-making debate. As is noted in Table 9.2, sub-topic ‘Yes, but Lack of Transportation Alternatives,’ while these Caucasian seniors do not state that their physicians would be dishonest, they perceive that “there would be some sort of hesitation” given the fact that physicians are aware of “the poor transit and other alternatives if we [referring to seniors] didn’t drive no more.” This finding differs from conventional understandings around doctors’ hesitation to inform senior patients why they should cease driving. Literature demonstrates that physicians are hesitant to intervene in the decision-making forum, afraid of offending seniors or scaring “seniors from coming to see us.” This particular finding may add to the debate given that Caucasian seniors perceive that physician’s hesitation is grounded in the fact that “they know if they tell us to stop driving seniors will be stranded without transportation options.”

9.4.5 Findings and Relevant Results: Suspicion around the Role of the Physician in the Decision-Making Process

Particular attention must be paid to the last 3 sub-topics, ‘Doctor as Stranger,’ ‘Doctors are Unaware of What Causes Driving Cessation’ and ‘Suspicion Around Doctor’s Intention,’ within this topic, as each of these 3 sub-topics are discussed only by Caribbean/African seniors and no other ethnic group.

Regarding the first sub-topic ‘Doctor as Stranger,’ 42.3% of Caribbean/African seniors share that one’s physician does not have the right to intervene in the driving cessation decision-making process given that it is perceived that doctor is a “stranger.” As such, this particular characterization of one’s physician seems to demonstrate that a doctor is not seen as a figure that has a right to impede upon “personal issues (of driving cessation) because he has no connection to me, he is a stranger” and is not viewed as someone “in my inner circle whose views I trust.” Furthermore, it may seem that one’s doctor is perceived as “just another person I
have superficial contact” with, whereby no “real or deep relationship is present” and, thus, not “someone who can talk to me about not driving no more.”

For a small, but still significant, number of Caribbean/African seniors, doctors may not partake in the decision-making process as physicians are unaware of “what actually makes seniors unable to drive,” as is noted in the sub-topic ‘Doctors are Unaware of What Causes Driving Cessation.’ For these 16.9% of Caribbean/African seniors, physicians can be “easily tricked” into thinking an older person is “a good driver, even when they are not.” As such, these Caribbean/African seniors perceive that those in the medical profession are “completely naïve” when it comes to “really understanding” older drivers and their ability to safely drive and, therefore, cannot acutely detect when one should “really stop driving.” Thus, it is believed that they do not have the right to intervene in the decision-making process. As such, these Caribbean/African seniors clearly express that the medical knowledge/understanding of one’s physician does not extend to that of older drivers.

Of great concern are the 27.1% of Caribbean/African seniors who perceive that one’s physician will willingly remove and/or report to the “government about my driving.” For these seniors, who discuss the sub-topic ‘Suspicion Around Doctor’s Intention,’ it is perceived that the one’s physician works to appease the provincial government. In light of these suspicions, these Caribbean/African seniors perceive that one’s doctor should have no involvement in the driving cessation decision-making process. As such, these Caribbean/African seniors may unintentionally believe that the role of one’s physician is not “keep me safe at all times, but rather take away what is most precious to me – my ability to drive.”

Regarding these specific perceptions, as noted only by Caribbean/African seniors, a number of conclusions may be drawn. Firstly, the above clearly demonstrates that a strain and/or unease in the relationship between the Caribbean/African community and medical community may exist, evident in the lack of trust expressed by these participants. Given that only Caribbean/African seniors express such sentiments, it may be plausible that this unsettling relationship is culturally grounded. Secondly, the above perceptions make evident that there may be some unawareness, misinterpretation and/or mistrust in the role that one’s physician plays in keeping their older patients safe, a fact evident in “suspicions” around “my doctor wanting to take my license” and “because my doc doesn’t know what leads to driving cessation.”

Thirdly, the above perceptions may also indicate that should one’s physician voice any concerns regarding their ability to safely drive, these Caribbean/African seniors may call into question
these medical opinions, ignoring the value of this advice out of the belief that one’s doctor does not know what medical conditions/signs relate to poor driving. Most concerning, should a Caribbean/African seniors have their own concerns regarding their ability to safely drive, these seniors may forfeit such discussion with their doctor out of fear that their physician’s intentions “are not honourable and … only want to take away my license.”

9.4.6 Findings and Relevant Results: Role of Family’s Involvement in the Driving Cessation Decision-Making Process

To date, current literature readily examines the role of families in the driving cessation decision-making process. Here, too, a number of studies demonstrate that seniors are both comfortable and uncomfortable regarding the role of one’s family. Certain studies find that for a number of seniors, family members are the primary source of feedback regarding driving and driving cessation. Seniors often state that their spouse and/or children have a right to discuss matters regarding safe driving and driving cessation. A number of ex-drivers admit to changing their driving behavior following a welcomed intervention by family members. One participant, in the work of Rudman et al. (2006), states that after asking his children to help him decide on his driving ability, they came to the conclusion as a family that this senior should cease driving.

Irrespective of this, other studies (see for example, Persson, 1993; Lister, 1999) indicate that seniors explicitly believe that one’s family does not have a right to involve oneself in the decision-making process. Such perceptions are found to stem from concerns around shifts in family relations. Other reasons provided as to why one’s family should not involve themselves in the driving cessation debate are that it is perceived that one’s family may not be forthcoming in broaching this topic as it may offend the senior in question (Rudman et al., 2006). Overall, studies find that seniors’ perceptions around the involvement of their family in the driving cessation decision-making process are not unanimous.

This work further demonstrates this lack of unanimity. As noted in Table 9.3, topic ‘Family Involvement in the Driving Cessation Decision-Making Process,’ just over 60% of all seniors perceive that one’s family has the right to involve themselves. This work further demonstrates, however, that perceptions regarding whether one’s family should or should not involve oneself in the decision is highly dependent upon ethnicity. For instance, all Caucasian seniors and a significant number of South Asian (63.6%) and Asian (48.8%) seniors perceive that one’s family has the right to involve oneself in the decision-making process. This may be compared to the small number of Caribbean/African seniors (8.4%) who express such thoughts.
Conversely, then, over 91.5% of Caribbean/African, 51.1% of Asian, and 36.3% of South Asian seniors perceive that “my family shouldn’t get involved in my decision.”

9.4.7 Findings and Relevant Results: Allowing Family Members to Intervene in the Driving Cessation Decision-Making Process

While literature on the topic around one’s family’s role in the driving cessation decision-making process notes that one’s family may in fact intervene, specific perceptions as to why this may be are not presented. Sub-topic ‘Wellbeing of Older Drivers,’ in Table 9.3, presents one such reason. Seniors perceive that their family’s have the right to “address the issue of not driving with me” in order to ensure the safety and wellbeing of older drivers. In fact, when discussing the topic of driving cessation, seniors frame the involvement of one’s family as a “responsibility” to keep these older drivers “safe and sound.”

Sub-topic ‘Wellbeing of Older Drivers’ further demonstrates that ideas around wellbeing of older drivers and family involvement in the driving cessation decision-making forum differ by ethnicity. All Caucasian seniors and almost half of all South Asian seniors perceive that a family should involve themselves in the decision-making process so that “I am safe at all times, that is my family’s job.” A small, but still important, number of Asian (11.0%) and Caribbean/African (8.4%) seniors further express such sentiments, whereby “my family has to get involved to keep me safe and protect me from hurting me and other people.”

As such, given that seniors, from a number of ethnic backgrounds, link wellbeing and family involvement in the decision-making process, this may suggest that if one’s family were to frame their involvement and/or broach the topic of driving cessation in a way that conveyed concern over the wellbeing of the seniors in question, they would be welcomed to “discuss me not driving at any time.”

9.4.8 Findings and Relevant Results: Family Members of Similar Age and Cultural Barriers to Intervening with Decision-Making Process

There are 2 perceptions regarding the involvement of one’s family in the decision-making process that are expressed only by South Asian and Asian seniors within this thesis. The first is seen in Table 9.3, sub-topic ‘Family Members of Similar Age.’ Within this sub-topic, 34.6% of Asian and 63.6% of South Asian seniors perceive that a family member of similar age may intervene in the decision-making process, a perception that is grounded in the “safety and
comfort” that is provided “when someone your own age talks to you about not driving or tells you can’t drive anymore.” For these Asian and South Asian seniors, age, and therefore the understanding around driving and driving cessation that “comes with age,” is an important and central factor regarding family’s involvement in driving cessation decision-making process. Given that a significant number of Asian and South Asian seniors express such perceptions, it may be inferred that should a family express any concern regarding the driving abilities of these seniors, having a family member of similar age broach the topic of cessation may be an appropriate and acceptable strategy to getting one’s family involved in the decision-making process.

The second and extremely important perception shared only by South Asian and Asian seniors is that of “Yes, my family can be involved but I think culture says no to this.” As is noted in Table 9.3, sub-topic ‘Welcome Involvement, but Cultural Limitations Present,’ almost half of all Asian seniors and over 60% of South Asian seniors believe that one’s family has the right to become involved in the driving cessation decision-making debate, but they further believe that they their families may “think twice about saying anything because, well, you can’t speak out against old people in our [Indian] culture.” As such, these South Asian and Asian seniors would welcome a “good talking from my kids and wife” should they begin experiencing driving-related abilities, but cultural norms may prevent such interactions with family members.

In light of the above sub-topics ‘Family Members of Similar Age’ and ‘Welcome Involvement, but Cultural Limitations Present,’ a number of conclusions can be drawn. Firstly, it may seem that contrary to cultural beliefs and norms, for these South Asian and Asian seniors the involvement of one’s family in the decision-making process is a “welcomes [sic] and appreciated experience,” irrespective of culture barriers. Secondly, in “wanting my family to get to say something and get involved if they see something wrong,” these South Asian and Asian seniors may be indicating that safe driving and driving cessation is “such an important, very important topic” that it is appropriate to transcend cultural norms to address such issues. Thirdly, and somewhat concerning given the different understandings around family involvement in the decision process held by South Asian and Asian seniors and their families, family members who “think something is wrong and want to talk about but don’t because not allowed” may be unaware of the fact that these South Asian and Asian seniors may be willing to overlook such cultural norms when it comes “to something this big and important.”
9.4.9 Findings and Relevant Results: Reasons for Family Members to Not Become Involved in Driving Cessation Decision-Making Process

Participants who perceive that their families do not have a role in the driving cessation decision-making process provide a number of reasons for their perspectives. One such reason is that of ‘Personal Matter,’ whereby the decision to cease driving is a personal issue that does not “require the intervention of every family member.” While certain studies note that the decision to cease driving is believed to be a personal one, independent of one’s family, such work does not demonstrate that such perceptions are highly dependent upon one’s ethnic background. As is noted in Table 9.3, sub-topic ‘Personal Matter,’ only non-Caucasian seniors perceive that one’s family should not involve themselves in the decision-making process given that it is “a personal thing and not their business whatsoever.” Almost all Caribbean/African (91.5%) seniors, half of all Asian (51.1%) seniors and just under half of all South Asian (36.3%) seniors perceive that “my family should not stick their nose in this discussion because it is a personal decision.” For these non-Caucasian seniors, perceptions around the decision to cease or continue driving is grounded in one’s culture, whereby this decision is to be made by “the adult driving adult alone.” Should one’s family member think to intervene in the decision-making process, they may act in a fashion that is culturally insulting.

As such, these Caribbean/African, Asian and South Asian seniors who discuss the sub-topic ‘Personal Matter’ may be unwilling to overlook and/or breach cultural norms to discuss and/or address driving and driving cessation in later years with family members. Furthermore, given such cultural norms and, thus, the fact that the decision to cease driving is a personal matter, one’s family may not express their concerns, should they have any, regarding these seniors driving ability. However, due to the fact that the decision to cease driving is perceived to be a personal issue, should a family member “cross the [Jamaican] cultural line and tell me to stop,” such advice may be disregarded by these non-Caucasian seniors given that it is firmly believed that “it is none of my family’s business whether I chose to drive or not.”

The sub-topic ‘Unaware of My Driving History’ is a second reason provided by participants as to why one’s family should not intervene in the decision-making process. As is noted in within this sub-topic, such perceptions are based on one’s ethnicity, whereby only Caribbean/African seniors believe that “my family shouldn’t get involved because they don’t have a darn clue about my driving past.” For these 91.5% of Caribbean/African seniors, one’s family does not have the right to involve themselves in the decision-making process given that
they do not have access to these seniors’ medial information, are “clueless” when it comes to driving in older age and are “unaware of what causes driving cessation” in later years.

Interestingly, for these Caribbean/African seniors, physicians are also perceived not to “be allowed to get involved in my own decision around driving” even though physicians are privy to such information. In addition, the fact that one’s family is “ignorant around driving ability when someone is old” and, therefore, unaware of what leads to driving cessation, are the same reasons provided as to why one’s family physician is unwelcome to comment on the decision-making process.

Furthermore, the above comments may indicate that these Caribbean/African seniors are misinformed of the many benefits that may be incurred should one’s family be allowed to partake in the decision-making process. One such benefit, as noted above, is one’s family’s ability to ensure the safety and security of older driving adults. Importantly, and similar to the conclusions made regarding the involvement of one’s physician, concerns expressed by family members of these Caribbean/African seniors broach the topic of driving cessation may go “unnoticed or totally ignored.”

9.4.10 Friends’ Involvement in the Driving Cessation Decision-Making Process

To date, literature examining perceptions around driving cessation and, in particular, who is invited into the decision-making process, does not take into consideration the role of one’s friend(s). In examining perceptions around the right of one’s friend(s) in the driving cessation decision-making process, this work brings to light two significant findings.

First, as noted in Table 9.4, topic ‘Friends’ Involvement in the Driving Cessation Decision-Making Process,’ all seniors, irrespective of ethnicity, perceive that “my friend has the absolute right to talk to me about not driving no more and my driving abilities.” Not one senior expresses otherwise.

Moreover, as is noted in Table 9.4, sub-topics ‘Open and Honest,’ ‘Concern Over My Safety’ and ‘Understand the Difficulty Involved in Driving Cessation,’ all seniors provide the same reasoning as to why friends may involve themselves in the driving cessation decision-making process. Friend’s openness and honesty, friend’s concern over the safety of these seniors, and the “idea that my friend understands what it means to think about not driving” are discussed by each senior partaking within this study and are each perceived as factors lending to the fact that one’s friend(s) may involve them self in the decision-making process. Such findings
may be directly contrasted to those above, whereby seniors do not unanimously perceive that one's physician and family should be involved in the decision-making process and whereby numerous ethnic differences arise informing such perceptions.

Given the complete agreement around the involvement of one’s friend(s) in the decision-making process surrounding driving cessation, a number of conclusions can be touched upon. First, it can be noted that seniors may have a different understanding regarding the role of one’s friend(s) in the decision-making process when compared to the role of one’s physician and family. Secondly, it may seem that perceptions that prevent physicians and family from intervening in the decision-making process do not apply to one’s friend(s). For instance, Caribbean/African seniors readily perceive that the decision to cease driving is a private matter and one where it is clearly defined that one’s doctor and family “should not cross that threshold and get involved in my driving business.” However, given that all Caribbean/African seniors state that “my friend can, with no problem, talk to me about not driving” may signal that driving cessation is not a private matter in relations to the involvement of one’s friend(s).

Importantly, as all seniors, regardless of ethnicity, perceive that friends may intervene in the driving cessation decision-making process, should one’s friend(s) express concern regarding the driving ability of these seniors, it may be plausible to assume that these seniors would not disregard such advice and, in fact, begin to consider the prospect of no longer driving.
Chapter 10

Category 5: Seniors’ Perceptions around Public Transportation, Transportation Alternatives, and Transit Accessible Locations

Chapter 10, Category 5, brings together the themes ‘Public Transportation’ and ‘Transportation Alternatives.’ In doing so, this chapter highlights and examines the various perceptions held by seniors regarding the use of public transit and transportation alternatives in relation to driving cessation. As will be outlined below, sections 10.1 – 10.1.7 examine seniors’ perceptions regarding public transportation in Toronto, Vancouver and surrounding suburban municipalities, with a specific focus on seniors’ perceptions around the efficiency of transit, safety and security while using public transit, and informational aspects regarding public transportation. Section 10.2 ‘Findings and Relevant Results: Public Transportation,’ seniors’ views on this theme are linked to current literature, documenting where this chapters findings are similar and/or differ from current literature.

Within the theme ‘Transportation Alternatives,’ sections 10.3 – 10.3.6 examine seniors’ perceptions pertaining to the transportation alternatives available within one’s community. Section 10.4 brings together all findings and relevant results of the theme ‘Transportation Alternatives,’ noting where findings concede and/or differ from our current understanding around seniors’ perceptions on this theme.

Section 10.5 – 10.5.3, ‘Transit Accessible Locations,’ examines seniors’ perceptions around the communities in which they reside and perceptions around transit accessible location and relocating to more transit accessible locales. The last section, 10.6, ‘Findings and Relevant Results,’ seniors’ views on this theme demonstrating were findings are linked to current literature, while documenting the different perceptions held by seniors regarding transit accessible location.

10.1 Public Transportation

‘Public Transportation’ is the first theme included within this category. The theme ‘Public Transportation’ includes all topics that bring together seniors’ perceptions around public transportation in its own right, and in relation to driving cessation. To simplify the vast amount of data that this theme elicits, this theme is divided into the following 3 subsets – Efficiency of Public Transportation, Safety and Security when Using Public Transportation and Information Regarding Public Transportation. The first subset, Efficiency of Public Transportation, includes the topic ‘Lack of Efficiency of Public Transportation’ in relation to seniors’ perceptions around
the (in) efficiency of public transit when compared to the automobile. The subset ‘Safety and Security when Using Public Transportation’ incorporates the topics ‘Concern Over Personal Injury on Public Transit’ and ‘Fear of Violence when Using Public Transit,’ as both topics discuss and examine seniors’ perceptions around physical harm and/or danger when using public forms of transportation should they cease driving. Further, this subset includes ‘Concern Over Family Members Using Public Transit,’ capturing seniors’ perceptions around the perceived “dangers” one’s family may encounter while using public transit and how such fears may impact driving cessation. The final subset Information Regarding Public Transportation incorporates the topic ‘Awareness Around Transit Programs for Seniors’ as it discusses and highlights seniors’ awareness and thoughts around the various senior transit programs offered by the Toronto Transit Commission, York Regional Transit and TransLink. ‘Language Barriers to Using Public Transit’ is also included within this final subset, taking into account seniors’ perceptions regarding how language may deter older adults from using public transportation and, in addition, how this may impact the decision to cease driving. The last topic, ‘Lack of Community Consultation by Transit Authorities,’ demonstrates seniors’ views on the role of transportation agencies in working with communities to meet the transportation needs of seniors who have ceased driving.

Efficiency of Public Transportation

10.1.1 Lack of Efficiency of Public Transportation

During the interview process seniors are asked to discuss their perceptions around public transportation in the cities of Vancouver and Toronto and their surrounding suburban locations. One topic that emerged from this discussion is the ‘Lack of Efficiency of Public Transportation’ when compared to the private automobile. In discussing this topic, all seniors, regardless of ethnic background, expressed the opinion that “compared to the car, public transit is most inefficient.” Not a single senior partaking within this study refutes this statement. While all seniors identify with this topic in general, ethnic differences arise regarding the various reasons as to why seniors perceive public transit to be a less efficient travel mode when compared to the automobile.
As is noted in Table 10.1, all seniors state that when compared to the private automobile public transportation “is not at all efficient, and is so, so inefficient.” As will be explored below, ethnic differences in perceptions, albeit for one sub-topic, are evident regarding the various reasons as to why all seniors frame this topic in the manner. In reflecting on public transit, all Asian, South Asian, Caucasian and Caribbean/African seniors share that in comparison to “my wonderful convenient car” public transit is a ‘Difficult System to Navigate.’ A number of South Asian, Asian and Caribbean/African seniors further share that public transit is “seriously inefficient” when compared to the car as it ‘Does Not Consider the Specific Travel Times in which Seniors Travel.’ In relation to the latter sub-topic, a number of South Asian, Asian

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17 It is interesting to note that no Caucasian seniors identifies with this sub-topic ‘Does Not Consider Specific Times in which Seniors Travel’ and no Caucasian and Caribbean/African senior identifies with the sub-topic ‘Does Not Consider the Comfort of Seniors.’ A number of explanations may be provided. First, this may be because this was not a direct question asked during the interview process. Secondly, this may be because the overwhelming majority of Caucasian and Caribbean/African seniors are resistant to using public transit and may, therefore, not even consider issues of travel times and comfort. Such explanations may also be applied elsewhere when certain ethnicities do not identify with a particular sub-topic.
18 Ibid.
19 Ibid.
and Caucasian seniors perceive that “transit is less better than my car” as it ‘Does Not Consider the Comfort of Seniors.’

Regarding the first sub-topic ‘Difficult System to Navigate,’ all seniors, regardless of ethnic background, share that in comparison to using one’s private automobile public transit “is a confusing and tricking to have to use.” For all Asian (100%), South Asian (100%), Caucasian (100%) and Caribbean/African (100%) seniors, such perceptions are grounded in the belief that that in order to reach their final destination they must “get on a bus line that is not easy to understand and not straightforward.” According to these seniors, to “get to where you need to go and to get anywhere on the public system” the journey will include numerous bus or subways changes and/or having to “take a bus to the closest subway station and then continue on your way after you figure out which subway line to use,” making public transit a “very, very hard system to navigate through.” In short, all Asian, South Asian, Caucasian and Caribbean/African seniors note that taking public transit “seems to be a confusing and complicated system” as they have to figure “so many things out on how to travel with the bus and underground before even using it.”

Furthermore, in discussing the sub-topic ‘Difficult System to Navigate,’ each Asian, South Asian, Caucasian and Caribbean/African senior describes the “complicated way of travelling on the bus” in comparison to the ease of the private car, where one is able to “quickly orient yourself and know your directions,” and drive directly to one’s destination “without having to make any transfers or figure out which line you are on or know if you need a more expensive ticket.” In reflecting on this topic, one Caucasian male, who does not understand “why seniors take the bus,” asks:

Who would take the bus at my age? You have to transfer here and there to get to where you need to go. Or you take the bus to the Expo station and then you ride the train and then you get off and take another bus. How could someone navigate through all the information on where to get off and on? It is too much effort to any one place, in my opinion. The thought of having to read schedules to find the right bus and get off at the right place is giving me a headache to even think about. The car works wonders in these travel situations, you just get in the car and go. You don’t need to transfer and when you do finally get out it is because you are there at your house or doctor’s appointment or wherever you are trying to go, and not because you have to run and catch another bus.
In a similar tone, a Jamaican male, who does not understand why his wife likes public transit, states:

_\text{Wait. That is all you do when you take the TTC. You wait and then you have to get off and find your way around. And if you don’t know your way around you have to look it up. And then there is the transferring and getting on another bus. It is crazy, all that effort and energy trying to get to one place and then back. It is all so simple with the car: you just get in the car and go. That is it, just in the car and out of the car. And that is why transit is not effective or even efficient because you need to get in and out of a million doors, find your way around, and all that, just to get to the same place as I would be going in my car. You tell me what sounds more efficient, the bus or the car?}_

In relation to the second sub-topic ‘Does Not Consider Specific Travel Times in which Seniors Travel,’ a number of seniors share that public transit is less efficient form of mobility, when compared to the automobile, as transit is not considerate of the specific “ways that seniors need to travel.” As is noted in Table 10.1, such perceptions are shared by 95.4% of South Asian, 77.1% of Asian and 66.1% of Caribbean/African seniors; conversely, not one Caucasian senior expresses this sentiment. For the great number of South Asian, Asian and Caribbean/African seniors, public transit does not take into consideration the specific travel needs of older adults by not providing adequate services at the times in which seniors travel. These South Asian, Asian and Caribbean/African seniors perceive that public transit is only efficient at peak hours and not at other times of the day “when seniors need to travel and get around.” As such, these seniors believe that should they use public transit they would “be waiting forever for the bus” and “be late for whatever I am doing because there is no senior-friendly bus hours.”

Furthermore, in discussing the sub-topic ‘Does Not Consider Specific Times in which Seniors Travel,’ seniors stated that one’s automobile “does take into account the specific times old people need to travel” and allows older adults to travel at any time they feel it is appropriate. In capturing this sub-topic, one Indian male, who cannot remember “what the inside of a bus looks like,” states:

_The bus only runs 2 times day. The first time is during the morning when everyone needs to get to work and the second time is when everyone needs to get home (laughs). The buses come fast at those times, I’ve seen them do this sometimes on my morning drive, so I know. I also see people waiting for the bus in the middle of the afternoon and_
it looks like they have been waiting forever. And sometimes when my granddaughter comes to visit she tells me she is late because they buses don’t run as often in the afternoon. And I need to get around mostly in the afternoon, I don’t have to work in the morning so I don’t need the bus. And if I needed to get around in the afternoon and used the bus I would probably be wasting my time waiting for a bus that never comes and I would miss my appointment or something like that, or wherever I am supposed to be going. I would rather just take my car and that is that, because it gets you there so fast and there is no waiting around and you go at the times you need to go, not when the bus feels like showing up and taking you. Your car does not, and I repeat does not, dictate the time you travel. You do and your car goes when you need to go and whatever time you need to go.

A number of seniors also perceive that the current public transit system ‘Does Not Consider the Comfort of Seniors.’ Just over 95% of South Asian, and 75% of Asian seniors identify with this sub-topic, but not a single Caribbean/African senior agrees with this statement. For these South Asian, Asian and Caribbean/African seniors, specific travel requirements needed by seniors but not available on transit systems include a “place to put your groceries,” “a place to put your walker or walking sticks,” and “a comfortable and decent place to sit down once you are on the bus.” These seniors readily state that to take public transit would be difficult “as there is no place to put your belongings” and “seniors need comfortable places to sit in old age for health reasons."

Similar to the above sub-topics, these South Asian, Asian and Caucasian seniors share the opinion that one’s automobile allows them to travel in “complete comfort” whereby they do not “have to stress about where to put your groceries and other things.” Furthermore, each senior shares that the private automobile offers a “comfortable ride” given that the “seating and every other personal amenity can be tailored to your liking and comfort.” In discussing this topic, one Chinese woman, who needs to drive to the grocery store as her groceries are too heavy to carry all the way home, states:

The car is so much better than the bus because if I need to go grocery shopping I can’t do it on the bus. I can’t. Where do you put the groceries after shopping? In my car I put them in the trunk and the backseat of the car. I would probably have to hold them on the bus. I am 73 years old, I don’t want to be balancing my food that I just bought on my
lap, that would be the worst ride of my life. The car just works so much better, it is more efficient, I can’t deny that and I don’t think I will.

In discussing the uncomfortable seating on public transit, an Indian man, states:

*When you travel, old men like me [laughs] they need a comfortable seat. You just need it; it is what makes the drive so pleasant and so comfortable. I am not saying that you need couch as your seat, just something comfortable. And I can’t imagine the bus or Skytrain being comfy at all. I always hear my daughter saying that the seats are slippery and you slide everywhere and also in the buses, if you look at them, you aren’t facing forward you are looking sideways. Can you imagine how uncomfortable that is? To be honest, the bus has no appeal to me. I am not judging other people for using the bus, it is not for, unless some serious changes are made. Look, in the end it comes down to the fact that the car is much better than the bus because you get an appropriate and safe seat. You don’t go sliding all over the place in the car.*

**Safety and Security when Using Public Transportation**

10.1.2 Concern Over Personal Injury on Public Transit

During the one-on-one interview seniors are asked to discuss concerns around using public transportation in older age. In particular, seniors are asked to comment upon their personal safety when using public transportation. The majority of seniors, when reflecting on this topic, share that should they use public transportation they would have “some serious concerns over getting hurt on transit.” A smaller number of seniors, however, state that should they use public transit they would not be concerned with personal injury. Throughout this topic, ethnic differences in perceptions arise regarding seniors who do or do not express any concern over the risk of personal injury when using public transportation. Furthermore, ethnic differences in perceptions arise regarding the various sub-topics that seniors identify with when reflecting on this topic.

Table 10.2: Prevalence of Seniors Indicating ‘Concern Over Personal Injury on Public Transit’

<table>
<thead>
<tr>
<th>Concern Over Personal Injury on Public Transit (n=351, 100%)</th>
<th>Positive Association (n=252, 71.7%)</th>
<th>Negative Association (n=99, 28.2%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>123</td>
<td>4</td>
</tr>
<tr>
<td>South Asian</td>
<td>41</td>
<td>3</td>
</tr>
<tr>
<td>Caucasian</td>
<td>32</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>96.8%</td>
<td>3.1%</td>
</tr>
<tr>
<td></td>
<td>92.1%</td>
<td>6.8%</td>
</tr>
<tr>
<td></td>
<td>25.4%</td>
<td>73.5%</td>
</tr>
<tr>
<td>Positive Association (n=252, 71.7%)</td>
<td>Negative Association (n=99, 28.2%)</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------</td>
<td>------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Caribbean/African 56 94.9%</td>
<td>Caribbean/African 3 5%</td>
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</tbody>
</table>

Sub-topic: Incurring Personal Injury

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>123</td>
<td>96.8%</td>
</tr>
<tr>
<td>South Asian</td>
<td>41</td>
<td>92.1%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>32</td>
<td>25.4%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>56</td>
<td>94.9%</td>
</tr>
</tbody>
</table>

Sub-topic: Do Not Intend to Use Public Transit

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>4</td>
<td>3.1%</td>
</tr>
<tr>
<td>South Asian</td>
<td>3</td>
<td>6.8%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>89</td>
<td>73.5%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>3</td>
<td>5%</td>
</tr>
</tbody>
</table>

Sub-topic: Unable to Recover after Injury

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>63</td>
<td>49.6%</td>
</tr>
<tr>
<td>South Asian</td>
<td>14</td>
<td>31.8%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>21</td>
<td>35.5%</td>
</tr>
</tbody>
</table>

Sub-topic: Injury on Public Transit Deters Driving Cessation

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>South Asian</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>51</td>
<td>86.4%</td>
</tr>
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</table>

As is noted in the introduction to this topic, the majority of seniors perceive that should they “have to use any type of public transit” they would be “deeply concerned over [one’s] physical wellbeing and about getting seriously injured.” Within the approximately 71% of seniors who identify with this topic in this manner, ethnic differences in perceptions arise; Asian, Caribbean/African and South Asian seniors emerged as most eager to discuss such perceptions. 96.8% of Asian, 94.9% of Caribbean/African and 92.1% of South Asian seniors, and just over a quarter of Caucasian seniors, express such sentiments. As will be explored below, ethnic differences in perceptions further arise regarding the various ways in which these seniors define this topic. For Asian, Caribbean/African, South Asian and Caucasian seniors, albeit to differing degrees, share that they would be concerned with ‘Incurring Personal Injury.’ Furthermore, in reflecting on this topic, Asian, South Asian and Caribbean/African seniors share that should they use public forms of transportation they would be concerned with “getting injured real bad” to the degree that they would be ‘Unable to Recover after Injury.’ Given this concern over personal

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20 The sub-topic ‘Do Not Intend to Use Public Transit’ may be used to explain the negative perceptions around public transit as expressed by a number of seniors and, in particular, Caucasian and Caribbean/African seniors. However, discussing personal injury on public transit is the only time during the interview process when seniors explicitly state that they do not intend to use public transit.
injury on public transit, a number of Caribbean/African and Caucasian seniors perceive that “getting hurt on the bus or subway makes me want to keep driving for as long as possible” and, therefore, identify with sub-topic ‘Injury on Public Transit Deters Driving Cessation.’

Regarding the first sub-topic, ‘Incurring Personal Injury,’ a number of seniors express concern over the perception that public transit are “not senior friendly.” As is noted in Table 10.2, such perceptions are shared by 96.8% of Asian, 94.9% of Caribbean/African and 92.1% of South Asian seniors, and, to a smaller degree, just over 25% of Caucasian seniors. According to these seniors, one would be at significant risk of incurring personal injury on the public transit system in either Vancouver, Toronto or surrounding suburban municipalities as the current transportation systems do not take into account the “way the senior body moves” when compared to younger adults using public transit. These seniors point out that they have “physical limitations that happen with age” that are not well reflected in current public transit systems, and that the layout of transit systems places seniors in “great harm’s way of getting injured.” The “greatest point of physical danger that is present on the bus system,” according to these Asian, South Asian and Caribbean/African seniors, include “the crazy amount of stairs seniors have to climb,” “the dangerous elevators that seniors can’t get off and on in time,” “the slippery seating on the buses which make you slide when the bus moves,” “the quick doors on the subways that close when you are in the middle of them,” and the “jerking of the bus, which makes you going flying ever time the bus stops and starts.”

In reflecting on his “fear of using the Spadina subway station,” one Chinese senior in Toronto shares:

_Imagine if I tripped when walking down the stairs? It has happened before in my house, but my son catched [sic] me so I was okay. But imagine if I feel down the stairs at Spadina? I would never be able to break my fall by myself. I would go tumbling down like a ton of bricks and I would probably break every last bone in my old body. I don’t have the reaction time like a young man or when I was a young man. Things change when you get older, and I would hurt myself on the bus and subway, so I stay clear of those. The way the subway system is now in Toronto, I don’t know, but it is not made for seniors and I just know if I got on it I would get hurt really bad, or at least I am worried I would get hurt really bad._

In light of the above, it is not surprising that many seniors further note that fear of obtaining a personal injury on public transit is compounded in the perceptions that older adults
“may not spring back from these injuries.” As is noted in Table 10.2, a number of seniors (49.6% of Asian, 35.5% of Caribbean/African and 31.8% of South Asian seniors) identify with the sub-topic ‘Unable to Recover after Injury.’ These Asian, Caribbean/African and South Asian seniors express that should they use public transit and incur an injury it is perceived that they may “never recover” and/or “take longer to recover if I get hurt on the transit.” According to these seniors, perceptions around one’s inability to “quickly get better after hurting myself” stems from the fact that the aging process slows down one’s ability to heal and/or cope with serious injuries.

To exemplify such perceptions, one South Asian woman, who “once had a dream I slipped and died on the bus,” shares:

Your body changes when you are older. It really does and I am not sure I can explain how. For me it was like my bones went weak. I take all these medications to make sure, well to keep, my bones super strong. Because like I said they are so weak and I don’t know why, the doctors told me it was because I am getting older and it is a natural thing to happen. The point is, if I take the bus or the subway, what if I fall or trip or slip? I mean I am scared I wouldn’t make a full recovery.

Sharing similar beliefs, an Ethiopian man, who “knows a bunch of seniors who have hurt themselves on buses,” states:

The problem is that the bus and subways aren’t made for us [seniors]. If they were you’d have elevators at every entrance and we don’t have that. And my concern on the bus is that what if I fall? What if the bus driver is a maniac and speeds along and seniors go flying all over the place like popcorn? Let me tell you, when you get old it takes a 100 times longer to recover and even after you recover things don’t go back to the way it should. Three years ago, when I was 72, I broke my wrist and it healed according to the docs at Saint Mike’s, but is still hurts when I move it to the left. See things never go back. And imagine is a senior broke their hip on the bus? That never heals. Just in general the bus or whatever, even the subway, is dangerous for seniors; we just shouldn’t use it.

For a number of seniors, concern over injuring oneself on public transit directly translates into the delay of driving cessation. As is highlighted in sub-topic ‘Injury on Public Transit Deters Driving Cessation,’ the majority of Caribbean/African (86.4%) seniors, but no Caucasian, Asian or South Asian seniors express such sentiments. For the Caribbean/African and Caucasian seniors who identify with this sub-topic, it is readily stated that the perceived
“physical risks” associated with public transit “are not worth it and too much to deal with if I get hurt on the bus or TTC” and, thus, entices these seniors to continue driving “even if I am not the best driver no more.” According to these Caribbean/African seniors, “getting seriously hurt on the bus” actively deters them from driving cessation, as it is perceived that driving is a safer transportation option when compared to public transportation, even in a situation where these seniors may not physically be able to safely drive at all times.

In reflecting on the safety of his car proves, a senior Trinidadian man states:

Why use the bus? You can get very hurt on the bus, look at how fast they go. I can’t imagine being able to keep my balance on that thing, especially when it bounces around and stops so fast. You can get hurt, no doubt about that. And that won’t happen in my car, my car is super safe. You don’t get jerked around in my car, I never can fall, and I have airbags if I get into an accident. My car is much more safe than the bus. I think I’ll stick with my car. The bus, well because it is so so unsafe, I think I will just keep driving. Because the bus is so senior unfriendly and the car is senior friendly it doesn’t make me want to give up my car. Even if I wasn’t the best driver in the world in more I would keep driving, because I still think I can be a safer driver compared to a bus that throws you around and lands you in the hospital hurt.

Less than 30% of seniors express a lack of concern over personal injury while using public transit. As is noted in Table 10.2, such perceptions are overwhelmingly expressed by Caucasian (73.5%) seniors, as well as a smaller number of South Asian (6.8%), Caribbean/African (5%), and Asian (3.1%) seniors. In discussing this topic in this framework, these seniors make no association between the use of public transit and physical injury given that they have ‘Do Not Intend to Use Public Transit.’

For the majority of Caucasian seniors, and the small number of South Asian, Caribbean/African and Asian seniors, who identify with sub-topic ‘Do Not Intend to Use Public Transit,’ it is readily expressed that they “have no concerns of getting hurt on the bus or underground lines” as they “never plan on using that system.” One Caucasian male, who resides just “steps away from Broadway Station,” shares: “Heck, if you don’t ever plan of taking the bus why would I ever think it is unsafe? In my eyes it is safe because I never plan on using it [laughs].”
10.1.3 Fear of Violence when Using Public Transit

For a small number of participants – just over 8% – perceptions around public transit are expressed in terms of ‘Fear of Violence when Using Public Transit,’ whereby it is believed that to use public transit is to put oneself in the “direct path of harm’s way.” Caribbean/African seniors are the only seniors to express such fears.

Table 10.3: Prevalence of Seniors Indicating ‘Fear of Violence when Using Public Transit’

<table>
<thead>
<tr>
<th></th>
<th>Fear of Violence when Using Public Transit (n=29, 8.2%)</th>
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<tbody>
<tr>
<td>Positive Association</td>
<td>Negative Association</td>
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<tr>
<td>(n=29, 8.2%)</td>
<td>(0, 0%)</td>
</tr>
<tr>
<td>Asian</td>
<td>Asian</td>
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<tr>
<td>0</td>
<td>0%</td>
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<tr>
<td>South Asian</td>
<td>South Asian</td>
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<tr>
<td>0</td>
<td>0%</td>
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<tr>
<td>Caucasian</td>
<td>Caucasian</td>
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<tr>
<td>0</td>
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<tr>
<td>Caribbean/African</td>
<td>Caribbean/African</td>
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<tr>
<td>29</td>
<td>49.1%</td>
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Sub-topic: Fear of Physical Violence Encountered on Transit

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<tbody>
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<td>Asian</td>
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</tr>
<tr>
<td>South Asian</td>
<td>0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>29</td>
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<tr>
<td></td>
<td>49.1%</td>
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Sub-topic: Unable to Deter Violence from Occurring on Transit

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<tbody>
<tr>
<td>Asian</td>
<td>0</td>
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<tr>
<td>South Asian</td>
<td>0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>49.1%</td>
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Sub-topic: Violence on Public Transit Deters Driving Cessation

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</thead>
<tbody>
<tr>
<td>Asian</td>
<td>0</td>
</tr>
<tr>
<td>South Asian</td>
<td>0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>49.1%</td>
</tr>
</tbody>
</table>

As is noted in the introduction to this topic, a small number of seniors perceive that to use public transit would result in “physical violence happening to me.” This view is expressed by just under 50% of Caribbean/African seniors, while Asian, South Asian and Caucasian seniors do not express such fears. As is noted below, all Caribbean/African seniors who discuss this topic define “fear of violence happening to me on the bus” in terms of ‘Fear of Physical Violence Encountered on Transit’ and being ‘Unable to Deter Violence from Occurring on Transit.’ These
Caribbean/African seniors share that their fear of ‘Violence on Public Transit Deters Driving Cessation.’

Regarding the first sub-topic ‘Fears of Physical Violence Encountered on Transit,’ many Caribbean/African (49.1%) seniors perceive that they may encounter forms of physical violence on public transit, either directed towards them and/or violence that is “direct[ed] towards someone else but then gets me by accident.” For these Caribbean/African seniors, it is believed that public transportation is a “violent and scary place” and a system where “violence happens each and every day.” As one senior explains, it is perceived that “I may be on the bus at the time of day when the violence erupts.” According to these seniors, the types of violence that occur on transit include “gang fights on buses,” “shootings on the bus and even the subway,” and “knife fights in the middle of the day on the bus.” These Caribbean/African seniors believe that it is very likely that they may encounter “violent act and dangers” on public transit that may seriously “injure and kill an older person who is just trying to get from one place to another.”

In sharing his views on the public transit system in Toronto, a Jamaican man, who will “not use the bus outside his house because of the violent boys on it,” states:

The bus is dangerous and I am damn scared to use it. I don’t care how close the bus stop is to my front door, I won’t use it. I know if I get on the bus one of those hood rats will be on it and looking for trouble. They are always looking for trouble, and an old man like me doesn’t need trouble. I know if I use that bus, Bus 99, I will end up dead, those kids go shooting themselves and everyone else on the bus. Look at these boys in this neighbourhood, remember last year when they shot at each other at Eglinton Station? I won’t get on that bus.

Similarly, an Ethiopian woman, who “becomes physically sick when thinking about using the bus,” similarly shares:

I hate to say this, I do you know, but I will never use the bus because I am so scared to. I mean, okay, (3 minute pause) do you remember that girl that was shot 2 years ago on the Jane bus? Well she is blind now and the doctors think she won’t ever see again. I know this because I know her mother well, the whole family is still devastated. I can’t chance that happening to me, not when I am helping my kids raise their babies. And you never know, you could step on the bus and it could happen to you. You could be caught in the middle of a gang fight and get really hurt. All we have is gangs in this community and they use the bus and as an old woman I am not.
In relation to the second sub-topic ‘Unable to Deter Violence from Occurring on Public Transit,’ these Caribbean/African (49.1%) seniors share that the fear of using public transit in older age is further grounded in the perception that there are few security measures that may deter violence from happening on the bus. Irrespective of the presence of transit authorities (i.e. transit security) and other transit representatives (train conductors, bus drivers, etc.), these Caribbean/African seniors “highly doubt” that violence on transit will be resisted. These seniors believe that numerous attempts have been made by transit authorities and the Toronto Police Department to deter violence from occurring on public transit, to little avail; there is “no way to really stop this violence from exploding on the bus of subway.” The fact that they believe that few safety measures have been proven to and/or may actually deter seniors from “getting in the path of violence” reinforces perceptions regarding the dangers one may encounter on public transit and, thus, solidifies the fears of using public transit.

In sharing her thoughts on this sub-topic, one Jamaican woman, who goes “white with fear” when thinking of having to take public transit, shares:

*There is nothing that can make it [public transit] safe. Nothing, I say. It is just so dangerous, especially where I live. I mean even with the police around and the fact that there is a bus driver or whatever doesn’t matter. People, and I mean these young boys, will still shoot at each other. They don’t care if the military is there; they feel they have business to take care of and think the bus or wherever they are at the moment is their personal shooting range. Good luck making the bus safe with them [referring to boys] around. They don’t respect no-one, even the police.*

A second Jamaican female, who “knows just how dangerous the bus can be,” quietly shares:

*Do you remember when that shooting happened at the bus along Jane and Finch? I was on the bus. My husband was running late for work that morning and I told him not to worry about me taking the bus and that I will be fine, just fine. Anyways, there was a shooting. And the saddest part is that there was a cop right there, off duty but still a cop. There is nothing the TTC can do to make the bus safe. I think even if cops were there on that bus that night that the shootings will still happen. The bus is so violent, I know this first hand. And since then I think it is even more violent if you can believe it.*

Given the fear of violence these seniors experience when using public forms of transportation, it is not surprising that Caribbean/African (49.1%) seniors further note that the
‘Violence on Public Transit Deters Driving Cessation.’ According to these Caribbean/African seniors, the fact that one may encounter violence on public transit, “even the slightest chance of coming across this violence” creates the perception that it “is not worth my life.” These seniors, therefore, would put-off the decision to cease driving in order to maintain mobility so that “I don’t have to take the violence bus to get around,” “even when you are not in tip-top condition” to drive.

To exemplify the above perceptions around ‘Violence on Public Transit Deters Driving Cessation,’ one South African male, who “would never use the bus out fear of dying from a gun shoot wound,” defiantly states:

I would never use that bus, out of fear of death. I know the bus is dangerous, I know someone who was on the bus last week and knife fight between thugs broke out, and I read the paper so I know that this violence is always happening and always happening in this community. All this violence makes me know and really makes hesitant to use the bus and subway. I think of using it sometimes, but then always decide against it because I know how violent it is. I just know something would happen to me and that scares me. And you know what? All this violence that happens on the bus in this part of Toronto, it makes me keep driving, it sure does. I think if it ever came down to it, I would keep driving, even if I had some trouble, then use the bus and risk getting seriously hurt by a flying bullet. I don’t know, for me, the tradeoff of driving with some problems is better than hopping on the bus and getting tangled up with all that nonsense that happens. For me, personally and for some of my friends, because we talk about this, the violence on the bus wouldn’t make me dream of giving up my license or even talk about not driving no more.

A second male, from the Trinidadian community, states:

All what is happening on the bus, all the fighting and all the crime, it keeps me driving. I will hang on to my license, no matter what, as long as I don’t have to take that bus. My car is a safe place and I know I can’t get shot in my car; the bus is a different story, no telling what can happen there. Like I said that violence on the bus is enough to keep me driving no matter what and not driving won’t cross my mind no matter what kinda problems I have when it comes to driving.
10.1.4 Concern Over Family Members Using Public Transit

The varying perceptions regarding public transit and safety are noted in the topics ‘Concern Over Personal Injury on Public Transit’ and ‘Fear of Violence when Using Public Transit.’ The majority of seniors, when discussing this topic, also share that they would be “very, very scared and worried over my family’s safety when using the transit system.” To a lesser degree, a smaller number of seniors share that “my family use bus or whatever I would be very worried about them.” Within this topic, ethnic differences in perceptions arise regarding whether or not seniors identify with the topic of ‘Concern Over Family Members Using Public Transit.’ Furthermore, ethnic differences in perceptions emerge regarding the various reasons as to why these seniors believe that one should be concerned should their closest family members utilize public forms of transportation.

Table 10.4: Prevalence of Seniors Indicating ‘Concern Over Family Members Using Public Transit’

<table>
<thead>
<tr>
<th>Concern Over Family Members Using Public Transit (n=351, 100%)</th>
<th>Positive Association (211, 60.1%)</th>
<th>Negative Association (n=140, 39.8%)</th>
</tr>
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<tbody>
<tr>
<td>Asian</td>
<td>101</td>
<td>26</td>
</tr>
<tr>
<td>South Asian</td>
<td>36</td>
<td>8</td>
</tr>
<tr>
<td>Caucasian</td>
<td>19</td>
<td>102</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>55</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-topic: Unable to Navigate Transit System</th>
<th>Sub-topic: No Reason to be Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>101</td>
</tr>
<tr>
<td>South Asian</td>
<td>32</td>
</tr>
<tr>
<td>Caucasian</td>
<td>19</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-topic: Fear of Physical Violence Family May Encounter</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia</td>
<td>0</td>
</tr>
<tr>
<td>South Asian</td>
<td>0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>54</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-topic: Concern Over Family Using Public Transit Deters Driving Cessation</th>
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<tbody>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>South Asian</td>
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<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>Caribbean/African</td>
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</tbody>
</table>
As is noted in Table 10.4, just over 60% of all seniors perceive that should one’s family use public forms of transportation they “would be seriously concerned over their safety on these buses and subways.” As is further noted in Table 10.4, this perception is held by almost all Caribbean/African (93.2%) seniors, the majority of South Asian (81.8%) and Asian (79.5%) seniors and to a smaller degree Caucasian (15.7%). As will be further noted below, ethnic differences in perceptions further arise regarding the various sub-topics that these seniors identify with. In reflecting on this topic, Asian, South Asian, Caribbean/African and Caucasian seniors, albeit differing degrees, perceive that they would be concerned over one’s family member using public transportation, as these family members may be ‘Unable to Navigate Transit System.’ Further, Caribbean/African and South Asian seniors, “would be concerned about my family using the bus” based on the ‘Fear of Physical Violence Family May Encounter.’ Regarding the last sub-topic ‘Concern Over Family Using Public Transit Deters Driving Cessation,’ Caribbean/African, Asian, South Asian and Caucasian seniors, to varying degrees, perceive that “my concern about my family using transit makes me not even consider not driving.”

For a number of seniors, one’s concern over family members using public transit is grounded in the perception that they may be ‘Unable to Navigate Transit System.’ Such perceptions are shared by 79.5% of Asian 72.7% of South Asian seniors, and just under 20% of Caribbean/African and Caucasian seniors. For these Asian, South Asian, Caribbean/African and Caucasian seniors, one’s family members may not be able to navigate the transit system as these systems are not built and/or designed for “my older spouse,” “my very young grandchildren,” and/or “my grandchild with disabilities.” According to these seniors, transit facilities and/or fleets do not take into consideration the specific travel barriers faced by the very younger, older adults and people with disabilities and, thus, transit is seen by these seniors are being a “dangerous place” where these participants “would be very concerned if my family every tried to use the transit” as it is “quite likely that they can fall or trip or get stuck or even be trampled by super-fast walkers, all which make me worry.”

In reflecting on this sub-topic, one Chinese male, who “would never let my young grandson use the bus,” shares:

I am scared that Graham might fall when he is walking up the steps and get stuck in the doors. He is only 4 years old, and he walks so slow. I walk faster than him [laughs]. And that scares me. What if my daughter is taking him on the Skytrain and he is walking so slow he gets caught in the doors? What do you do? What happens? This buses and
whole transit centres are not made for kids. I would never let Graham on the bus or train, I would just drive him. The subway here, like the Skytrain for example, is not made
know my grandson Graham wouldn’t be able to get through that the Skytrain stations.
A second Indian male, who resides along the Burrard line, openly states:
I would never let me wife take the bus. Ever. I think it was 5 years or something like that
and she fell and broke her hip. And she was in the hospital for weeks. She learned to
walk again, but she has limp on her left side when she walks and she walks slower than
the average person who broke their hips, the doctor told us this. I would be dying of
concern if she took the bus. I would worry that she could fall, because of all those steps
or that someone bumped into her, and that she would hurt herself and her hip all over
again. If that happened she would probably never ever recover. She wouldn’t walk
again. The buses and Expo Line and all that, they are not made for seniors, they are not
designed for seniors to get around it easily. All those steps and stairs and even the
escalators are dangerous. How could my wife navigate her way around that and still be
safe? She couldn’t, that is the short answer to all this. So yes, if she took public transit I
would be so, so worried until I knew she was okay.
For a number of seniors, concern over family members using public transit stems from
the perceptions regarding the physical violence a family member may encounter. As is noted in
sub-topic ‘Fears of Physical Violence Family May Encounter,’ almost all Caribbean/African
(91.5%) seniors, and only these seniors, express that should “my family using the bus I would be
concerned about them getting in the middle of some violent act.” For these Caribbean/African
seniors, public transit is a “violent place, and the violence is unpredictable and can happen in a
flash,” and, thus, “harm could come to my family at any time.” Given that it is believed that
one’s family member may be in “danger” when using public transit and “regardless of the time
of day” one could “be caught in the crossfire,” one’s family members should not “even think of
using the public system [referring to public transportation].” These seniors “would have serious
reason to worry because of all the violent stuff that happens there.”
As such, one Grenadian woman, who “advises my daughter to never let her son use the
bus after 4pm,” states:
There are shooting one the bus all the time. All the time and especially around here.
And every time I hear something happened, like someone was shot on the bus or
something, I always wonder if it is Tyrone Anthony. I really wonder and worry about this
until he calls or I hear his voice. It doesn’t matter if he is a good kid and stays out of trouble, it can happen to even the best kids. I always tell him “Tyrone Anthony you stay off that bus. Grandma can give you a ride, we don’t mind.” He does ask, but not all the time.

In addition, these same Caribbean/African seniors express concern regarding their spouse being violently attacked on public transit. As is expressed by these seniors, such concern is bred out of the fact that “seniors are easy targets” or “easy prey” on public transit. Thus, the majority of Caribbean/African and smaller number of South Asian seniors perceive that their spouse may become the “prime target” of those wishing to harm older adults for differing reasons, such as “robbing old seniors” “for the sheer fun of it.”

As such, a Jamaican man, whose “wife doesn’t drive and take that ugly red streetcar,” worryingly states:

My wife Bianca, well she takes that streetcar. I hate it when she does. She is older and can be attacked by anyone who thinks she has money in her purse. If she was robbed how could she fight back? She couldn’t because she won’t have the strength. The thought of how violent the streetcar can be scares me when she uses it. I mean young youths these days don’t even think twice when they beat up the bus driver and the bus driver probably has a better chance of defending himself then my small wife.

A second Jamaican man, who does not like the idea of his wife using public transit, similarly states:

My wife uses the TTC twice a week to go into downtown Toronto to visit her sister and for some reason she always does this when I am at prayer group. I have no idea why. Maybe she is trying to give me heart attack or maybe she is trying to get me to stop going to prayer [laughs]. It drives me mental, the idea of her on the Jane bus. It is a scary place for older women, I mean look at the people who are attacked on the bus. I don’t want my wife to be one of them. All it takes is one dumb kid to think he can take her on and still her wallet and then she is attacked. And who knows what could happen if she is attacked; she could be pushed or kicked. Every time she steps on that train I think this will happen. I always do and am so much happier when she is home safe and when I am driving her into Vancouver.

In light of the above sub-topics in the overarching topic ‘Concern Over Family Using Public Transit,’ it is not surprising that a number of seniors express that the concern over one’s
family member using transit is “a prime reason to delay driving cessation.” As is noted in sub-topic ‘Concern Over Family Using Public Transit Deters Driving Cessation,’ 61% of Caribbean/African, 30.7% of Asian, 27.2% of South Asian and 4.1% of Caucasian seniors express such sentiments. Given their concern over the harm that may happen to one’s family members on public transit and the fact that one’s family members “still need to be mobile,” these seniors would “delay even thinking about driving cessation” and/or “not consider it one bit given that my family needs to be able to get around at the bus is too dangerous to do it.” It is stated that even if they had some impairment that deterred them from “being the safest driver on the road,” these seniors believe that they could still provide a “safer ride for my spouse, son and grandson than the bus or subway system can.”

In reflecting on the mobility needs of his wife and the “shooting on the bus that I just read about today in the paper,” a Jamaican man shares:

To be honest with you, what I think on this topic of safety and transit is very simple: I think it is a dangerous system. And when my wife, Joslyn, uses it I get so worried. I am scared that is someone decides to hurt someone or try to rob a senior she will be the victim. I know it sounds crazy, but I think this way and I worry about her. I just think something bad is going to happen if she uses the bus so I kinda tell her not to or I drive her around. That is what I do; I drive her around to keep her safe. And because I know she needs to get around and I know how dangerous the buses are in this area [points to the newspaper], I won’t ever think of not driving or giving it up. I will force myself to drive so she doesn’t have to use the bus and get hurt. I couldn’t live without her and I couldn’t live with the fact that she hurt herself on the bus just because I gave it up [referring to driving].”

While the majority of seniors share that should one’s family members use public transit they would be deeply concerned, just under 40% of seniors have a different perception. These seniors would “have no concern over their safety whatsoever” should their family members use public transit. As is noted in Table 10.4, such perceptions are shared by the majority of Caucasian (84.2%) seniors, a smaller number of Asian (20.4%) and South Asian (18.1%) seniors and less than 10% of Caribbean/African seniors.

For the majority of Caucasian seniors (and a smaller number of Asian, South Asian and Caribbean/African seniors) who identify with the sub-topic ‘No Reason to be Concerned,’ it is perceived that public transit is a relatively safe system. This lack of concern stems from the
belief they have not heard of any serious incident regarding seniors being in harm’s ways on public transit and/or have not known anyone who has been injured when using public transit. As such, these seniors do not believe that public transit to be an unsafe form of mobility for family members.

In discussing this topic in this manner, one Caucasian senior, who used the bus once in 1965, shares:

*Nah. I have no worries. My grandkids take the bus all the time to come out and see me. They live in Burnaby and they change stations like 3 or 4 time and then take a bus. But I am not worried about this. I mean when was the last time something ever actually happened on the bus? I think such incidents are super rare and probably won’t happen to them.*

Information Regarding Public Transportation

10.1.5 Awareness Around Transit Programs for Seniors

Seniors are asked if they are aware of current public transit programs, initiated by respective transit agencies, specifically for seniors. The majority of seniors, when reflecting on the question posed, shake their head in response, stating that they are “*currently not aware of any transit type programs for oldies.*” Just under half of all seniors, conversely, share that they are “*aware of transit programs that are just for seniors*” and proceed by naming the various transit programs they are aware of. Ethnic differences in perceptions arise in relations to whether seniors can or cannot identify current transit programs for seniors offered by TransLink, the Toronto Transit Commission, and the York Regional Transit. Ethnic perceptions further differ regarding the various sub-topics in which senior participants identify with.

<table>
<thead>
<tr>
<th>Positive Association (n=159, 45.2%)</th>
<th>Negative Association (n=192, 54.7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>10</td>
<td>117</td>
</tr>
<tr>
<td>7.8%</td>
<td>96.6%</td>
</tr>
<tr>
<td>South Asian</td>
<td>South Asian</td>
</tr>
<tr>
<td>11</td>
<td>33</td>
</tr>
<tr>
<td>25%</td>
<td>75%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Caucasian</td>
</tr>
<tr>
<td>93</td>
<td>28</td>
</tr>
<tr>
<td>76.8%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>Caribbean/African</td>
</tr>
<tr>
<td>45</td>
<td>14</td>
</tr>
<tr>
<td>76.2%</td>
<td>23.7%</td>
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</table>

<table>
<thead>
<tr>
<th>Sub-topic: Seniors Transit Pass</th>
<th>Sub-topic: Not Aware of Transit Programs for Seniors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>10</td>
<td>117</td>
</tr>
<tr>
<td>7.8%</td>
<td>96.6%</td>
</tr>
</tbody>
</table>
As is noted in Table 10.5, 45.2% of all senior participants state that they are aware of the transit programs offered either by TransLink, TTC or the YRT. However, as is further noted in Table 10.5, the majority of these seniors are from the Caucasian and Caribbean/African community, whereby just over 76% of these seniors “know about the kinds of programs offered for seniors if they need to use the bus.” A total of 25% of South Asian and just under 8% of Asian senior’s share that they “do know about these transit programs given by the bus company in this city.” A number of sub-topics arise in discussion of this topic. Caucasian, Caribbean/African, South Asian and Asian seniors, albeit to differing degrees, share that while they are aware of senior specific transit programs, they can only name one – the ‘Senior Transit Pass’ program. Furthermore, in discussing this topic and, in particular, the seniors transit pass these Caucasian, Caribbean/African, South Asian and Asian seniors, to varying degrees, also share that they are ‘Unaware of How to Use Senior Transit Pass.’ In addition, Caucasian and Caribbean/African seniors note that ‘Seniors Transit Pass Deters Driving Cessation.’

All seniors who share that they “know of at least one transit kind of program for seniors who use the bus,” identify with the sub-topic ‘Seniors Transit Pass.’ For these Caucasian (76.8%), Caribbean/African (76.2%), South Asian (25%) and Asian (7.8%) seniors, it is readily expressed that the “one and only transit program I am aware that is for seniors” is the senior transit pass program. According to the seniors, transit agencies operating within the geographical location in which these seniors reside offer a public transit pass at a discounted fare and/or rate to any
senior wishing to use public transportation. Each of these Caucasian, Caribbean/African, South Asian and Asian seniors note that they have become aware of this program from “friends who take the bus,” “my wife who takes the bus regularly,” and from “friends who are talking about their friends taking the bus.”

In discussing the topic ‘Awareness around Transit Programs for Seniors,’ one Caucasian male takes his time to consider the topic, and finally states:

Well, after thinking about it I actually do know a senior program. It is the bus pass that you get, you know the one that you get when you reach the golden age of retirement. That is one program that the TTC has for seniors. I know this because I think I heard it somewhere, like the radio or a friend. So yuh, I know of at least one program. It took me a while, but I know of one.

A similar statement is shared by a Trinidadian male, who has “no interest in learning about the kind of programs that the TTC has for seniors,” notes: “I do know of a program because of my wife. My wife has a bus pass and she gets it every other month of something. I don’t pay attention, but I know she has one because she told me. Yeah, that is a program the TTC has going on with seniors – the transit pass program.”

Furthermore, while these Caucasian, Caribbean/African, South Asian and Asian seniors, who identify with the sub-topic ‘Seniors Transit Pass,’ share that they are aware of this senior specific transit program, they openly admit that they are not aware of any other transit programs for older adults. One Caucasian male, who “just knows one transit program for us old guys,” admits:

I know about the TransLink seniors pass, because my wife’s friend told me. And I don’t think there are more because else can you do with seniors on the TransLink system? What other kinds of programs can you have? I can’t think of anything that would work. When my wife comes home may be I will ask her are about what other programs there are because she usually knows about these things.

In relations to the second sub-topic ‘Unaware of How to Use Senior Transit Pass,’ all seniors, who identify with this topic in a positive framework, share that while they are aware of the seniors transit pass they have, according to one participant, “no bloody clue about how to use this pass.” For these Caucasian (76.8%), Caribbean/African (76.2%), South Asian (25%) and Asian (7.8%) seniors, “a serious misunderstanding” around the function, purpose and utilization of the seniors transit pass program is readily expressed. Confusion around the seniors transit
pass program is grounded in a number of reasons including “where do these passes come from? “do you pick them up?,” “who issues these pass?,” “how old do you have to be to get one?,” “can you use them on the bus and Skytrain?,” “can you return them?,” and “how long to they last until you have to get a new pass? What is the time on them?” As such, given these “unanswered questions” these seniors openly share that they are “thoroughly confused on what someone would do with this pass.”

In discussing this sub-topic, one Chinese man, who has “hear[ed] about the seniors pass but never saw one,” shares, “The senior pass for the bus that the TransLink give you is example of senior program, but how does it work? Do you just show the bus driver and then put in more money? Or is the pass the whole pay? I have no idea about how the pass work[s]. It is confusing for me.”

As is further noted in Table 10.5, sub-topic ‘Seniors Transit Pass Deters Driving Cessation,’ a number of seniors share that given the perceived confusion and high cost of a seniors transit pass entices these seniors to “not even think or plan for a life without my uncomplicated, less expensive car.” Such perceptions are expressed 37.1% of Caucasian and 35.5% of Caribbean/African seniors, and no other ethnic group. For these Caucasian and Caribbean/African seniors, the perceived complicated process and lack of straightforwardness in obtaining and using a seniors transit pass makes them “want to delay driving cessation as much as possible” and, furthermore, “makes me want to keep driving even I am having some trouble.” According to these seniors, it is less complicated and less of a hassle to continue to drive, even if physical impairments present themselves, then “having to deal with the mess of having to figure out how the heck to use transit and the bus pass they have for seniors.” Furthermore, as it is believed that it is less expensive to drive in older age when compared to using public transit with a seniors pass, these seniors openly share that it may be more financially feasible to delay driving cessation in order to “save some money in old age.”

In exemplify such perceptions, a Caucasian male who “would rather keep driving at any cost then have to buy a bus pass,” shares:

_Honestly, the bus pass for seniors thing is to much for me. I would never be able to figure it out and I feel like it is more expensive to have one then just keep on driving. Because of all this, you know, all the confusion around the bus pass and, really, just the bus in general, it makes me wanna keep driving, it makes me wanna just put off driving cessation and I think it will. You know if it came down to the wire and I had two options:
driving cessation, which includes using the bus and the seniors pass, or driving less, but with a bad eye, do you know what I would choose? Don’t think I am a bad person, but I would put off not driving because of the bus stuff and keep on driving with a bad eye.

A Jamaican male, who gets “straight to the point about driving cessation and public transit,” states:

Look. It is very, very easy to understand what I have to say. Even if you gave me 1,000 senior passes I wouldn’t use the bus and it won’t make me stop driving or think of it even if I really couldn’t drive like I used to. I think the opposite would happen, I would hang on to my license even more because I think it is probably way cheaper to keep driving and not have to stop and put off not driving then use the bus and the bus program that the TTC has for old people. It is just too expensive, I mean I can imagine it being more expensive than driving.

Less than half of all participants are able to identify at least one transit initiative for seniors as undertaken by the TransLink, the TTC and the YRT. As is found in Table 10.5, 54.7% of all seniors are unaware of “any types of senior programs that can be used on the buses and subway systems.” Of these seniors, who express “a complete lack of awareness about senior programs for the bus,” the majority are from the Asian and South Asian community. Just over 96% of Asian seniors and 75% of South Asian seniors openly share that are “in the dark” regarding current transit programs for seniors offered by each respective transit agency. To a smaller degree, although still significantly, just over 23% of Caribbean/African seniors express similar perceptions. As will be highlighted below, in sharing their perceptions on this topic, these Asian, South Asian, Caribbean/African and Caucasian seniors openly share that they are ‘Not Aware of Transit Programs for Seniors.’

In identifying with the sub-topic ‘Not Aware of Transit Programs for Seniors,’ these Asian, South Asian, Caribbean/African and Caucasian seniors readily admit that they cannot “think or even name one transit program that the TTC has to offer for seniors.” According to these seniors, such perceptions are grounded in the fact that they doubt and do not believe that transit agencies have designed and implemented transit programs specifically for seniors given that “transit doesn’t have the time or money to think of these things.” It is believed that transit agencies have other pressing concerns, such as paying employee wages and ensuring that transit fares/rates “do not skyrocket” and do not have the resources to plan and execute senior transit programs of any kind.
While shaking his head when discussing transit programs, a Chinese male states:

*I don’t know of any of the programs you are talking about. I never heard of these programs, maybe they [referring to the TTC] have the programs and maybe they don’t and I doubt that they do. I don’t see them as having these programs because they are probably very expensive to have and run and maybe a lot of old people won’t sign up and then they [referring to the TTC] will lose money on the program and so the TTC just doesn’t run the program.*

In a similar tone, an Indian woman, who cannot recall hearing of any senior specific transit programs offered by TransLink, states:

*I really don’t think TransLink, it is TransLink right? Well, I really don’t TransLink has these senior programs. If you think about it, how can they? You know, my friend Mare, her son works for some government agency here in Surrey, and he was telling Mare that TransLink can barely afford to pay for the buses services now and that they keep begging the government for more and more money. So think about it logically, if they can’t even pay for what they have now, what makes you think TransLink is going to start having senior programs? They won’t and I have a sneaking suspicion that is why I can’t name one program.*

### 10.1.6 Language Barriers to Using Public Transportation

In communicating their concerns regarding public transit, a number of seniors from the South Asian and Asian community share that language is one of the greatest barriers to using public transportation services offered within their communities. Interestingly, this even applies to Asian and South Asian seniors who are able to communicate with the author without an interpreter present. Ethnic differences in perceptions regarding this topic arise given that only South Asian and Asian seniors share that “not speaking English good” prevents access and use of public transit.

#### Table 10.6: Prevalence on Seniors Indicating ‘Language Barriers to Using Public Transit’

<table>
<thead>
<tr>
<th>Language Barriers to Using Public Transit (n=105, 29.9%)</th>
<th>Positive Association (n=105, 29.9%)</th>
<th>Negative Association (n=0, 0%)</th>
</tr>
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<tbody>
<tr>
<td>Asian</td>
<td>76</td>
<td>59.8%</td>
</tr>
<tr>
<td>South Asian</td>
<td>29</td>
<td>65.9%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0</td>
<td>0%</td>
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<tr>
<td>Caribbean/African</td>
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<tr>
<td>Sub-topic: Unable to Navigate Transportation System Due to Language</td>
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<td>Caucasian</td>
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<td>Caribbean/African</td>
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<tr>
<th>Sub-topic: Unable to Communicate Emergency Situations Due to Language</th>
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<tbody>
<tr>
<td>Asian</td>
<td>76</td>
<td>59.8%</td>
</tr>
<tr>
<td>South Asian</td>
<td>29</td>
<td>65.9%</td>
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<tr>
<td>Caucasian</td>
<td>0</td>
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<tr>
<td>Caribbean/African</td>
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<th>Sub-topic: Language Barriers Deter Driving Cessation</th>
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<tbody>
<tr>
<td>Asian</td>
<td>76</td>
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<tr>
<td>Caribbean/African</td>
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<td>0%</td>
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As is seen in Table 10.6, close to 30% of seniors perceive that language is the “reason why using the bus is very, very hard.” As noted in the introduction of this topic, such concerns are only expressed by those from the South Asian and Asian community. In fact 65.9% of South Asian and 59.8% of Asian seniors share that “my language is a big barrier stopping me from using the bus system.” As is discussed below, the 65.9% of South Asian seniors and the 59.8% of Asian seniors define this topic in the following terms: ‘Unable to Navigate Transportation System Due to Language,’ ‘Unable to Communicate Emergency Situations Due to Language’ and ‘Language Barriers Deter Driving Cessation.’

Regarding the first sub-topic ‘Unable to Navigate Transit System Due to Language,’ these South Asian (65.9%) and Asian (59.8%) seniors readily perceive that their inability to fluently communicate in English hinders transit use, as they are unable to “figure out how to get from here to there if I use the transit.” These South Asian and Asian seniors believe that their lack of fluency in English would mean that they would be unable to read transit schedules, identify the time in which transit should arrive, the “names of the buses I need to use” and identify the names of transit stations and stops. For these seniors, the perceived inability to navigate the transit system is further compounded by the fact that it is assumed that transit information, including signs and other wayfinding indicators, are solely published in English, “making it hard for me know where I am if I use the bus because all stuff [referring to station names] it is not in Chinese.”
As one Indian woman, who “get[s] a bit nervous thinking of have to use transit,” shares: I don’t think I can use the transit. I just don’t think I can. I don’t speak English great; I never learned really how to. And I don’t read good in English. I really can’t read in English at all to tell you the truth. Like when I need things to be done in English for me I always ask my daughter, she reads for me the English stuff. I can’t use the bus, [2 minute pause] I can’t. The reason is how do I get around if I can’t read the bus times and I would miss the Skytrain or go in the wrong direction because I don’t know where to wait because I won’t be able to read the signs that tell you where to wait. I feel, sometimes, that people with language that is not English can’t use the bus, like the bus wasn’t made for people who can’t speak or write in English.

In a similar tone, a Chinese male, who “never had the chance to learn to read in English” following his arrival in Canada, states:

I never learned how to speak and read in English. Not like my kids, oh my kids can speak in English very, very good. My daughter Susy, she even has a university degree in English. But not me and my wife, we are not so good when it comes to reading in English and that is why I say I can’t and won’t use the bus and subways. I think if me and my wife Rose do we don’t know how to get around because we can’t read the station names and all the signs and we won’t be able to when the bus is coming. I think if this happened we would get very lost and something bad can happen. That scares me, it really, really does. Would you go to a place where you can’t identify things in your language, and me that is Mandarin. I know, well I think, the transit system and all the information is not in other languages, I just think it is all in English.

Furthermore, in discussing the sub-topic ‘Unable to Navigate Transportation System Due to Language,’ these South Asian and Asian seniors believe that their inability to speak and/or read English may result in them becoming lost on public transit as they are unable to ask for directions and/or utilize existing signs to “figure out where I need to go to get back home.” It is perceived that transit passengers and personnel (i.e. bus drivers, transit attendants, etc.) and transit information “are not going to communicate in the language I am most comfortable in,” and therefore these South Asian and Asian seniors believe that should they become lost on public transportation they would be unable to communicate these concerns and, thus, may “keep getting more and more lost and just not be able to ever find my way out of there to go home.”
In capturing such perceptions, one Chinese man, who “used the bus one time in my life,” shares his concerns by noting:

*Maybe I won’t take the bus because I am scared that something can happen to me. I think a lot that if I take the bus maybe I won’t understand what the station is right for me to get off. And I am scared that if I get off at the wrong time I will get lost. My English is not too good, not like my kids and grandkids. I don’t know who can help me if I am lost. What if no one understand me? I don’t think everyone on the subway speaks Mandarin and also I don’t think the bus drivers speak Mandarin, so I would be really stuck. Then I am lost and can’t get home fast because I have to find a people who speak Mandarin to ask for help.*

In relation to the second sub-topic, ‘Unable to Communicate Emergency Situations Due to Language,’ these South Asian (65.9%) and Asian (59.8%) seniors perceive that should they be involved in a situation whereby emergency services are needed they would be unable to communicate these needs to others “because I can’t speak English good to tell them to call for help,” which may lead to a delay in medical help and that may therefore result in serious health consequences “like a broken hip that won’t get better because I didn’t get help fast enough.”

As one Chinese woman, who lives 20 minutes away from the Glencairn subway station in Toronto, states:

*I won’t use the subway and it is close by to me. I think to myself, what is something happens? My English is so-so and if maybe if something happens, like I fall and get hurt or my husband gets hurt I can’t tell anyone or call anyone because I can’t say what I think to people in English. We don’t get help because of this and that is no good for me.*

An Indian woman, who lives a 5 minute walk from Joyce Station in Vancouver, similarly voices:

*I won’t take the bus, I just don’t have the English skills that you need to have to use the bus in the city. My English, like you can see, isn’t the best at all. And I am very, very scared about something silly, well at least I think it is silly. I am scared [2 minute pause] that if something happens to me on the bus, like if I have a heart attack, because I do have a bad heart, then how will I tell someone sitting beside me to call 9-1-1? I can’t because the right words might not come out when I am trying to speak English. I don’t know, I guess these situations scare me and I think to myself if that happens I just might*
end up dead because I can’t even tell someone what is happening. I really don’t think that subway system here in Toronto isn’t made for people can’t speak English, it isn’t easy for us to use.

As is further noted in Table 10.6, sub-topic ‘Language Barriers Deters Driving Cessation,’ South Asian (65.9%) and Asian (59.8%) seniors share that the above-mentioned language barriers to using transit may delay the decision to cease driving, and it is perceived that the “only thing to do is to keep driving at all times so make sure I am still able to get here and there.” These South Asian and Asian seniors note that should they come to experience health-related issues impairing their ability to drive, they would simply drive less and shorter distances, and only use their automobile when necessary, such as for grocery shopping or attending medical appointments, as opposed to stopping driving all together. As such, in employing driving management strategies that allow seniors to continue to drive, these South Asian and Asian seniors believe that “they are making the right decision” regarding personal mobility in delaying driving cessation, as they perceive that the mobility afforded by public transit is inaccessible due to language barriers.

One Indian man, who believes “I would get lost on the subway if I tried taking it,” states:

I don’t know how else to get around without my car. I don’t know how to use the bus and Skytrain and if I did my English would make it so hard to use and maybe impossible to use the bus. I would just drive instead, it is so much easier and everyone who drives knows this. I don’t have anything against the bus; I would use it if my driving was very bad. But I can’t use it even if my driving was very bad because of my English. If I got on the bus I just think I would get lost and couldn’t ask for help. I would probably just have to get off somewhere and look for a phone and call my son to come get me. And I know that I still need to get around, even if something was wrong with me that made me a bad driver, so I would just go slower when I drive and stay around where I live. I wouldn’t think of stopping driving because I can’t use the bus and Skytrain to get around. I would still be an okay driver and still able to move around in my car, but I wouldn’t stop because all I would be left with is the bus and I can’t use that because like I said 5 minutes ago my English makes it hard.
10.1.7 Lack of Community Consultation by Transit Authorities

A small number of seniors – fewer than 5% of all participants – share that there is a lack of community consultation by TransLink, the TTC and the YRT. Senior participants from the Asian community however, were the only ones who broached this topic. In discussing this topic, this small number of Asian seniors expresses great frustration regarding the lack of communication between transit agencies and the Asian community. As is explored below, the lack of engagement with the Asian community is perceived as having a number of “unnecessary outcomes.”

Table 10.7: Prevalence of Seniors Indicating ‘Lack of Community Consultation by Transit Authorities’

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<tr>
<th></th>
<th>Lack of Community Consultation by Transit Authority (n=15, 4.2%)</th>
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<tbody>
<tr>
<td>Positive Association</td>
<td>Negative Association</td>
</tr>
<tr>
<td>Asian</td>
<td>15 4.2%</td>
</tr>
<tr>
<td>South Asian</td>
<td>0 0%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>0 0%</td>
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<tr>
<td>Caribbean/African</td>
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Sub-topic: Lack of Consultation Results in Lack of Information Dissemination

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<th>Lack of Consultation Results in Lack of Information Dissemination</th>
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<tbody>
<tr>
<td>Asian</td>
<td>15 11.8%</td>
</tr>
<tr>
<td>South Asian</td>
<td>0 0%</td>
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<tr>
<td>Caucasian</td>
<td>0 0%</td>
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<td>Caribbean/African</td>
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Sub-topic: Unable to Communicate Transit Needs

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<th>Unable to Communicate Transit Needs</th>
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<tbody>
<tr>
<td>Asian</td>
<td>15 11.8%</td>
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<tr>
<td>South Asian</td>
<td>0 0%</td>
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<tr>
<td>Caucasian</td>
<td>0 0%</td>
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<td>Caribbean/African</td>
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As is noted in the introduction of this topic, fewer than 5% of all participants share that transit authorities do not readily engage with and/or consult with the differing senior communities within their jurisdiction. As Table 10.7 demonstrates, such perceptions are only expressed by Asian seniors, and no other ethnic group. For 11.8% of Asian seniors, it is believed that “the transit agencies just don’t ever consult with the Asian community, ever, which makes it hard to know what is going on with transit.” This topic is discussed in the following terms: ‘Lack of Community Consultation Results in Lack of Information Dissemination,’ and ‘Unable to Communicate Transit Needs.’
For the small number of Asian seniors who identify with this topic, the lack of community consultation between transit authorities and the Asian community is perceived to directly result in “a [Chinese] community that doesn’t know what kinds of services the public transit has to give them.” For these seniors, ‘Lack of Community Consultation Results in Lack of Information Dissemination’ as transit authorities do not communicate to the Asian community the available and current transit services that may serve to benefit older Asian adults. This lack of community engagement and resulting lack of transit service information is perceived, by these Asian seniors, to be one of the primary reasons as to why they are unaware of current transit services tailored for seniors and, furthermore, are unaware of how to access and utilize these services. For these Asian seniors, community engagement and consultation is both necessary and important given their inexperience in using public transportation as an older adult and unfamiliarity with senior specific transit programs.

One Chinese man, who has not used the transit system “since I was a new immigrant,” shares:

*I have never heard about the transit programs for seniors given by TransLink. This is because they probably never come to speak directly to the Chinese community here in Vancouver to tell them if they have some program, which I already said I don’t think they do. If they came to speak to the Chinese community, in our language, I would go listen and ask questions. I think that would be very good for them to come and see us because then TransLink can tell us what types of services they have for seniors. I probably will need this because I haven’t used the bus in years and I would need things explained to me. I think TransLink should make the effort to come and speak to the Chinese community so this way we know about what the services are.*

In discussing the sub-topic ‘Lack of Consultation Results in Lack of Information Dissemination,’ these Asian seniors further share that the lack of direct contact with the Asian community results in additional barriers in identifying relevant and important transit programs and services that may allow seniors to retain their mobility should they cease driving and/or contemplate driving cessation. For these Asian seniors, community consultation with transit agencies is perceived as creating a forum in which these seniors may learn to retain and ensure their mobility should they no longer drive.

To highlight such perceptions, one Chinese woman, who has a “few things” she would like to share with the TTC, states:
I know I said that my language was a big issue for me when it comes to using the bus. And it is and it probably will keep me from deciding not to drive or at least ignore that subject for a long time. But if the TTC just came and told me and my old Chinese friends and family how to use the bus and how to use the different services as a Chinese person who doesn’t speak English too good, then maybe, if I had some problem that made me need to stop driving I would because at least then I would know how to get around.

In discussing his perceptions on the lack of community consultation by TransLink with the Chinese community in Vancouver, a Chinese male shares:

I know they don’t speak to the Chinese community because I have never seen them [TransLink] do this and I know all the things happening in my community and I would know if TransLink wanted to talk about transit stuff with the Chinese community. I think they should, I really do. Why? Well, because at some point I might have to stop driving, for maybe a health reason, and I want to know what kinds of services I can use and if the transit is safe for me to use. I can honestly say, I know I can’t drive forever, I know all about not driving because it happened to my friend Ignacio. I remember he had to start taking the bus and had no idea what kind of things to do as a senior on the bus, he had no idea even what kind of programs they had to offer seniors. The bus driver told him he didn’t have to pay full price for the bus because he was old and he didn’t know this, he had no clue. Yes, the lack of outreach makes it hard to know what kind of services TransLink has and what kind they don’t have and what kinds I should use as an old geezer who needs the bus [laughs]. They should come and sit down with Chinese seniors and tell us about these services because if I ever have to use the bus I want to know what I am up against and what is available. It is important because these services and the bus itself will probably keep me going and getting me from to place if the car doesn’t anymore, so I need to know and TransLink needs to tell me.

For these 11.8% of Asian seniors, the lack of community consultation between transit agencies and the Asian community means that their needs cannot be expressed. In discussing the second sub-topic ‘Unable to Communicate Transit Needs,’ these Asian seniors readily share that the lack of engagement between the Asian community and transit operators creates an environment where these Asian seniors feel that they are unable to discuss the various transit aspects and improvements that will serve to meet the needs of this community and, thereby, make public transit an appealing and accessible mobility option.
Importantly, in discussing the sub-topic ‘Unable to Communicate Transit Needs,’ these Asian seniors further share that if they had an opportunity to communicate their transit needs to either TransLink, the TTC and the YRT, these transit providers may come to understand the various ways in which to aid Asian seniors in maintaining their mobility should they decide to cease driving and create an environment that is “more [Chinese] senior friendly.” According to this small number of Asian seniors, senior friendly transit “with a [Chinese] twist” includes “bus drivers that speak more than English,” “transit signs that are in [Chinese] so I can read them” and “transit signs, the ones that announce the bus stops, to speak in [Chinese].”

In discussing the role of transit agencies and driving cessation, a Chinese woman states: The big problem is that they [referring to TTC] doesn’t talk to our community and that is a problem, a big problem. If the TTC would just meet with us and we can have an open and honest talk and my community we can tell them what we need from them to make sure Chinese drivers who don’t drive no more use the buses and subways instead so that they can still be mobile. That is the problem with my community, especially the men, if they don’t think they can use the bus and think they are going to lose the way of getting around if they stop driving then they will not stop driving [slaps knee]. My husband Joe is like this. Joe thinks that because he doesn’t read English that he can’t use the bus and will just keep on driving even though his left eye is very, vey bad. With the TTC I am sure the Chinese community will have a list of things that the TTC can use and that probably won’t be super expensive to make using the bus after giving your license a much more easier experience. If the TTC works with us and listens to us it will make sure that process around not driving is more comfortable because now the Chinese seniors can use the bus and use the bus that will meet their needs. But before they can listen to us they need to set a meeting with us first.

A second Chinese woman, who would like to know more about the bus system in Toronto, states:

I think if the TTC sat down all the driving senior Chinese people in Chinatown and said “Listen, these are the stuff we can offer and this is how you get around if you don’t drive anymore and these are the few programs that can show you how” then I think they will make seniors who aren’t thinking of driving, well it may make them say “Hey I can’t drive but I am going to use the bus now.” I think it will make Chinese seniors want to use the bus because they will know how to use the bus and now what programs are for
seniors only and it will make the bus use more comfortable. Chinese people aren’t afraid of the bus and they will use it if we can’t get around any other way, we just need to know how to use the bus and the TTC should just tell us how by meeting with us.

10.2 Findings and Relevant Results: Public Transportation

This section brings together and comments on the various findings and relevant results explored throughout the above section 10.1 Public Transportation. In doing so, this section highlights where this chapter’s findings confirm and/or are similar to other works discussing seniors’ perceptions around driving cessation and, where this study sheds new light on the topic.

Numerous studies (see for example, Wasfi et al., 2007; Shaheen et al., 2008; Coughlin, 2001; Glasgow et al. (2001); Burckhardt, 1998; Kostyniuk and Shope, 2003) have documented and examined seniors’ perceptions around public transit. The majority of these studies conclude that older drivers perceive public transit to be less desirable when compared to the private automobile, would likely never to have to use the bus and wish to remain driving for as long as possible. Moreover, studies (see for example, Glasgow et al., 2001) that demonstrate that seniors hold positive perceptions around public transit still conclude that seniors are nevertheless reluctant to use public transit and would like to continue driving without ever having to stop (Coughlin, 2001).

Thus, while seniors’ perceptions around public transit have been thoroughly examined in current literature and our understanding around the travel patterns and mobility needs of ethnic seniors is maturing, no work focuses on the ethnic seniors’ perceptions around public transportation. This work attempts to fill this void by highlighting the perceived needs, concerns and role of public transportation according to seniors from varying ethnic backgrounds.

10.4.1. Findings and Relevant Results: Efficiency of Public Transportation

One of the most thoroughly examined and discussed topic within the literature pertaining to seniors’ perceptions around public transit and driving is that of the efficiency of public transportation in comparison to the private automobile. Studies (see for example, Coughlin, 2001; Glasgow et al. (2001); Metz, 2003) consistently show that the seniors’ perceive public transit to be an inefficient form of transportation in comparison to be private automobile as it offers limited route service, limited travel service (apart from peak hour travel) and is badly
designed, where users face having to transfer at numerous places to reach one’s final destination everywhere to get anywhere (Coughlin, 2001) and the inability to place personal belongings (i.e. shopping bags).

This thesis compliments these studies. This is most evident in examining the first topic ‘Lack of Efficiency of Public Transportation’ (Table 10.1). In taking into consideration the perceptions of ethnic seniors, this study further adds that such perceptions are shared by all Caucasian and non-Caucasian seniors alike, whereby all Asian, South Asian, and Caribbean/African seniors perceive that public transportation is an inefficient form of transportation in relations to the private automobile.

As is noted past academic literature, seniors readily perceive public forms of transportation to be inefficient when compared to the automobile given their difficulty in navigating the public transit system. The work of Shaheen et al. (2008) explicitly highlights such perceptions. In administering a public transit program to 145 older adults (65+) residing in the Contra Costa County in Walnut Creek, California, Shaheen et al. (2008) finds that prior to undergoing the training program a number of older adults perceive the greatest challenges to using local public transit and the Bay Area Rapid Transit System and a primary reason as to why such forms of transportation are inefficient is a lack of understanding of how to properly use the system, a challenge that is not readily perceived when using the private automobile. This current study further confirms such perceptions as expressed by seniors. As noted in Table 10.1, sub-topic ‘Difficult System to Navigate,’ all seniors perceive that public transit is “not easy to figure out” journey path. All seniors perceive that such difficulties are absent when using one’s automobile for travel purposes. Furthermore, in assessing ethnic seniors’ perceptions around this topic, this work makes evident that all seniors, regardless of ethnic background, hold such perceptions.

This work also highlights that seniors perceive that public transit is inefficient when compared to the automobile given that the former does not take into consideration the specific travel times in which older adults travel. As is noted in the topic ‘Lack of Efficiency of Public Transportation,’ sub-topic ‘Does Not Consider Specific Travel Times in which Seniors Travel.’ As such, this confirms the works of other scholars (see for example, Burkhardt, 1998; Coughlin, 2001; Wasfi et al., 2007; Glasgow, 2000) highlighting similar perceptions as expressed by seniors regarding the efficiency of public transit. For instance, in assessing older adults’ perceptions around transportation services available in 3 urban and suburban locations in upstate New York,
Glasgow et al. (2001) shares that the majority of seniors (over 85%) note that transit scheduling, especially in suburban locales, results in a trip elimination. Throughout this study, public transit is compared to the private automobile, whereby seniors readily share that the inconvenience and inefficacy of the public transit network, due to scheduling that does not consider when seniors travel (Glasgow et al., 2001) is not an issue characteristic of the private automobile. Glasgow et al. (2001) concludes that seniors readily perceive that public bus systems tend to be designed for speed and adherence to a particular bus schedule, and, thus, respondents feel that public transit does not meet their travel needs.

It should be noted, however, that while the sub-topic ‘Does Not Consider Specific Times in which Seniors Travel’ (Table 10.1) similarly highlights that seniors perceive public transit to be an inefficient form of transportation due to the inconsiderate scheduling, this sub-topic does offer a new perspective not examined elsewhere in current literature. In examining Table 10.1, one will note that such perceptions are shared by only by South Asian (95.4%), Asian (77.1%) and Caribbean/African (66.1%), whereby not a single Caucasian senior expresses that public transit is inefficient as it does not take into consideration the specific travel times of older adults. As such, it would seem that in not examining seniors’ perceptions around public transit other studies overlook the fact that transit scheduling is a great concern for non-Caucasian seniors, although less of a concern for Caucasian seniors (partaking within this thesis).

As is further noted in the topic ‘Lack of Efficiency of Public Transportation,’ Table 10.1, a number of seniors perceive that public transit does not take into consideration the fact that seniors “need a place to place all their stuff on transit, like groceries” (as seen in sub-topic ‘Does Not Consider the Comfort of Seniors’). However, while this sub-topic is readily discussed in other literature examining seniors’ perceptions around public transit, this work demonstrates that such perceptions are held only by South Asian (95.4%) and Asian (75.5%) seniors, whereby seniors from the Caucasian and Caribbean/African community do not express such sentiments. As such, a clear and distinct ethnic difference emerges regarding perceptions around the sub-topic ‘Does Not Consider Specific Travel Requirements of Seniors’ not brought to light elsewhere within current literature.

In light of the above, a number of concluding remarks may be drawn upon. First, it may be noted that seniors partaking within this work, regardless of ethnic background, readily perceive the personal automobile to be a superior form of transportation when compared to public transportation. This is clear given that all seniors consistently compare public transit to
the automobile, drawing out the various ways in which the former provides a greater level of efficiency in relation to the latter. As is noted throughout the topic ‘Lack of Efficiency of Public Transportation,’ seniors would list the various ways in which public transit was inefficient – difficult to navigate, does not consider specific travel times and requirements of seniors – and then proceed to express that such inefficiencies are not present when using the private automobile.

Secondly, given that all seniors, regardless of ethnicity, perceive that public transit is inefficient when compared to the automobile, it may seem that all seniors have shared understanding as to why this is so. However, given that non-Caucasian seniors, and only non-Caucasian seniors, identify with sub-topics ‘Does Not Consider Specific Times in which Seniors Travel’ and ‘Does Not Consider Comfort of Seniors,’ it may be suggested that Asian, South Asian and Caribbean/African seniors present different understandings regarding the efficiency of public transit in relation to the automobile.

Lastly, the fact that all seniors – irrespective of ethnicity – discuss the inefficiencies of public transit in comparison to the automobile may suggest that such perceived public transit inefficiencies may act as a barrier to using public transit and/or discourage seniors from using or contemplating the use of public forms of transportation should they no longer drive.

10.4.2. Findings and Relevant Results: Safety and Security when Using Public Transportation

‘Safety and Security When Using Public Transportation’ is the second subset to be examined under the theme ‘Public Transit.’ Regarding personal safety, works (see for example, Coughlin, 2001; Burkhardt, 1998; Glasgow, 2000; Wasfi et al., 2007; Shaheen, 2008) that examine seniors’ perceptions around public transit and/or driving cessation demonstrate that older adults do fear personal injury should they use public transit. This is grounded in the fact that it is believed that public transit is not sufficiently designed to meet the safety needs of older travelers. The work of Wasfi et al., (2007) clearly demonstrate that personal safety and being injury free in older age is a primary deterrent as to why older adults (60+) feel uncomfortable using public transit in Hennepin County, Minnesota. In examining the Hennepin County Travel Survey results, completed by 145 Caucasian seniors, Wasfi et al. (2007) find that the private automobile is the main mode of transportation, followed by public transit. However, the seniors surveyed in this descriptive cross study further reveal a willingness to use public transit more and indicated that they feel that using public transit will increase their independence should
they cease driving, although fears of hurting oneself are still expressed as deterring seniors from using such services. Seniors readily note that the inaccessibility of transit services (i.e. too many stairs, not enough elevators) leads them to believe that in using public transit one stands a good chance of getting hurt.

Given that the majority of seniors interviewed share that personal injury may occur should they use public transit, post-cessation, this thesis supports the above findings. As is noted in the topic ‘Concern Over Personal Injury when Using Public Transit,’ Table 10.2, just over 71% of all participants share such sentiments.

As is noted, however, throughout the topic ‘Concern Over Personal Injury when Using Public Transit,’ this work differs from the above literature in numerous respects. First, in examining seniors’ perceptions on personal safety on public transit in a cultural context, this work demonstrates that seniors from the Asian, Caribbean/African and South Asian community express concern over injuring oneself should they use public transit post-driving cessation. As is noted in Table 10.2, Asian (96.8%), Caribbean/African (94.9%) and South Asian (92.1%) spoke of concerns more readily when compared to their Caucasian (25.4%) counterparts. Similar to the literature examining seniors’ concerns over personal injury on public transit, these Asian, Caribbean/African, South Asian and Caucasian seniors perceive that they may sustain personal injury should they use public transit, given that transit facilities do not take into consideration the travel limitations of older adults that occur with the aging process.

Secondly, in examining ethnic seniors’ perceptions around safety on public transit following driving cessation, this work highlights that senior’s fears of incurring a personal injury on public transit are also grounded in the perception that should a senior become injured on public transit one may not be able to fully recover. In overlooking the ethnic perceptions of seniors regarding public transit use following driving cessation, current literature does not take into consideration that such perceptions are of an especially great concern to non-Caucasian seniors, whereby only seniors from the Asian (49.6%), Caribbean/African (35.5%) and South Asian (31.8%) communities express such sentiments in this study.

Furthermore, this work reveals that these fears only deter driving cessation for Caribbean/African seniors. As is noted in Table 10.2, sub-topic ‘Injury on Public Transit Deters Driving Cessation,’ the majority of Caribbean/African (86.4%) believe that they would not consider and/or cease driving out of concern over potentially injuring oneself on public
transportation. Such perceptions, as is noted by Caribbean/African seniors, are not documented elsewhere.

In respect to the above, certain concluding remarks may be noted. First, it may be assumed that ideas and understanding around personal safety may differ according to ethnicity, given that Asian, Caribbean/African and South Asian seniors more readily express concern over personal safety on public transit when compared to Caucasian seniors. Secondly, given that the overwhelming majority of Asian, Caribbean/African and South Asian seniors (and a smaller number of Caucasian seniors) discuss their concern over sustaining an injury when using public transit should they cease driving, it may be inferred that these seniors may be unaware and/or do not perceive there to be security measures/precautions already in place to ensure older adults do not incur injuries while using public transit. Lastly, the fact that a great number of Caribbean/African seniors readily perceive that sustaining an injury while using public transit may deter driving cessation is of great concern. It may be assumed that these Caribbean/African seniors may ignore the signs of driving cessation and/or may delay the decision to cease driving should they be aware of their inability to drive. It may also be assumed that these Caribbean/African seniors perceive that driving, even should one be unable to do so safely, yields greater mobility when compared to using public transit and sustaining an injury.

In examining seniors’ perceptions around personal safety in using public transportation, the existing studies (see above citations) naturally examine whether seniors further express concern regarding encountering physical violence should they use public forms of transportation. To exemplify, Coughlin (2001) notes that older drivers in the Boston and Framingham, Massachusetts area share that they are concerned over their personal security on public transport, a perception that makes transit a less attractive option than driving or being driven. Furthermore, Coughlin (2001) notes that senior participants express fears of strangers, travelling in large groups and in particular teenagers. As such, Coughlin (2001) concludes that the perceived potential to become physically harmed when using public transit makes many participants feel less safe than riding in the private automobile. Such findings are further confirmed in the works of Wasfi et al. (2007), whereby a number of senior participants not only express concern over injuring oneself on public transit, but also are afraid of experiencing violence. Similar to Coughlin (2001), Wasfi et al. (2007) shares that this perceived lack of physical safety when using public transit makes transit a less viable and safe option when compared to the private automobile.
This thesis adds to the above literature by noting that such perceptions are widely expressed by Caribbean/African seniors. As is found in Table 10.3, topic ‘Fear of Violence when Using Public Transit,’ just under 50% of all Caribbean/African participants perceive that should they use public transit following cessation they may encounter acts of “grave and fatal violence on the bus.” Such perceptions are reaffirmed by the fact that seniors are aware of others who have been unintentionally involved in violent outbursts on public transit and/or “know of the types of shady young men who are violent and who use the bus.” Furthermore, this work is unique in demonstrating that for these Caribbean/African seniors believe that such violence “cannot be stopped, even with security measures.” This thesis also brings to light that the perceived physical violence that may occur on public transit serves to deter these seniors from driving cessation and/or delay the decision to cease driving. In failing to examine ethnic seniors’ perceptions around public transit, the current body of literature does not adequately address the importance of the “deep unease” regarding violence on public transit as expressed exclusively by the Caribbean/African senior’s community. It is important to note that this thesis included responses from a diverse cross-section of Caribbean/African seniors from various locations and communities throughout the City of Toronto.

A number of concluding remarks may be inferred from these seniors’ perceptions of violence on public transportation. First, given that many Caribbean/African seniors, as is noted in the sub-topic ‘Fear of Violence when Using Public Transit,’ share that such violence on public transit “stems within our own community,” it may be assumed that lived experience around public transit and violence shapes these seniors perceptions around transit use following cessation, and may further account for the reason why such perceptions are only shared by Caribbean/African seniors and no other ethnic group, as is noted in Table 10.3.

Furthermore, it may be suggested that Caribbean/African seniors perceive current transit security measures to be lax and insufficient, given that it is readily stated by these seniors that the presence of transit authority and police officers does not successfully thwart the violent acts occurring on public transit.

To date, current literature examining seniors’ perceptions around public transit and/or driving cessation does not address and/or note the fact that seniors are “in fact very concerned” over the safety of family members using public transportation. This thesis brings to light 2 important facts regarding seniors’ perceptions of family members using public forms of transportation as a mobility source. First, it demonstrates that a great number of seniors are
concerned over the safety of family members should these family members use public transit. As is noted in topic ‘Concern Over Family Members Using Public Transit,’ Table 10.4, just over 60% of seniors express such perceptions.

A second important fact brought to light by this thesis demonstrates that concern over one’s family members using public transit is expressed readily by Caribbean/African (93.2%), South Asian (81.8%) and Asian (79.5%) seniors, and to a lesser degree by Caucasian (15.7%) seniors. For the majority of Asian and South Asian seniors, concern over family utilizing public transit is grounded in the belief that public transit is difficult to navigate and, further, is not designed to meet the physical travel needs of older adults, young children and persons with disabilities. As is noted in Table 10.4, sub-topic ‘Unable to Navigate Transit System,’ such perceptions are shared by 79.5% of Asian and 72.7% of South Asian seniors, and to a smaller degree Caribbean/African (18.6%) and Caucasian (15.7%) seniors.

While Caribbean/African seniors do not readily discuss their concern over family members using public transit in terms of one’s inability to navigate the transit system, they do, however, share fears that “my family will somehow get stuck by accident in the middle of a violent scene on public transit.” Such perceptions are discussed by over 91.5% of Caribbean/African seniors, whereby no other ethnic group expresses such sentiments.

Furthermore, this thesis demonstrates that participants’ concern over family’s inability to navigate a transit system “not suitable for them” and the fear of violent acts one’s family members may encounter when using public transit can result in delaying driving cessation. As is noted in topic ‘Concern Over Family Members Using Public Transit,’ sub-topic ‘Concern Over Family Using Public Transit Deters Cessation,’ this is perceived differently by varying ethnic groups. A total of 61% of Caribbean/African seniors express such perceptions, whereby only 30.7% of Asian and 27.2% if South Asian seniors agree. Just over 4% of Caucasian seniors perceive that they would put-off driving cessation out of concern for family member’s safety when using public transit.

While this thesis clearly demonstrates that a number of seniors, primarily non-Caucasians, perceive that should one’s family member use public transit “I would be very worried,” it further shows that a number seniors are not concerned with family members using public transportation systems in Toronto, Vancouver or surrounding suburban municipalities. Approximately 40% of all seniors share that they would not at all be concerned should one’s family chose to use public transit. However, in examining ethnic seniors’ perceptions on this
topic, it becomes evident that perceptions around “having no concern whatsoever of my family using public transit” vary greatly.

To exemplify, as is noted in Table 10.4, sub-topic ‘No Reason to be Concerned,’ such perceptions are stated by the majority of the Caucasian (84.2%) seniors, and to a lesser degree Asian (20.4%) and South Asian (18.1%) seniors. Less than a handful of Caribbean/African (6.7%) seniors share such thoughts. For these seniors, there is little reason to be concerned for the safety of one’s family should they chose to use public transit as they have not been informed and/or have not known anyone who has “been hurt using public transit or been attacked when using public transit.”

Given the above statements, certain concluding remarks may be noted. First, it may seem that there is a direct correlation between how these seniors view their own safety when using public transportation and how they come to perceive the safety of family members should they choose to use public transit. For instance, as is noted in topic ‘Fear of Violence when Using Public Transit’ just under half of all Caribbean/African seniors perceive that should they cease driving and use public transit they could be wounded during a “violent eruption on public transit,” and as is noted in topic ‘Concern Over Family Members Using Public Transit’ the same group perceives that should one’s family member use public transit these family members “may be caught in a violent episode when taking the transit.” Secondly, given the ethnic differences in perceptions regarding concern over one’s family using public transit, it may be suggested that ideas and understandings around one’s safety on public transit may differ according to ethnicity. Closely related, given that non-Caucasian seniors, when compared to their Caucasian senior counterparts, more readily express concern over family members using public transit it may further be assumed that these seniors having different understandings and views regarding current safety measures (i.e. presence of transit authority) on public transit systems within the provinces studied.

It may also be suggested that the lived experience around public transit and violence shapes Caribbean/African seniors perceptions around transit use and, in particular, the overall physical safety of family members utilizing this mode of transportation.

Of great importance to this researcher are the statements made by seniors indicating that concern over one’s family using public transit may delay driving cessation. As is noted elsewhere within this thesis, such statements are concerning as they may suggest that these seniors may ignore signs that they should cease driving and, therefore, continue driving while
lacking the necessary abilities needed to safely operate an automobile. Furthermore, such statements may indicate that these seniors perceive that driving may provide a safer form of transportation, even if they do not pose the full ability to do so safely, when compared to public transit.

10.4.3 Findings and Relevant Results: Information Regarding Public Transportation

Information Regarding Public Transportation is the third subset to be examined within this chapter and includes the topics of ‘Awareness Around Transit Programs for Seniors,’ Language Barriers to Using Public Transportation’ and ‘Lack of Community Consultation by Transit Authorities.’

Regarding the topic ‘Awareness Around Transit Programs for Seniors,’ no existing work examines seniors’ perceptions around transit programs designed for older adults and/or seniors’ perceptions around transit programs in relation to driving cessation. This work offers a unique perspective in asking senior participants if they are aware of (and their views of) current transit programs for seniors as offered by the TTC, YRT, and TransLink.

A number of interesting findings emerge in the topic ‘Awareness around Transit Programs for Seniors.’ First, as is noted in Table 10.5, the majority of seniors – just over 54% – share that they are unaware of current public transportation programs for seniors; such perceptions are readily shared by Asian (96.6%) and South Asian (75%) seniors. Conversely, however, a significant number of seniors (45.2%) share that they are aware of current transit programs for seniors, whereby the majority of these seniors are from the Caucasian (76.8%) and Caribbean/African (76.2%) community. As such, ethnic differences emerge.

Secondly, this work thesis that while a number of seniors are “aware” of transit programs for older adults, they cannot list the number of seniors programs offered by the TTC, YRT or TransLink and, furthermore, are not “truly sure how these programs work.” As is noted throughout this topic, seniors are aware of the seniors’ transit pass, initiated by the TTC, YRT and TransLink, which allows older adults to use transit services at a discounted rate, but share that they do understand “the ins and outs of this senior pass.”

Importantly, as is noted within this topic, the confusion around how one is to use a seniors transit pass and the perceived expense attached to it leads older adults to delay the decision to and/or consider the prospect of driving cessation. This thesis demonstrates that such perceptions are not, however, expressed by all ethnic groups. As is noted in Table 10.5, 37.1% of
Caucasian and 35.5% of Caribbean/African seniors express such perceptions, whereby not a single senior from the Asian and South Asian community agrees.

For the 54.7% of seniors who express that they are unaware of seniors programs, as offered by the TTC, YRT and TransLink, it is believed that their lack of awareness stems from the fact that these transit organizations have not created and/or implemented transit programs specifically for seniors, given that “seniors taking and using transit” is not a priority when compared to the other demands faced by these respective transit agencies. Here too, it is demonstrated that such perceptions vary by ethnicity, whereby 96.6% of Asian and 75% of South Asian seniors, and just under a quarter of Caribbean/African and Caucasian seniors, express such opinions.

As such, a number of conclusions may be made regarding the results found in topic ‘Awareness Around Transit Programs for Seniors.’ First, it should be noted that there may be a number of reasons why seniors are able to identify the seniors transit pass program, as offered by the TTC, YRT and TransLink, but are unaware of how to utilize such passes. First, it may be suggested that information regarding seniors’ transit passes is not well distributed throughout the wider senior population and, thus, seniors may “come to hear of this program from a third party,” while not understanding the various manner in which this program may be used. Further, it may be suggested that participants’ lack of awareness surrounding how to use a seniors’ transit pass may stem from the fact that these seniors have not sought out information regarding such programs, which may be attribute to the perceived barriers (i.e. belief that one cannot communicate with transit representatives due to language barriers, lack of access to a computer in order to obtain additional information, etc.) and/or the lack of desire to use this method of transportation.

It may also be inferred that these seniors, and in particular Asian and South Asian seniors, are “completely unaware” of current transit programs. It may be suggested that information regarding seniors’ transit programs is not well advertised throughout the wider senior community and the wider ethnic senior communities in Vancouver, Toronto and surrounding suburban locales.

To date, numerous studies (Kouyoumdjian et al., 2003; Sanchez et al., 2003; Pynoos et al., 2009; Ball et al., 2004; Hwang, 2008) examine the consequences of language barriers to public transportation use in a North American context. Issues pertaining to language barriers and public transportation, in general, are noted as issues of transit discrimination and transit
inequality, and often create a transportation disadvantage to those who are unable to effectively and/or easily communicate in the official language supported by the respective transit agency. In focusing primarily on the United States, these works highlight that new immigrants, refugees and low-income residents are at a greater risk of being unable to utilize public forms of transportation as they are unable read and understand, for instance, simple signage and transit schedules, and/or determine the most efficient route to take while using public transit. As such, these individuals are more likely, when compared to others who pose the adequate and needed language skills, to be unable to utilize one of the only transportation modes available to them given that other transportation modes, such as the automobile, may be unattainable due to low and/or insufficient finances.

While numerous studies examine (see above citations) the various accessibility and mobility barriers faced by non-English speaking persons when using public transit, no work examines seniors’ perceptions around language barriers and, further, how this may influence driving cessation. In addition, to date no work has examined ethnic seniors’ perceptions around language barriers to using public forms of transportation and the resulting impacts on driving cessation.

In examining not only seniors perceptions around public transit and driving cessation, but perceptions held by ethnic seniors, this thesis clearly demonstrates that the inability to speak English “very, very good” may act as barrier towards using public transportation for a seniors from the South Asian and Asian community. As is noted in topic ‘Language Barriers to Using Public Transportation,’ Table 10.6, 65.9% of South Asian and 59.8% of Asian seniors believe that their inability to speak English fluently ensures that they may not be able and/or comfortable when using public transportation, as they are unable to read and comprehend transit station names, wayfinding signage and transit schedules, and, further, may not be able to communicate their needs in an emergency situation.

Regarding driving cessation and language barriers to using public transportation, this thesis further finds that for these South Asian (65.9%) and Asian (59.8%) seniors, perceptions around the inability to use public transit, due to the believed language barriers, may result in the unwillingness to cease driving and/or may delay driving cessation, given that it is viewed that language barriers do not exist in regards to the private automobile. In fact, these South Asian and Asian seniors specifically share that even if their ability to drive becomes diminished, they may simply employ driving management strategies in order to continue operating the private
automobile instead of risking their “bad English” on public transit, as it is “hard to use and get anywhere on because of the language problem.” Importantly, South Asian and Asian seniors perceive that the only other time they would deter driving cessation is over concern regarding one’s family members using public transportation, as is noted above.

In regards to this emerging information regarding seniors’ perceptions around public transportation and driving cessation, a number of concluding remarks may be inferred. It may be suggested that the TTC, YRT and TransLink have not made it well known that transit information (i.e. scheduling time table, etc.) is available in a variety of languages, while it may further be suggested that these Asian and South Asian seniors have not made a sufficient effort and/or lack the necessary tools (i.e. computer skills, internet access, etc.) to find transit information in the language they are most comfortable communicating in.

Furthermore, given that these Asian and South Asian seniors perceive that transit information and/or staff are unavailable in languages other than English, it may be suggested that these seniors may perceive that public transit services are intended to serve only English-speaking transit users. This may be inferred given that, as noted throughout this topic, seniors share that transit “is only for people who speak English and no one else who can’t.”

Another significant topic to emerge regarding public transit and driving cessation, as discussed above, is that of ‘Lack of Community Consultation by Transit Authorities,’ Table 10.7. This topic addresses seniors’ perceptions around the consultation processes with the TTC, YRT and TransLink. As is noted above, numerous studies examine older adults’ perceptions regarding public transportation and driving cessation. These studies do not, however, capture and/or document seniors’ perceptions around the consultation process with transit authorities and how such forums influence senior’s understanding around public transit and the cessation of driving.

In discussing perceptions around the consultation process and engagement opportunities with the TT, YRT, and TransLink with seniors, this thesis documents that seniors do, in fact, feel that there is lack of community consultation and engagement with transit authorities. However, such perceptions are only expressed by Asian seniors (4.2%), as is noted in Table 10.7, and no other ethnic seniors group.

This thesis also shows that this lack of consultation results in lack of information dissemination amongst the older Asian community and, thus, ensuring that Asian seniors are left unaware of transit programs for seniors and, further, how to access and confidentially use public transit as an Asian senior. Importantly, this lack of community consultation is believed to create
social and communicative barriers prohibiting the Asian community from sharing with these transit agencies of their specific transit needs and how transit authorities may aid older Asian adults maintain their mobility should they no longer drive.

A number of generalizations may be deduced form the above comments. It may be noted that Asian seniors feel that their specific needs in using public transit, such as language barriers, and concerns around using public transit, such as sustaining an injury while use this mode of transportation, may be addressed through consultation and engagement forums with regional transit authorities. The above perceptions may also suggest that these Asian seniors may be willing to use public transportation should their specific needs and concerns be taken into consideration and meet and, further, that public transportation is a transportation mode providing sufficient mobility and accessibility following cessation. Lastly, it may be concluded that in wanting to work with and engage with transit authorities, these Asian seniors may believe that public transit has a role in alleviating a number of negative characteristics associated with driving cessation and may also ensure that these seniors do not delay the decision to cease driving.

10.3 Transportation Alternatives

The theme ‘Transportation Alternatives’ brings together all corresponding topics that capture seniors’ perceptions around the available transportation alternatives within their respective communities. This theme includes the following 4 topics: ‘Awareness of Transportation Alternatives, ‘Alternative Transportation that Eases the Decision to Cease Driving’ and ‘Role of Government in Providing Direct Funding for Seniors Taxi Service.’ The first topic ‘Awareness of Transportation Alternatives’ is included within this theme as it discusses seniors’ perceptions around their awareness of and perceptions regarding transportation alternatives within their community. The second topic ‘Alternative Transportation that Eases the Decision to Cease Driving’ is also included within this theme as it examines seniors’ perceptions regarding whether transportation alternatives may or may not ease the decision to cease driving, and how transportation alternatives may be improved so that they may enable seniors to make the decision with some ease. The final topic, ‘Role of Government in Providing Direct Funding for Seniors Taxi Service,’ is included within this section as it captures seniors’ perceptions regarding the role of government in providing funding for and ensuring mobility in older age and after driving cessation.
10.3.1 Awareness of Transportation Alternatives

During the one-on-one interviews, participants are asked whether they can identify additional transportation alternatives within their communities that could be utilized should they cease driving. Transportation alternatives include any type of transportation other than the private automobile, such as public transit or taxi services. In response to this question, seniors either note that “yes, I know of tons and tons of other transportation that is around if I stop driving,” or “no, I have no clue what is around my neighbourhood if I didn’t have my car to drive.” The majority of seniors express that they are aware of and can identify different forms of transportation alternatives in the likelihood of driving cessation. Regarding this topic, ethnic differences in perceptions arise between seniors who are or are not aware of the differing transportation alternatives available should they cease driving. Furthermore, a clear ethnic difference also emerges regarding the various transportation alternatives these seniors perceive as available in the event of driving cessation.

Table 10.8: Prevalence of Seniors Indicating ‘Awareness of Transportation Alternatives’

<table>
<thead>
<tr>
<th>Awareness of Transportation Alternatives (n=351, 100%)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Positive Association (n=283, 80.6%)</td>
<td>Negative Association (n=68, 19.3%)</td>
</tr>
<tr>
<td>Asian</td>
<td>127</td>
</tr>
<tr>
<td>South Asian</td>
<td>44</td>
</tr>
<tr>
<td>Caucasian</td>
<td>74</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-topic: Public Transportation as an Alternative</th>
<th>Sub-topic: No Alternative to Driving</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>127</td>
</tr>
<tr>
<td>South Asian</td>
<td>44</td>
</tr>
<tr>
<td>Caucasian</td>
<td>74</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-topic: Taxi Services as an Alternative</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>8</td>
</tr>
<tr>
<td>South Asian</td>
<td>8</td>
</tr>
<tr>
<td>Caucasian</td>
<td>73</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>38</td>
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</tbody>
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<table>
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<tr>
<th>Sub-topic: Private Driver as an Alternative</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Asian</td>
<td>0</td>
</tr>
<tr>
<td>South Asian</td>
<td>0</td>
</tr>
<tr>
<td>Caucasian</td>
<td>64</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>0</td>
</tr>
</tbody>
</table>
As is noted in Table 10.8, just over 80% of all seniors partaking in this work share that should they cease driving they would be well aware of the various transportation alternatives within their community. This is, though, expressed by differing degrees according to the ethnic background of these seniors. All Asian (100%) and South Asian (100%) seniors share that “I know about the different transportation I can use if I don’t drive no more.” Such perceptions are, however, only shared by just over 60% of Caribbean/African and Caucasian seniors. As is thoroughly examined below, ethnic differences in perceptions around the various transportation alternatives available following cessation are further evident. In discussing this topic, Asian, South Asian, Caucasian and Caribbean/African seniors, albeit to differing degrees, share that they are aware of ‘Public Transportation as an Alternatives’ and ‘Taxi Services as an Alternative.’ Further, in communicating their perceptions around transportation alternatives following cessation, Caucasian seniors believe that a ‘Private Driver as an Alternative’ will be available post-cessation.

For a great number of seniors, it is perceived that should they cease driving public transportation is a transportation alternative within their community. As is seen in Table 10.8, subtopic ‘Public Transportation as an Alternative,’ all Asian (100%) and South Asian (100%) seniors express such sentiments, whereby 64.4% of Caribbean/African and 61.1% of Caucasian seniors state that public transit is a transportation alternative available following retirement from driving. According to these seniors, public transit is “the first alternative that jumps to mind if I didn’t drive” as these seniors “have seen the transit in my area,” have a spouse that actively and/or occasionally uses transit, and have a friend and/or close family member that uses such methods of mobility.

To exemplify, one Chinese senior from the Town of Richmond Hill states:

*Let me see. Can I think of any other transportation that is around here if I didn’t drive no more? [3 minute pause]. Yes, the bus, public transit. That is another transportation that is here if I didn’t drive. It is the first thing that jumps to my mind after the car. My wife sometimes uses the bus and my granddaughter Josie also uses the subway and the bus when she comes and sees us. So I know these things are around here if I stopped driving.*

Furthermore, each of these Caucasian and Caribbean/African seniors, who identify with the sub-topic ‘Public Transportation as an Alternative,’ shares that “public transit seems to be the obvious answer” as an alternative form of transportation. It is simply assumed, by these
seniors, that should they no longer drive public transit would be the “naturally available other transportation option.” One Jamaican man, who “has no intention of using the bus, ever,” highlights the above by sharing: “I guess I would answer by saying public transit. I mean I know it is around, I see it all the time, the buses, running along Sheppard [Avenue]. It is the obvious answer – public transit would be the transportation alternative available if I didn’t drive anymore.”

It should be noted, however, that while these Caucasian and Caribbean/African seniors share that public transportation is a transportation available within their communities should they cease driving, these seniors further note that though “buses are available, it does not mean I will use them.” As one Caucasian male, who notes that the words “available” and “use public transit” should not be confused, firmly states:

Yes, public transit is in this community and it is the first alternative that popped in my mind. But listen here, just because it is around here and available for me to use in case I decide to stop driving does not mean that I will jump on the “take transit bandwagon” and start use that thing. Just because something is “available” doesn’t mean you have to run out and use it, and it is no different with transit and driving cessation.

While Asian and South Asian seniors overwhelmingly identify public transit as an available form of transportation should one no longer drive, they are less likely to associate ‘Taxi Services as an Alternative.’ As is noted in sub-topic ‘Taxi Services as an Alternative,’ 64.4% of Caribbean/African and 61.1% of Caucasian seniors perceive that should they no longer drive taxi services are an available transportation alternative within their community. In contrast, 18.1% of South Asian and 6.2% of Asian seniors state that should they no longer drive “taxis would be available to use as another kind of transportation after the car.”

In discussing this sub-topic ‘Taxi Service as an Alternative,’ all Caribbean/African and Caucasian seniors express that they would only use taxis should they no longer drive in certain circumstances, such as grocery shopping and/or attending medical appointments, given that they are “very, very expensive for seniors to use all the time.” Thus, while the majority of Caribbean/African and Caucasian seniors identify taxi services as alternative form of mobility should they cease driving, it is believed that due to the costliness of this option it is not one that these seniors “will highly depend on after not driving.” In discussing taxi services, a Caucasian male, who resides in downtown Toronto, states:
I know taxis are available in downtown Toronto. Does that count as a transportation form that is around here if someone didn’t drive? And I would use a taxi, but not a lot because they are so expensive and I would only use them if I didn’t drive. I am not sure of the exact cost, but I know they are expensive. I probably will only use a taxi once in a while and only if I really need it.

The small number of South Asian and Asian seniors who share that taxi services are available should they no longer drive also share that while taxi services are not a service that they would use. The primary reason, according to these seniors, why one would not use a taxi service post-cessation is grounded in the fact that the use of taxis is “something I am not used to and it is something foreign.” For these seniors the use of taxi services is not a form of transportation that the South Asian and Asian culture is accustomed to.

In discussing taxi services in the Renfrew community, an Indian male shares:

I know they are a lot of money [referring to taxi services]. I know this because once my grandson Mark came to see me, and he is in downtown Vancouver. Mark broke his leg and couldn’t walk to no more and couldn’t use the bus system, so he took a taxi and when I saw the price I almost died. So I know they are expensive. But let me also say this, in the Indian culture, people my age, we aren’t familiar with taxis, it isn’t something cultural. I mean we drive ourselves, but if we can’t maybe family will help us, but never like “just take a taxi.” It isn’t something we are used to doing at all. I don’t know one of my friends who would ever take a taxi and even say “just take a taxi.”

In a similar tone, a Chinese male, who “never used a taxi in my life,” states:

I know about taxis and there are tons around here in Toronto, just go downtown on any given day and the streets are jammed with taxis. But I wouldn’t use one. The best way I can explain why I wouldn’t use a taxi is because it isn’t something that Chinese people do. If we didn’t have a ride or a car we would maybe take the bus or ask someone else, like a family or friend, but I don’t think I would ever think of taking a taxi. You know my wife Patricia, well she has this friend, Jessica, who is white, and well Jessica just takes cabs everywhere she goes and I mean everywhere. It seems like Jessica has no problem about using taxis and it is probably because it is normal for Jessica and I guess white people to use cabs like this. It is different in Chinese culture, we aren’t used to cabs picking you up and dropping you off. It is strange for me to think of it.
Caucasian (50.3%) seniors, and only Caucasian seniors, share that should they cease driving an alternative form of transportation – a private driver – is available within their communities. As is noted in sub-topic ‘Private Drivers as an Alternative,’ no other ethnic group perceives that such private transportation services exists within their community. According to these Caucasian seniors, a private driver includes a privately owned and operated company that “drives around seniors when you call these companies” and individuals residing in the community “that will drive you around where you need to for a fee.” Each Caucasian senior notes that they have not yet looked into accessing these forms of transportation, but are, nevertheless, aware of their presence as an option should they cease driving. Furthermore, these senior state that they would not be opposed to using such forms of private transportation if the “price is right.”

In discussing hiring a private driver should she stop driving, a Caucasian woman shares:

Well, one moment. Okay, so there is the bus, which I know is an alternative to driving, I mean an alternative if I didn’t drive. Although I wouldn’t use it. And then we have taxi services, and they are good too, but a bit out of my price range on a regular basis. I know [claps hands]. Have you ever heard of Driving Miss Daisy? It is a car company that takes seniors around to medical appointments, but you have to pay. And I hear it is cheaper than the regular taxi. So I am putting that on my list of alternatives, Driving Miss Daisy. To be honest, I have never taken it but if it is cheaper than a taxi and I absolutely need it if I didn’t drive, I would maybe use it.

As is explored above, the majority of seniors perceive there to be a number of transportation alternatives available in the community should they cease driving. Nevertheless, just under 20% of participant’s share that they are unaware of any transportation alternatives available. As is noted in Table 10.8, 37% of Caucasian and 35.5% of Caribbean/African seniors, and no other ethnic group, share such perceptions. As will be explored below, these Caucasian and Caribbean/African seniors state that there is ‘No Alternative to Driving.’

In reflecting on the transportation alternatives available following driving cessation, these Caucasian and Caribbean/African seniors who identify with the sub-topic ‘No Alternative to Driving,’ openly share that given that “driving cessation will not happen to me” it is believed that “there are no other ways of getting around without the car.” According to these Caucasian and Caribbean/African seniors, it is unnecessary to be aware of and/or identify other forms of
transportation that are present within their community. There is “no point in knowing about different transportation because not driving is not going to happen to me.”

One Caucasian male, who believes “that not driving is not a problem I will have,” defiantly states:

None. There isn’t any. The car is the only transportation. I won’t stop driving, not now and not in the near future and in the near future I will be dead. So I am not going to waste my time thinking and telling you about the different types of transportation I think are around here if I didn’t drive.

Similarly, an Ethiopian male, who also believes that driving cessation will not a challenge be will ever have to face, states: “I don’t know about nothing else because why should I? I am never going to have stop driving so I am not going to think about other ways of getting around if I stopped driving. Why think about something that is not going to happen to you?”

10.3.2 Alternative Transportation that Eases the Decision to Cease Driving

This work demonstrates that seniors are greatly attached to their automobiles for varying reasons. Nevertheless, during the one-on-one interviews seniors are asked to reflect upon any form of transportation that may make the decision to cease driving a more comfortable and easier life event. While all seniors respond to this question, the majority of participants do pause for lengthy periods of time prior to sharing their thoughts. For instance, one senior male spends a total of 5 minutes “thinking about the answer.” In discussing this topic, the majority of seniors share that there are certain transportation alternatives that may ease the decision to cease driving. Irrespective of this, however, all seniors share that “when it really comes down to driving cessation’ there is no transportation alternative that may make the decision to cease driving an easy thing to do.’” Ethnic differences in perceptions do not arise regarding whether seniors do or do not perceive whether transportation alternatives may ease the decision to cease driving. Ethnic differences do arise, though, in perceptions, regarding why seniors perceive that alternative transportation may make the decision to cease driving a less taxing decision.

Table 10.9: Prevalence of Seniors Indicating ‘Alternative Transportation that Eases the Decision to Cease Driving’

<table>
<thead>
<tr>
<th>Alternative Transportation that Eases the Decision to Cease Driving (n=351, 100%)</th>
<th>Positive Association (n=299, 85.1%)</th>
<th>Negative Association (n=351, 100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>109</td>
<td>85.8%</td>
</tr>
<tr>
<td>South Asian</td>
<td>39</td>
<td>88.6%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>98</td>
<td>80.9%</td>
</tr>
</tbody>
</table>
A great majority of seniors share that certain forms of transportation alternatives may ease the decision to cease driving. Just over 85% of all seniors share such perceptions; an ethnic difference in perceptions is not present. As is noted in Table 10.9, over 80% of seniors from the Caribbean/African, South Asian, Asian and Caucasian community share that “there are some alternatives that can make the decision about not driving a tad easier, I guess.” As will be explored below, ethnic differences in perceptions arise regarding the various transportation alternatives perceived to ease the decision around driving cessation. Caribbean/African, South Asian, Asian and Caucasian seniors, albeit to differing degrees, share that ‘Public Transit May Ease the Decision’ and ‘Taxi Services May Ease the Decision.’ In discussing this topic, South Asian and Asian seniors share that ‘Culturally Specific Taxi Services May Ease the Decision’ around driving cessation, whereby Caucasian seniors state that ‘Personal Drivers May Ease the Decision’ around driving retirement.

For a number of seniors, public transportation may present itself as an alternative form of transportation that may ease the decision “around the most scary topic in the world – this driving cessation.” As is noted in Table 10.9, sub-topic ‘Public Transit May Ease the Decision’ to cease driving, over 60% of South Asian and Asian seniors share that “hey a good transit system
might make the decision about this somewhat easier.” However, as is further noted in sub-topic ‘Public Transit May Ease the Decision’ such perceptions are shared by only 5% of Caribbean/African and 2% of Caucasian seniors. While for these South Asian, Asian, Caribbean/African and Caucasian seniors public transit may ease the decision around driving cessation, public transportation must be “made senior friendly” in order for this to occur. For TransLink, the TTC and the YRT to be considered senior friendly, according to these seniors, public transit must take into consideration and incorporate the specific travel needs and requirements of older adults. Senior friendly transit is characterized by these seniors as fast, convenient and efficient services, bus stops that “are close to my house so I don’t have to walk across the continent,” transit facilities (i.e. transit stations and transit fleet) that “allow people my age to get on and off without tripping and falling or making it hard to reach the platform,” and transit conductors who “understand the needs of seniors and don’t drive like a Nascar driver when we are on the bus.”

In discussing a “good transit system that is good for seniors,” one Chinese woman states:

Maybe if me and my husband Domenic, want to stop driving, we could use the bus. But we know the bus isn’t senior friendly, so we don’t. But if the bus is senior friendly, then why not? We can use it. And yes, if the buses are senior friendly and if we stop driving then maybe a solid bus system that is made for seniors might be a big factor into why we stop driving or the final decision around this. If the TTC thinks about what we [seniors] need then I think it will help us make the decision to stop driving or drive less and use the bus more.

Furthermore, each of these South Asian, Asian, Caribbean/African, and Caucasian senior, who identify with the sub-topic ‘Public Transit May Ease the Decision’ to cease driving, note that senior friendly public transit must include a community shuttle bus. According to these seniors, to be considered senior friendly, these shuttle busses must operate in their area of residence/community and only service seniors. It is believed by these seniors that a community shuttle may make traveling without driving less troubling as shuttle buses take seniors to and from their homes, have bus stops placed close to their residents and have smaller catchment areas and, therefore, can provide “faster service because less area to cover.”

As one Indian woman, who “might use the bus if it was good to seniors,” shares:
I think maybe, but only maybe, I would think the bus system if it was good for seniors to use can make the decision to not drive easier. It may help make the decision for me easier, if I was deciding, but only if it was good to seniors. And for me, I think, and maybe this is just me, but I think that “good to seniors” means having a community shuttle [bus] that is in this area and for seniors like me only, not for everyone. That is good you know, because if you have the shuttle bus and it only picks up seniors then it can go faster and take you where you want. Maybe if a community bus was here and I need to stop using my car, I think “Okay, we have a community shuttle, maybe not driving won’t be so bad once I start using the bus for the community.”

It should also be noted that these 63.6% of South Asian and 62.2% of Asian seniors, who identify with the sub-topic ‘Public Transit May Ease the Decision’ to retire from driving, point out that senior friendly transit (including community shuttle buses) should be culturally sensitive. Primarily, these South Asian and Asian seniors state that culturally sensitive public transit includes a “bus driver that can speak to me in my language” and “transit signs that I can read in my language, and that is not English.” Having transit staff that can effectively communicate in “a language I am used to” and having wayfinding signs available in languages other than English, is perceived by these South Asian and Asian seniors as making public transit “a much better system for seniors who aren’t English” and, furthermore, may make the decision to no longer drive easier to contemplate.

To highlight the above, one Indian man, who has taken the bus “10 times in my life,” states:

The bus, for me to take it needs a lot of improvements. A lot of improvements. And right now, if I want to start thinking about not driving I don’t think I will think of the bus as making the decision easier because I don’t think the bus is the best for seniors. Like I already said, I think the bus can be more senior friendly and then I will maybe think about it and maybe it can make the decision around not driving a little simpler, but I don’t know, maybe. But I think to make me even consider it, I would want a bus driver that can speak my Punjabi or at least understand me in case I get hurt or fall down when on the bus and then I would feel safer. Then, maybe, I would think “Okay, I am not going to drive, and here are the reasons it is okay not to drive, because the bus is safe and if something happens the bus driver speaks my mother tongue.”

A Chinese male, who shares the same line thought as above, states:
The bus would have to be a bit nicer to Chinese seniors. And by that I mean the TTC needs to have bus drivers who speak Chinese and also some signs that are in Chinese. I think this would help a great deal. And who know, if this happened than having the bus there might just help me decide about driving cessation, if I ever had to make that decision.

As is noted in sub-topic ‘Taxi Services May Ease the Decision’ to cease driving, a number of seniors share that the presence of a taxi service may “make the overall decision around not driving simpler.” However, as is further noted in Table 10.9, such perceptions are shared mainly by Caribbean/African (89.8%) and Caucasian (80.9%) seniors, and to a much smaller degree Asian (6.2%) and South Asian (18.1%) seniors. Similar to perceptions around public transit and the decision to cease driving, as is noted above, these Caribbean/African, Caucasian, Asian and South Asian seniors believe that to be considered a viable form of transportation, taxi services must be “senior friendly taxi services.” Senior friendly taxi services, according to these seniors, are perceived to be “very cheap when compared to regular taxis” and take into consideration the fact that seniors “are not always super wealthy and just can’t afford an expensive taxi ride, but still need to get around.” Senior friendly taxi services, for these seniors, are also noted as being serviced by “senior sensitive taxi drivers” who take into consideration the specific needs of senior passengers. These include a need for “polite drivers,” drivers that “ease into stops” so that seniors are not jerked around while in the car and taxi drivers that “help seniors with putting in the car walkers and groceries and all that stuff.”

In “thinking about not driving and a senior friendly taxi service,” a Caucasian male captures the above in stating:

I do think that if Toronto had a taxi service like this [referring to a senior friendly taxi service] it might just make the idea of not driving easier, especially if faced with the possibility that you can’t drive anymore. Let’s say I couldn’t drive anymore, just as an example, then having a taxi service that seniors can use maybe would make the decision to finally put down the keys that much easier. I mean there would be certain stipulations in order for the taxi service to make the whole thing around not driving easier, like the taxi service would have to be cheaper than a regular taxi and you know that the taxi driver understood that he has a senior in the car and can’t drive like a killer on the run from the police.
Of the Caribbean/African, Caucasian, Asian and South Asian seniors, who identify with the sub-topic ‘Taxi Service May Ease the Decision,’ only Caucasian and Caribbean/African seniors share that a senior friendly taxi service may “help make the ugly decision better” as taxi services have all the “important qualities” of the personal automobile. Naturally, these Caucasian and Caribbean/African seniors perceive that “important qualities” of a taxi service include the “convenience it offers,” “the fact that it takes you from one point to the other directly,” the fact that “it is fast and speedy” and, finally, the attitude that “heck you are in car, so what is there not to be happy about.” As such, one Jamaican woman, who loves “the idea of a senior only taxi service,” states:

Well if I had to stop driving, I mean make a decision around that, it would help to know there is something I can use that is like the car and still cheap. I am not saying I would make the decision. I don’t think I will anytime soon. But if we had something like that then sure, it could make the decision easier. And maybe if it came down to it, like let’s say I made a pros and cons list and the only thing was that I didn’t have a something like a car in the pros list and then we had a senior taxi service, then maybe it might tip my decision.

In addition, the 89.8% of Caribbean/African who share that a ‘Taxi Service May Ease the Decision’ to cease driving, openly share that no matter how good of an idea a senior friendly taxi service is, such a service will never come to fruition. For these Caribbean/African seniors, the governments of Ontario and British Columbia do not demonstrate enough “interest” and/or “care” regarding the mobility needs of seniors and will not provide the proper funding and/or enact the necessary legislation to ensure that a senior friendly taxi service is “made into reality.”

In “knowing the government doesn’t care about seniors and their mobility,” a Jamaican male notes:

I think the taxi thing is an amazing idea. Do I think it will happen? Of course not. The Toronto Council or Ontario government doesn’t care about seniors getting around no matter how important it is for us. They really don’t, and a taxi service? Yeah right, that is the last thing they want to have to think about. Think about, the last time they discussed balancing the books for the city, the first thing they did was cut senior services. If the government cared, would they do that?

Interestingly, each of the 6.2% of Asian and 18.1% of South Asian seniors who state that ‘Taxi Services May Ease the Decision’ to cease driving further identify with the sub-topic
‘Culturally Specific Taxi Services May Ease the Decision.’ For these Asian and South Asian seniors, it is readily perceived that a culturally specific taxi service may “break some the cultural barriers” to using such services and, therefore, may make the decision to cease driving a less taxing experience. According to these South Asian and Asian seniors, a taxi service for specifically for Asian and South Asian seniors is believed to be beneficial as these seniors may easily communicate with call center representatives and taxi drivers, as each would speak “the right language I can understand.” Further, for these Asian and South Asian seniors, a culturally specific taxi service is characterized by a taxi service that only services areas whereby the majority of Asian and South Asian seniors reside and is, thus, a “taxi service for our community and only our community.”

In sharing his thoughts on a culturally specific taxi service, one Chinese man, who likes “the idea of a taxi service for Chinese people in Richmond,” shares:

I won’t take regular taxi. No, that is not good for me. But if you say you have taxi and driver that speak my language, Cantonese, then I take, no problem. And yes, if think I don’t want to drive anymore and I have service like this for Chinese people in Richmond then I will make the decision much better for me.

A similar response is provided by an Indian woman, who thinks taxi services should be offered in different languages, and states:

I know what will make my decision a bit easier, but I don’t think I will have to make the decision because I am still good to drive. I think what will make the decision [2 minute pause] more easy, if it can be easy, is to have a taxi service for seniors that the taxi services are all in my language. When the taxi driver comes to the door it is good if he speaks Punjabi. And I will feel more comfortable and willing to go and if I have a problem or something I can tell him in my language and he will understand. Like if I have the directions and I tell him he will understand.

As is noted in introduction of this topic, the majority of seniors perceive that certain transportation alternatives may create an environment whereby the decision to cease driving is easier to make. Irrespective of this, all seniors, regardless of ethnicity, further note that whatever type of senior friendly transportation alternatives are available the decision to cease driving “will never, ever be an easy decision to make.” As is explored below, in discussing this topic all seniors identify with the sub-topic ‘Regardless of Transportation Alternative, Never an Easy Decision.’
For all Asian (100%), South Asian (100%), Caucasian (100%), Caribbean/African (100%) seniors, it is readily perceived that the decision is “around the saddest thing in the world” cannot be made easy “even if you have the best senior friendly transit and taxi system in the entire world.” In identifying with sub-topic ‘Regardless of Transportation Alternative, Never an Easy Decision,’ each of these seniors share that the “no matter what alternatives are around” the decision to cease to driving will not be made simple due to the fact that one’s life will “change completely and forever.” No matter how senior friendly alternative modes of transportation may be, these seniors perceive that such transportation alternatives cannot stop one’s life from “doing a 380” and/or ensuring that one’s life will not change following cessation. According to these Asian, South Asian, Caucasian and Caribbean/African seniors, it does not matter “how great the transit is, it will never come close to providing me with the same life as I had with the car.” Thus, for all seniors, regardless of ethnic background, improved and senior friendly transportation alternatives may not serve to make the decision around cessation “any easier whatsoever.”

To capture the above, seniors from each ethnic community share the following. One Caucasian man, who “can’t fathom the idea of not driving,” shares:

I can’t even put into words how the decision around driving cessation can be made easy. The reason why? Because it never can be. There is nothing in this world that can make this decision an easy one. Not one thing. I know we just spent 20 minutes talking about how a taxi for seniors can help, but truth be told you can build the best taxi system in the world, it would never make the decision to lose your car easier.

An Indian man, reflecting on life without the car, further shares:

No, I can’t imagine anything that can make this an easy thing [referring to driving cessation]. I know I just said that if we had a senior taxi service things would be okay and easier about the whole decision and I believe that. But the truth is even with that nothing will ever just make the decision easy. It can be easier, but never, ever, really easy.

In a similar tone, a Chinese male, who likes driving and “can’t see me without a car,” states:

Yes, we can have better transit, a lot better. But in the end we need to face the truth. The car is the car and I have a hard time living without the car. I think transit can be better and can make the deciding a bit easier. And I do think that even with better the
transit it can’t be easier because things will change and making the decision knowing things will change isn’t easy.

Lastly, a Trinidadian man, who placed his face in his hands when discussing this topic, openly shares:

Yeah, I said that a senior taxi service that was affordable is good and you know can help [make the decision to cease driving easier]. But truth be told, nothing can because you are losing something that is a part of you. It is like knowing you are going to lose your leg but have a fake one waiting, you know it will be okay, but never the same and never as good. That is why the decision will always be hard no matter when you make it, because deep down inside when you decide to stop using your car you know your life will never be as good.

10.3.3 Role of Government in Providing Direct Funding for Seniors Taxi Service

As noted in the above topic, ‘Transportation Alternatives to Make Decision Around Driving Cessation Easier,’ the overwhelming majority of Caucasian and Caribbean/African seniors perceive that the presence of a senior friendly taxi service may make the decision pertaining to driving cessation less complicated. As such, 29% of these Caribbean/African and Caucasian seniors further perceive it is the ‘Role of Government in Providing Direct Funding for Seniors Taxi Service,’ whereby it is believed that it is the responsibility of the Ontario and British Columbia government to provide financial resources for a seniors taxi service. Within this topic a clear ethnic difference in perceptions emerges, as those that identify with this topic are seniors only from the Caribbean/African and Caucasian community.

Table 10.10: Prevalence of Seniors Indicating ‘Role of Government in Providing Direct Funding for Seniors Taxi Service’

<table>
<thead>
<tr>
<th>Positive Association (n=102, 29%)</th>
<th>Negative Association (n=0, 0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian 0 0%</td>
<td>Asian 0 0%</td>
</tr>
<tr>
<td>South Asian 0 0%</td>
<td>South Asian 0 0%</td>
</tr>
<tr>
<td>Caucasian 63 52%</td>
<td>Caucasian 0 0%</td>
</tr>
<tr>
<td>Caribbean/African 39 66.1%</td>
<td>Caribbean/Africa 0 0%</td>
</tr>
</tbody>
</table>

Sub-topic: Funding for Senior Taxi Services

| Asian 0 0% | South Asian 0 0% | Caucasian 63 52% | Caribbean/African 39 66.1% |
As is discussed in the introduction of the topic, just under 30% of all Caribbean/African and Caucasian seniors share that regarding senior friendly taxi services “the provincial government has a role financing this endeavor.” Such perceptions are expressed by 66.1% of Caribbean/African and 52% of Caucasian seniors. As is explored below, each of these 66.1% of Caribbean/African and 52% of Caucasian seniors identify with the sub-topics ‘Funding for Seniors Taxi Service’ and ‘Means by which to Secure Funding for Seniors Taxi Service.’

Regarding the first sub-topic ‘Funding for Seniors Taxi Service,’ these Caribbean/African and Caucasian seniors openly share that it should be the role of the Ontario and British Columbia provincial governments to provide direct funding for a seniors only taxi service. It is perceived that such funding would ensure that older adults would not come to bear the full cost of these services. The existence of a seniors only taxi service that is finically accessible and “cheap for seniors to use” may, according to these seniors, factor into making the choice to cease driving an “easier decision overall” and may create a more secure environment in which older adults are afforded the necessary mobility post-cessation.

In discussing senior friendly taxi services, a Jamaican male shares:

If I couldn’t drive really good anymore and there was something like a taxi service that I could afford, like really afford for almost all my trips, it would make the decision around driving a better one and one that is more manageable because at least you know there is a service out there that is exactly like the car and you can at least rest easy knowing if you are losing your car you can still get around just as fast and for a cheap price. You know, the Ontario Liberal Party should think of that. If it makes the decision around not driving or even the big talk about not driving a better one or an easier one then the government should fund this. The government should pay for these taxi services directly for seniors because it is better for seniors to have these options and especially because the government is on a manhunt to get “old bad drivers” off the road. You want bad drivers off the road give them a taxi service they can afford.

<table>
<thead>
<tr>
<th>Sub-topic: Means by which to Secure Funding for Seniors Taxi Services</th>
<th>Positive Association (n=102, 29%)</th>
<th>Negative Association (n=0, 0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>South Asian</td>
<td>0</td>
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<td>Caucasian</td>
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</tr>
<tr>
<td>Caribbean/Africa</td>
<td>39</td>
<td>66.1%</td>
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Similar thoughts are shared by one Caucasian male, who states:

Well the decision to stop driving is never an easy one and nothing can make it all that easy, but having a cheap taxi service around for seniors makes it easier, this is true. But who can afford a taxi service? I think the fares start at 5 dollars now a day. The government, I don’t know which government, maybe the Ontario government, should make sure that they are cheap to use for seniors so that when we finally decide to call it quits with the car at least we have some dignified way of getting around. Otherwise why give up driving if you don’t have a good way of getting around? And I think a taxi service that is for seniors, meaning a cheap taxi service, is a good idea and can help with this and the final decision of whether to stop driving. I know for me personally I am not planning on not driving, but I will tell you if I had to stop because of some reason or another at least I know it would an easier decision because of the cheap taxi service. [3 minute pause] I have never asked the government for anything, ever. And I am a firm believer in that you should always ask the government what you can do to make the country a better place, but in this case I think to make the whole entire driving cessation thing a better life event the Ontario government or the City [of Toronto] government can at least provide seniors with some sort of funding to make sure that they can use the taxi services and so to make the move to not driving a better idea.

As is noted in Table 10.10, these Caribbean/African and Caucasian seniors further identify and readily espouse the ‘Means by which to Secure an Affordable Taxi Service for Seniors.’ According to these seniors, there are various ways in which the Ontario and British Columbia governments may uphold their financial responsibility to ensure that a senior taxi service is made affordable for older adults wishing to access and use such services. These include developing policy and/or programs that allow for “a taxi voucher,” “a taxi discount, like half off for seniors,” and “taxi fares that don’t start so high as soon as you get in.” These initiatives and/or strategies are perceived, by these seniors, to make taxi services more financially realistic and accessible and, thus, may serve to make the decision around no longer driving more feasible.

One Caucasian male, who thinks the “current cost of a taxi ride is more than my mortgage,” captures the above by sharing:

I really think the B.C. government should do a lot more than it is doing now about helping seniors not drive. And that is making policy or bylaws or whatever they do to
make it happen. I think a senior taxi service is a great idea and so does my wife and all my friends. It makes not driving an okay thing because you still get around with something that is close to you car and has the convenience of your car. But who, at my age, would spend that kind of money on a taxi? They are so expensive and the cost is outrageous, it should almost be a crime. The government, if they really want to help seniors around this driving stuff, should make sure there are laws in place to make taxi service cheaper. I have one idea and that is to make the meter start at 25 cents for every mile driven for seniors. That would make it so much cheaper for seniors to get around. I mean we make it so cheap for young people to get around. Just look at Car-To-Go, it costs nothing to use for young people, so why not making something for seniors who don’t drive with a taxi service. And this taxi service for seniors should cost them nothing to use so that we use it because it is cheaper than anything else.

10.4 Findings and Relevant Results: Transportation Alternatives

This section will examine the findings and relevant results as noted within the section 10.3. This section will further link these findings to current literature, noting where these findings contribute to the current literature base, while also highlighting where new and unexplored information arises.

10.4.1 Findings and Relevant Results: Transportation Alternatives for Seniors Post-Cessation

The second theme examined within this chapter is that of ‘Transportation Alternatives,’ which includes the topics ‘Awareness of Transportation Alternatives,’ ‘Alternative Transportation that Eases the Decision to Cease Driving,’ and ‘Role of Government in Providing Direct Funding for Seniors Taxi Service.’

Regarding the first 2 topics ‘Awareness of Transportation Alternatives’ and ‘Alternative Transportation that Eases the Decision to Cease Driving,’ Table 10.8 and Table 10.9, a number of studies (see for example, Pine, 2009; Bryant, 2000; Shaheen et al., 2007; Ritter et al., 2002; Burkhardt, 1999; Coughlin, 2001; Shaheen et al., 2008; Glasgow et al. (2001)) document seniors’ perceptions around transportation alternatives. For instance, the work of Kostyniuk and Shope (2003) demonstrate that over 80% of participants aged 65 years and older are currently aware of at least 2 transportation alternatives within their community. The most frequently cited transportation alternatives, as noted by these seniors, were public transportation and taxi
services. Respondents note that they are aware of a public transit bus service stop within 2 miles of one’s home and such transportation alternatives are advertised in community newsletters, newspapers, phone book, seniors clubs and church bulletin boards, and are discussed by family and friends. Further, fewer than 5% of participants share that they are aware of a private driver service within their community, and learned about such services via word-of-mouth.

The work of Coughlin (2001) similarly finds that seniors are aware of a number of transportation alternatives available within their community. According to Coughlin (2001) seniors are well aware of the following transportation services available within the Boston and Framingham, Massachusetts area – riding with a friend or family member, public transportation, taxicabs, walking, services and shuttles (such as a community shuttle bus) and gypsy cabs.

However, Coughlin (2001) finds that while seniors are able to identify and provide a vivid description for each mode of transportation it should not be assumed that such modes of transportation are readily to be utilized should one cease driving. For instance, while all participants share that they are aware of taxicab services, these participants generally express reservations about hiring a taxi, citing the greatest barrier to their use is price. Taxis are viewed, according to these Boston and Framingham participants, as being a realistic alternative only for special instances, such as returning from a doctor’s appointment and/or when these seniors could not find alternative travel modes (i.e. having a family member drive them), and while the door-to-door service is perceived as an attractive feature of taxicab services cost outweighs this attraction.

Pine (2009) and other authors (see above citations) similarly note that while seniors are aware of and are able to identify with transportation alternatives in the likelihood of driving cessation, there is no guarantee that such services will be utilized. In examining seniors’ perceptions around their driving ability, Pine (2009) interviews 18 seniors, 65 years of age and older, in Hamden, Connecticut. This work concludes that while all seniors are presently aware of the various transportation alternatives within their area of residence, this should not suggest that these seniors will use such means post-driving cessation. Importantly, a second significant conclusion noted by Pine (2009) is grounded in the fact that the availability of transportation alternatives may not make the decision to cease driving a more pleasant or even easy decision to tackle. According to participants, driving cessation will never be easy to come to terms with, and the presence of transportation alternatives may not make the decision to cease driving less
difficult, given that current and available transportation alternatives are not senior friendly (Pine, 2009).

Regarding senior friendly transportation alternatives following cessation, the works of Gilhooley et al. (2002) and Kostyniuk and Shope (2003) state that older drivers may be more inclined to use transportation alternatives should these alternatives meet the physical, safety and travel needs of older adults. Kostyniuk and Shope (2003) find that older drivers may be more willing to use public transit and other transportation alternatives should these alternatives be easy to access and affordable. However, these authors share that even if public transit and other transportation alternatives are to be vastly improved to meet the transportation needs of seniors, a number of seniors still state they would not use these modes of travel.

Similarly, Gilhooley et al. (2002) specifically focusing on public transportation, find that seniors perceive that the greatest barriers to using public transit include safety concerns, physical ability (i.e. walking up stairs) and scheduling and service availability (i.e. night travel). Gilhooley et al. (2002) examine survey data (22.5% return rate) and interview data conducted with 239 participants, 65 years of age in older, in Paisley, Renfrewshire, and inner and outer London. Results demonstrate that seniors (both drivers and non-drivers) may be more willing to use public transit should transit operators be more attentive and implement changes that will ensure seniors’ accessibility and safety. Importantly, a number of driving seniors share that a good transit system means one does not need a private automobile and, thus, ensure that letting go driving is an easier task.

In examining seniors’ perceptions around driving cessation and transportation alternatives, this thesis confirms many of the findings noted above. Significantly, however, this work adds to the above literature in numerous ways.

First, as is noted in Table 10.8, topic ‘Awareness of Transportation Alternatives,’ this thesis, following those above, demonstrates that seniors are well aware of transportation alternatives within their area of residence. As is noted in Table 10.8, 80.6% of all seniors share that should they cease driving there are a number of transportation alternatives available within their community, including public transportation, taxi services and a private driver.

Unlike the studies noted above, however, this thesis clearly demonstrates that the awareness regarding varying transportation alternatives differs by ethnicity. As is demonstrated throughout the topic ‘Awareness of Transportation Alternatives,’ Asian (100%) and South Asian (100%) seniors are more likely to identify public transit as an alternative when compared to their
Caribbean/African (64.4%) and Caucasian (61.1%) senior counterparts. The presence of a taxi service is noted as being an available transportation alternative should one cease driving by 61.1% of Caucasian and 64.4% of Caribbean/African seniors, as opposed to 18.1% of South Asian and 6.2% of Asian seniors. Lastly, the perception that a private driver is available as a transportation alternative post driving cessation is held by 50.3% of Caucasian seniors, and no other group.

Secondly, similar to the studies described above, a number of seniors within this thesis share that while they are aware of the differing transportation alternatives available within their community post-cessation, it does not imply that these seniors would utilize such services. However, as is noted in Table 10.8, sub-topic ‘Public Transportation as an Alternative,’ such perceptions are shared only by Caucasian (61.1%) and Caribbean/African (64.4%) seniors. The same trend is evident regarding the sub-topic ‘Taxi Services as an Alternative,’ whereby a smaller number of South Asian (18.1%) and Asian (1.5%) seniors identify with such services while indicating that they may not use them due to cultural inappropriateness.

Furthermore, this thesis, unlike the above-mentioned studies, demonstrates that a number of seniors are unable to identify alternative forms of transportation available within their communities should they no longer drive. As is noted in Table 10.8, these seniors comprise 19.3% of all participants, and are drawn from the Caucasian (37%) and Caribbean/African (35.5%) community. In short, these Caucasian and Caribbean/African seniors perceive that they do not need to identify any type of transportation alternatives given that they firmly believe that the cessation of driving will not be an issue in which they will have to contend with.

Importantly, it should be noted that while current literature on this topic shows that seniors identify getting rides from family and friends as a transportation alternative, senior participants within this study do not readily identify rides from family and/or friends as a transportation alternative available should they no longer drive.

As such, given ethnic seniors’ perceptions around transportation alternatives present following cessation, 2 concluding remarks may be made. To begin, it may be suggested that awareness around the types and availability of differing transportation alternatives may differ according to ethnicity. This is most evident in Table 10.8, sub-topic ‘Private Driver as an Alternative,’ whereby only Caucasian seniors perceive and/or are aware of such services operating within their community.
Further, it may be noted that differences in awareness of transportation alternatives are grounded in cultural understanding of what types of transportation may actually be considered viable alternatives. For instance, in discussing the sub-topic ‘Taxi Service as an Alternative,’ the small number of South Asian and Asian seniors who identify with this sub-topic share that while they are aware of taxi services as an alternative form of transportation should they cease driving, they would not utilize this mode of transportation as it is not culturally appropriate. This may, therefore, suggest that a number of other South Asian and Asian seniors further perceive taxi services to be an alternative mode of transportation, but did not express such sentiments given that taxi services may not be viewed as an acceptable form of transportation.

In addition, and of great concern, is the denial of awareness of available transportation alternatives by Caucasian and Caribbean/African seniors. In sharing that “no transportation alternative exists because I will never have to stop driving,” it may be suggested that these seniors are in denial that driving cessation may be a relevant issue that they may have to contend with, and will overlook and/or ignore physical and cognitive signs that they should cease driving.

This thesis expands our understanding regarding seniors’ perceptions around the role of transportation alternatives that ease the decision to cease driving. As is noted in topic ‘Alternative Transportation that Eases the Decision to Cease Driving,’ Table 10.9, this work demonstrates the great number of senior participants – just over 85% – share that transportation alternatives may ease the decision to cease driving. However, as is noted throughout this topic that these transportation alternatives must be retrofitted to eradicate the physical barriers currently present, be placed at an affordable price point and are culturally sensitive. In short, to truly ease the decision to cease driving transportation, alternatives must be senior friendly, and as one Asian participant shares “ethnic senior friendly.” To exemplify, in discussing the role of public transportation in easing the decision to cease driving, a number of seniors share that public transit may make the decision to retire from the road more comfortable by becoming senior friendly and taking into consideration bus stop distances, transit operator sensitivity towards seniors and station and transit fleet design.

In documenting ethnic seniors’ perceptions around driving cessation in relations to transportation alternatives, this work uniquely demonstrates that ethnicity affects seniors’ perceptions as to the type of transportation alternative that may make the decision to cease driving easier. As is noted in Table 10.9, the majority of South Asian (63.6%) and Asian (62.2%)
sensiors believe that a senior friendly and ethnic senior friendly public transportation system may “relax the decision around not driving no more.” This may be directly contrasted with the small number of Caribbean/African (5%) and Caucasian (2%) seniors who express such sentiments. For the majority of Caribbean/African (89.8%) and Caucasian (80.9%) seniors, it is viewed that taxi services may ease the decision to cease driving, should these services be “senior cost friendly.” Only 18.1% of South Asian and 6.2% of Asian seniors share that a taxi service may ease the decision around the cessation of driving.

Interestingly, this work also brings to light that for the small number of South Asian and Asian seniors who share that taxi services may ease the decision around driving retirement, it is perceived that a taxi service that is culturally sensitive, thereby taking into consideration language and area of service, may remove a number of cultural barriers around this type of transportation alternative and, thus, provide older South Asian and Asian seniors with an additional alternative should they cease driving.

As is seen in Table 10.9, Caucasian seniors do not share that the presence of a private driver (though they are aware of these services within their communities) may ease the decision to cease driving.

Lastly, similar to the work Gilhooley et al. (2002) and other studies, this work confirms that seniors perceive the decision to cease driving will not be “made completely easy” irrespective of the transportation alternatives available. As is noted in Table 10.9, all senior participants express such sentiments, indicating that transportation alternatives, “no matter senior considerate they are,” can never truly replace the private automobile. In examining ethnic seniors’ perceptions, this study further contributes to the literature by noting that all seniors, no matter what their ethnic background, share such perceptions.

Given the above statements, it may be inferred that Asian and South Asian’s perceptions around the role of public transit in easing the decision to cease driving may suggest a willingness to use this mode transportation following cessation and may, in part, explain these seniors’ perceived concern over language barriers to using public transit, and concerns over sustaining injury on public transit, as is outlined throughout the theme ‘Public Transit.’

10.5 Transit Accessible Locations

The theme ‘Transit Accessible Locations’ brings together all corresponding topics that capture seniors’ perceptions around relocating to transit accessible locations in the likelihood of
driving cessation. The theme ‘Transit Accessible Locations’ is exemplified through 3 topics: ‘Unwilling to Move to Transit Accessible Locations: Attachment to Home,’ ‘Unwilling to Move to Transit Accessible Locations: Attachment to Community’ and ‘Unwilling to Move to Transit Accessible Locations: Relocating in Community.’ Each of these 3 topics are incorporated within this theme as they examine whether seniors will consider relocating prior to and/or following cessation and the various reasons why they would or would not consider relocating to a transit efficient area.

It should be noted that transit accessible locations are defined within this work as locations that are within a 5 to 10 minute walking distance from a transit line (i.e. bus stop, subway system, etc.). Not a single senior, even those that reside within a 5 to 10 minute walk from a transit line, perceives that they reside in a transit accessible location. This is largely due to the belief that physical and age-related conditions (i.e. inability to walk quickly) mean it would take them “much, much longer, like 30 minutes to get to the closest transit stop.”

10.2.4 Unwilling to Move to Transit Accessible Locations: Attachment to Home

In discussing perceptions, views and beliefs around transportation alternatives, participants are asked to share their views around relocating to transit accessible locations for mobility purposes should they cease driving. Without hesitation all Asian, South Asian, Caucasian and Caribbean/African seniors eagerly voice that should they cease driving “there is no way I am leaving this place, I am too attached to house, my home.” Not one senior participant states that they would relocate to a more transit accessible location “even for better mobility.” While all seniors firmly state that they would not relocate to a more transit accessible location “even if I didn’t drive anymore and had no keys,” ethnic differences in perceptions do arise regarding the various reasons as to why these seniors identify with this topic.

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<th>Positive Association (n=351, 100%)</th>
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<td>Caribbean/African</td>
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Sub-topic: More Than Just A Roof Over My Head

| Asian | 127 | 100% |
As is noted in Table 10.11, all seniors, irrespective of ethnicity, share that they would be unwilling to move from their current area of residence to a more transit efficient location should they no longer drive. The primary reason is their attachment to “my home, which is the world to me.” As is examined below, while all seniors unanimously share “that my love for my house and the people in my community will keep me put even if I stopped driving,” ethnic differences in perceptions arise. For Caucasian seniors, the unwillingness to relocate to a transit accessible location is grounded in ‘Attachment to Items within the Home.’ Furthermore, in reflecting on the discussion around transit accessible locations and driving cessation, South Asian and Asian seniors perceive that they will “never leave” their residence as it is their ‘First Home Since Immigration.’

For a number of seniors, the reluctance to relocate to a transit efficient location should these cease driving stems from the belief that one’s home is ‘More Than Just A Roof Over My Head.’ As is noted in Table 10.11, such perceptions are shared by all Asian, South Asian and Caribbean/African seniors. Although still significant, such sentiments are expressed by only 72.7% of Caucasian seniors. According to these Asian, South Asian, Caribbean/African and Caucasian seniors, one’s home is more than just “4 walls and one roof and the reason I won’t leave even if I did not drive.” Home is believed to be a place of personal safety, comfort and the place that holds one’s “life details, the good details, the bad details, and the so-so details,” and, thus, a place that is emotionally and physically “impossible to part with.” Given this strong

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<td>South Asian</td>
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<td>Caucasian</td>
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<td>Caribbean/African</td>
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Sub-topic: Attachment to Items within the Home

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<td>South Asian</td>
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<td>Caucasian</td>
<td>69 57%</td>
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<td>Caribbean/African</td>
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Sub-topic: First Home Since Immigration

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<td>Caribbean/Africa</td>
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attachment to one’s home, it is believed by these Asian, South Asian, Caribbean/African and Caucasian seniors, “my home” is not something that can easily be replaced and/or “left behind,” regardless of one’s ability to drive. Although transit efficient locations may provide additional accessibility and mobility post driving cessation, these seniors note that this “is not a good enough reason to leave behind my home.”

Such strong and deep feelings are evident in the following expressions. One Chinese male, who discusses why his home is “more than bricks and mortar” and is a place of comfort and love, warmly shares:

My home is my so special to me and my family. It really is. The best and happy moments happened here in this home and the worst and saddest moments happened here. My home, well it’s just that everything is here, all our feelings and memoires are here. I can honestly say that my me and my wife and my kids wouldn’t want to leave, and I think I wouldn’t want to leave even if I didn’t drive. Not driving is not enough to put pick up and go to a place with better transit, this is my home and there is so much love and comfort in these 4 walls.

In describing his emotional attachment to his home, one Bengali man expresses:
I won’t consider leaving my house because I can’t drive. The idea of doing that is too much. And no, I would never ever, ever consider relocating my life to a place where I can get around better even if I might be at risk of not driving. You would have to drag me out here dead before I leave this house. I cannot explain it, but I feel so emotionally attached my home. I feel very, very emotionally attached and I think it would kill me to leave. My kids learned to walk in these halls, and my wife has her garden outside and my grandson, Fraser, learned to crawl right where my feet are. I love this house, it is my home and my family’s home. And no, I wouldn’t leave just because there came a day when I couldn’t drive no more.

Furthermore, a Caucasian woman smiles while stating:
If these walls could talk. They would make you laugh. Our 6 kids were raised here and we have the best and worst family memories, but mostly good memories. I am not willing to let that go. I have all my family memories in these walls, in halls, in the bedrooms. I don’t care if I can’t drive, I just can’t leave here and go to any place else, when one where I don’t have to use a car. This is my home and my memories. I don’t
think I could emotionally handle that, leaving my loving home because I just can’t drive. Can you understand that?

Lastly, a Jamaican man, who would rather “die than have to leave my house built on love,” willingly shares:

For me it comes down to two things, stay in my house where my life and my family’s has unfolded or move to a place where I can just easily jump on the subway. It is simple, I would stay here, in my house, in my home. Who cares if you can easily get on the bus or use the subway. Who cares? Really, I ask myself who cares because in the end it’s not worth it to live without all memoirs and love that are in these four walls and under this roof. That is it. The love in this house is better than any subway.

As is found in Table 10.11, a number of seniors share that they would be unwilling to relocate to a transit accessible location should they cease driving given a deep ‘Attachment to Items within the Home.’ As is further noted in Table 10.11, however, such perceptions are only expressed by Caucasian (57%) seniors. Each of these Caucasian seniors express a “deep” and “loving” attachment to the physical items found in one’s home, as “each of my possessions” are emotionally meaningful, “carry very important memories for me” and hold “sentimental value.” Household items, which “absolutely cannot be parted with,” include family heirlooms, gifts from loved ones who are now deceased and gifts from spouses, children and grandchildren. For these Caucasian seniors, it is perceived that should they move residencies following driving cessation it is assumed that one would be unable to “bring my valued possessions” as “transit efficient locations is the same as downsizing” and, thus, seniors would have to part with their possessions “in order to fit everything in my new small house.” As such, to relocate to transit efficient locations post-cessation is an act for these seniors are “not willing to sacrifice even in the name of better mobility options.”

To highlight the above, a senior Caucasian woman, who continues to reside in the house she and her husband built “out of love,” states:

Never. I wouldn’t leave. Because moving to a more “transit location” means downsizing. Who moves into a bigger home at my age? Naturally you move into a smaller home and I know that is what this transit centric stuff is all about. So no, I would not move. And why? Because I would lose all my stuff, all my paintings, all my furniture. And each piece is unique, each piece has been given to me by someone special and who I love and I am not letting that go. I want to keep all this stuff in the family and, also, I can name who
gave me each piece. I am not going to give this up just so I can live near a place that has more transit and gives me more ability to move around without my car. Call me crazy, but I cannot emotionally handle the move.

A second Caucasian female, who has resided in her family home for over 50 years, loudly states: I wouldn’t leave even if I didn’t have legs. I would force myself to drive. This is my home and I love it. It is my sanctuary. And that painting over there was from my daughter. She died 15 years ago. It is huge painting that I can’t fit on any other wall. I won’t leave because I love this house and all the wonderful stuff in here that makes it a home. I don’t care if getting on the bus is safer than me driving. I’ll just won’t drive as much or drive only to places I need to drive to. I am not moving to any other place just because it can offer me better transportation options if I had to stop driving.

For the majority of South Asian and Asian seniors, it is expressed that one would not relocate to a transit accessible location in the likelihood of driving cessation, as one’s home is the ‘First Home Since Immigration.’ As is demonstrated in Table 10.11, sub-topic ‘First Home Since Immigration,’ 90.9% of South Asian and 78.8% of Asian seniors, and only these ethnic seniors, share that they are unwilling to move to an area that is transit efficient for mobility purposes given that “this home is my first home since coming to this country, and that has a lot of meaning.” In discussing this sub-topic, these South Asian and Asian seniors note that their current residence was their first major purchase following immigrant, which is believed to be an integral part of one’s history as it demonstrates one’s hard work, success and achievements as new immigrants. According to these South Asian and Asian seniors, to “have to leave my first house for better mobility if I stopped driving is simply not worth it” as it signals that one is leaving behind and/or disregarding the memories and struggles undertaken to purchase one’s first home.

An Indian man residing in Surrey, who purchased his home within the first 2 years of his arrival to Vancouver, proudly shares:

Oh when I bought my home, this house actually, it was such a great feeling. A great, great, great feeling. I know made it when I was able to buy a home. I did not. It is like living the you, what do they call it? The American Dream, but here in Canada. I don’t know, I mean leaving this home is like forgetting about day I signed the papers saying this is my home. I can’t see me and wife Jenn moving to any other place just because
you can use the bus. I would never do. And if you did it would be because I was dead and then I couldn’t fight you on it.

A Chinese senior, who still resides in his first home in Richmond, notes:

Oh buying my first house with Catherine was a way to show you know everyone around us we did okay for ourselves. There was a ton of discrimination back then, so it felt good. It also felt good to know we were providing our son and daughter with a roof over their heads, you know, like security that families need. To leave because I can’t drive no more, I don’t know, I don’t see myself doing that. I really don’t, I just can’t picture living in another house just because that new house is closer to things I need. No, I just don’t see it. It would be like spitting at my house and telling it, it meant nothing to me and that it I didn’t put hard work into earning it.

10.2.5 Unwilling to Move to Transit Accessible Locations: Attachment to Community

In discussing perceptions around driving cessation all seniors, regardless of ethnic background, also share that the strong and unwavering attachment to “my wonderful and beautiful community” would also make it difficult to relocate to a transit accessible location. Again, similar to the above topic, all seniors agree unanimously on this subject and speak lovingly and fondly of “all the wonderful times I have in my community.” While all seniors share that they would be unwilling to locate to a transit accessible location for mobility purposes following cessation, due to their “unbreakable” attachment one’s community, ethnic differences in perceptions are evident regarding the reasons why the seniors express such sentiments.

Table 10.12: Prevalence of Seniors Indicating ‘Unwilling to Move to Transit Accessible Locations: Attachment to Community’

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<tr>
<td>Asian</td>
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Sub-topic: Accepted as a New Immigrant

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</table>

As is noted in Table 10.12 and the introduction of the this topic, all Asian, South Asian, Caucasian and Caribbean/African seniors share that to “leave my community because I can’t drive and move somewhere else for better mobility” is “out of the question,” though the reasons as expressed differently according to ethnicity. As is explored below, Caribbean/African, Asian, South Asian and Caucasian seniors, albeit to differing degrees, share that they would be unwilling to move to a different location following cessation as one’s current community is where they were ‘Accepted as a New Immigrant.’ Furthermore, Asian, South Asian and Caribbean/African seniors share this as a reason why “I would never leave this community for better accessibility.” Regarding the final sub-topic ‘Community Contributes to Overall Well-Being,’ seniors from the Caucasian, Caribbean/African, South Asian and Asian community, to differing degrees, perceive that one’s community “makes me a healthy person, inside and out” and, thus, would never relocate in “the name of increased mobility options.”

As is noted in Table 10.12, sub-topic ‘Accepted as a New Immigrant,’ the majority of Caribbean/African (94.9%), South Asian (88.6%), and Asian (85.6%) seniors, and to a lesser degree Caucasian (4.1%) seniors perceive that they would not relocate to a transit accessible locations to ensure mobility following cessation given that their respective community was where they were welcomed and accepted when they “first arrived and were new to Canada.” Each senior expresses that these communities collectively shared, with these seniors, in the many challenges, struggles and joys that are characteristic of the immigration process. Furthermore, it is perceived by these seniors that this sense of acceptance ensured that they were given the necessary support and guidance that enabled them to face the many challenges often associated immigration. As such, each of these Caribbean/African, South Asian, Asian and
Caucasian seniors share that the above factors contribute to one's “deep feelings around my community” and, thus, “I would never ever leave my community after all it has done for me even if I could get around easier and to more places without driving.” To relocate, regardless of mobility benefits, is to signal that one is forgetting all that has taken place within their community and the “love and strength” it has provided over the years.

A Chinese man, who has resided in the Collingwood community since his arrival to Vancouver over 53 years ago, proudly states:

_The entire community celebrated when one of our people did well. We supported each other no matter what. All we had, at the time, was us, our own people. We watched each other’s kids, we helped the sick, and the old, and everyone that needed it. I don’t care about living in a place where there is more ways to get around. I want this area, my community and nowhere else._

A Jamaican man, who describes himself as a “permanent and long-lasting fixture” in Toronto’s Little Jamaica community, strongly declares:

_Not driving does not mean having to leave my community. No sir, it does not. You know how long I’ve lived here in Little Jamaica? Over 33 years this May. Let me tell you I am just too damn attached to leave. Everything here in my life happened. Like when my daughter Sophie was born, the whole community came out and we all had jerk chicken until late in the morning. I need more than just losing my license and car to make me move._

In a similar tone, an Indian woman, who has resided in Surrey “since the day I arrived in this city,” warmly shares:

_When we first came to Vancouver the Indian community accepted up. And at the time no one else would accept Indian people. There was no such thing as multicultural then [laughs], but there was tons and tons of racism. And this community they gave me and my husband so much strength, they supported us in all our hard times. When my daughter Angela was born, that is not an Indian name [Angela] but me and my husband liked it and we thought it was a nice white name, she was so sick and we couldn’t afford to pay for everything because I had to stay home and take care of her. So that was one less person working and less money at the time. Anyways, the ladies in the community gave me so much strength because they listened to me cry, they helped me take of Angela. They really did. And every week they would make me and my husband dinner on_
Sunday so I could have a day of rest. Angela is fine now [laughs], but who knows what would happen to her without the ladies. I don’t think I could leave [3 minute pause]. I just couldn’t leave this community, that is my home, because it would be like leaving the ladies, and they all still live here, and saying that I am not grateful to them. Even though we are old we still help each other out. Some things never change when you have a good community [laughs]. So no, I wouldn’t move if I couldn’t drive anymore and I wouldn’t move to the community that is more better to get around either. Sorry, I just can’t because I am nothing without my community. My husband feels the same way.

The second sub-topic ‘Acceptance by One’s Community’ is discussed only by Asian, South Asian, and Caribbean/African seniors. 98.4% of Asian, 90.9% of South Asian and 69.4% of Caribbean/African seniors express that one would not relocate to a transit accessible community for mobility reasons post-cessation given the personal acceptance found in one’s community. According to these non-Caucasian seniors, it is perceived that they feel a sense of personal belonging and acceptance by their community for “who I am [as] a person and all the baggage I carry.” This perceived acceptance is grounded in the fact that these seniors are not judged by their communities on their abilities, history and faults. As such, given this “unquestioned” acceptance by one’s community, each of these seniors share that should they cease driving they would not relocate to a transit efficient community for enhanced mobility as it is held that nowhere would be as “accepting and loving as my own community.”

To exemplify the above perceptions, one Chinese senior, who resides in Richmond Hill’s Little China Town, expresses:

I have lived here all my life. Ever since I came to Toronto in 1960. I come with my wife Jessie in May of 1960. Here, I feel accepted. Accepted as Chinese, as man that only can really speak Chinese and little English, as a man who made a new life for himself, and as an immigrant. I belong here and the community accepts me. I don’t think and I don’t know if you can find that anywhere else. I know there is no transit, but I can’t leave because I like the community likes me and I like the community.

An Indian man, who lives in a “tightly-knit Indian community” in Surrey, notes:

I dunno. No, I would say no to moving. I just feel so comfortable here and so loved here in my community. I mean we have a community that cannot be found elsewhere and let me say that I don’t want to go looking for a new community or trying to fit into a new community now at 72 years old. And nothing can replace this community, nothing. And
to answer your question, no I wouldn’t move just to be more mobile if I stop driving. I would somehow figure it out. I would want to be less mobile and less mobile by the car, but be able to wake up in the morning and walk outside and say hello to Schnabel.

A Jamaican man, who has always lived in the Scarborough area since his arrival to Toronto, similarly states:

*I feel most accepted in this community. I really, really do. Find me another community that can be so great and so accepting? There isn’t one. Listen, this community, like my neighbours and their neighbours, well let me tell you, they are wonderful and forgiving. I haven’t always been the best person, you know what I mean? When I was younger I was just so angry and did some pretty bad stuff to the people in my community. And you know what this community did? They didn’t throw me out, they worked with me, they loved me, and they helped me get better. I would never leave just because I couldn’t drive and I would never leave to live near a place where I am a 5 minute walk to a bus stop or subway. This is my community and no other community would ever accept and understand me. End of story, I am not leaving.”*

Further, in discussing the sub-topic ‘Acceptance by One’s Community,’ each of these Asian, South Asian and Caribbean/African seniors express that they are well respected within their community due to their older age and, as such, are not discriminated against due to age and/or age-related ability. In fact, one’s older age is a source of pride and reverence by the community. This age-based acceptance is perceived to be lacking in other communities, which do not “show any respect for their old people,” and, thus, seniors are deterred from contemplating relocation to areas that may foster increased mobility post driving cessation.

As such, an Eritrean man, who has lived in the in the Toronto Eritrean community for 34 years and is a “proud and handsome 76 year gentleman,” expresses:

*I know this community inside and out. I have seen kids grow up here and I know everyone. I spent my life here, my while life here after we immigrated. When people walk by they go, “Oh hey Mr. Tefferi, how are you sir?” They respect me because I just have lived here and can tell them about the past of this community. And they respect me because of my age. That is very, very important in this community, you don’t be rude or disrespect anyone because they are older. This love they [community] give me and the respect too, helps me feel good about myself, like I am wanted ... You don’t get that kind of respect for being old in other communities or cultures. You just don’t. I’ve*
seen it with my own eyes. So to answer your question, no I wouldn’t ever consider leaving, even if I couldn’t drive no more and had a hard time getting around. I don’t care, living in any other community and beside a bus line if I can’t be with my community that respects me, for me.

Seniors, from across all ethnic backgrounds, perceive that their communities play a fundamental role in their overall wellbeing in later years. As is noted in Table 10.12, sub-topic ‘Community Contributes to Overall Well-Being,’ such perceptions are shared by almost all Caucasian (98.3%) seniors, and a small though not insignificant number of Caribbean/African (35.5%), South Asian (34%) and Asian (24.4%) seniors. According to these seniors, “the love that my neighbours and whole community gives me” is a significant factor in maintaining “my mental, emotional, and physical wellbeing in old age.” According to each of these Caucasian, Caribbean/African, South Asian and Asian seniors, the support, care, kindness, acceptance, inclusion and “just all the love” that their communities provide ensures the overall wellbeing of seniors. Thus, these seniors openly share that they would not relocate to a different “transit community” should they cease driving, regardless of “how much more mobile I would [be], it is not worth losing this community, not worth it.”

In discussing his views on relocating following driving cessation, an Indian man, who has lived in the Little India community of Surrey for over 60 years, states:

When I need something I go over and ask. They [neighbours] don’t really mind. And usually I stay for dinner. I stay for the company and to socialize. Um.... My wife [2 minute pause] died last year. Very sudden her death. And my one son travels for business. But anyways, the Handa family makes me feel like family. I can honestly tell you that I would never leave here, I wouldn’t. I would lose all my support and right now I need that support. I just don’t care about being able to get places with transit if I didn’t drive no more, maybe I just wouldn’t go to these places anymore. And not going to these places is probably a lot easier for me to handle then losing the support of the Handa family.

As one Chinese man, who has lived in the Bayview community in Richmond Hill, states:

This community is wonderful. We really help each other, and in many ways we sustain each other. Like when I broke my arm 3 years ago and I couldn’t really do much. The entire community helped me, young and old. Duncan would help me with groceries and Milisa made me dinner 4 times a week. Isn’t that nice? It really keeps someone like me
going in my older age and these people keep me healthy, always helping, especially when I broke my arm. Would you move to a better location just because of transportation after having a community like this? I think not, and I don’t blame you because I wouldn’t.

In addition, these Caucasian, Caribbean/African, South Asian and Asian seniors who identify with the sub-topic ‘Community Contributes to Overall Well-Being’ believe that living within their respective communities has allowed them to make and retain “age old friends,” a critical aspect of maintaining health in older age. “Strong friendships that stand the test of time” enable one to remain active and social in later years, which is necessary “as you get older because socializing is more important than ever.” “When I am with my closest buds,” these seniors can discuss “all kinds of things,” share one’s thoughts, concerns, joys, reminisce about the “good old days” and, most importantly, laugh. One’s community and the friendships developed within these communities allows these seniors to remain active, social and “very happy in old age” and, thus, ensures that they “will never move outa here and I don’t care if I don’t drive and have the opportunity to move to a better place where I can get to everything I need without a car.”

To highlight this, a Caucasian man who has lived in the Mount Pleasant community of Vancouver for over 50 years, expresses:

Well let’s see. My oldest friend is Andrea Cimitan. We meet when we moved in here, a long time ago. We both had kids the same age and they used to play together. Actually, two of them even got married. Well, Andrea and I go for walks, play lawn bowling and sometimes when we are okay with our diabetes we go for ice cream [laughs]. We keep each other active as old men. Like today, just this morning, we went for our morning espresso and then we took our granddaughter and grandson out to the park. I wonder if they will get married. Really, I just won’t leave and I know moving to these places [referring to transit efficient locations] gives you the freedom to keep living without your car if you stopped driving, but if Andrea didn’t move with me I wouldn’t go. Simple as that.

Aging with a “good friend” is believed by these seniors to contribute to one’s overall wellbeing in later years, as a “lifelong old friend” provides emotional support throughout the aging process, shares advice on how to cope with age-related issues and ensure that these seniors find the “bright side” of the aging process. In short, all Caucasian, Caribbean/African,
South Asian and Asian seniors share that “the best benefit to having a lifelong friend in the community is knowing you are not aging alone, but that your buddy is getting old too.”

An Asian man, residing in the Town of Richmond Hill for the last 45 years, exemplifies this by noting:

Tony and me, well we got old together. We are neighbours. I moved here first and 2 years later Tony shows up with this wife and two kids. Our wives hit it off as soon as Tony and Jean moved here. And Tony and I are good friends. Honestly, it is nice to know I am not losing my hair alone and that I am not facing some of my manly health problems alone. So no, just because I couldn’t get around as easy as I do now, I wouldn’t move to anyplace else, including a transit area you are talking about.

In a similar tone, a Jamaican man, who has lived in Toronto’s Little Jamaican community for 43 years, pointedly states:

Sure, let’s just say I do move after I can’t drive to a place where the bus is just outside my front door. Okay, great, I can use the bus. But I lose my community, the people I love, the familiar smell of jerk-chicken on a Friday night, and I won’t know a single face. The worst part, I lose my friends. I won’t have Mr. Cheney around anymore. Mr. C, well Mr. C, is like my dear old friend. You just don’t get these things when you move. And what is worse? Losing Mr. C or getting to take the bus? Heck, losing Mr. C would be 10 times worse because we got old together and that is a bond that can never be replaced.

10.2.6 Unwilling to Move to Transit Accessible Locations: Relocating in Community

As is demonstrated in the sub-topics ‘Unwilling to Move to Transit Accessible Locations: Attachment to Home’ and ‘Unwilling to Move to Transit Accessible Locations: Attachment to Community,’ small number of seniors share that they would, in fact, be willing to move to a transit accessible location. However, as noted in the title of this topic, these seniors would only be willing to relocate to a transit accessible location “if these places are within my community.” A clear ethnic difference in perceptions emerges, as this topic is only discussed by Caucasian seniors.
As is noted in Table 10.13, fewer than 20% of all participants perceive that should they cease driving they would not relocate to a transit accessible community, unless this “transit accessible community is in my own community.” As is further noted in Table 10.13, such sentiments are expressed only by 19.9% of Caucasian seniors, whereby no other seniors share such thoughts. As in described below, in discussing this topic these Caucasian seniors note that “if it came down to moving because I couldn’t drive, I would only move to better location for mobility if this location is around here [referring to community],” and, therefore, identify with sub-topic ‘Willing to Relocate within Community.’

“Relocating to a new community in my community” is described, by these seniors as moving into a house “that looks exactly the same as the one I am leaving” and/or a “very spacious condo so I can fit all my things” that is within walking distance to a transit station and/or stop, and other necessary amenities. Importantly, each of these Caucasian seniors conclude such statements by noting, “that I won’t budge and I won’t leave my house and community, no way” if such requirements are not present.

To exemplify the above, one Caucasian senior, who has resided in the Dunbar community for over 52 years, states:

Oh sure I would consider moving. But not too far away [laughs]. I think if I ever had to stop I am to far from the bus stop. The hill is to hard for me climb up now, I can’t imagine what it will be like if I can’t drive. So, yup I would move, just on top of the hill where you can walk to the bus in 5 minutes and it is a flat walk with no hills. But no, I won’t leave

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**Table 10.13: Prevalence of Seniors Indicating ‘Unwilling to Move to Transit Accessible Locations: Relocating in Community’**

<table>
<thead>
<tr>
<th>Positive Association (n= 70, 19.9%)</th>
<th>Negative Association (n=0, 0%)</th>
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<tbody>
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<td>Asian</td>
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<tr>
<td>0 0%</td>
<td>0 0%</td>
</tr>
<tr>
<td>South Asian</td>
<td>South Asian</td>
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<tr>
<td>0 0%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Caucasian</td>
</tr>
<tr>
<td>70 19.9%</td>
<td>0 0%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>Caribbean/African</td>
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<tr>
<td>0 0%</td>
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**Sub-topic: Willing to Relocate within Community**

<table>
<thead>
<tr>
<th>Asian</th>
<th>South Asian</th>
<th>Caucasian</th>
<th>Caribbean/African</th>
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<tr>
<td>0</td>
<td>0%</td>
<td>70 19.9%</td>
<td>0 0%</td>
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this community. Forget that. I just won’t leave, I would just rearrange where I live [laughs].

Similarly, a Caucasian woman, residing in the City of Vaughan “for my whole life since I arrived in this city,” states:

Yes, I would consider moving if I couldn’t drive or if I might not be able to drive or something along those lines. But only within this area and only to another house that is similar in size and shape because I want to take my stuff. Otherwise, I won’t go and leave all my stuff behind. It’s just not worth it for me. I think in that case I would just ask someone else to drive me or make some other arrangements.

10.6 Findings and Relevant Results: Transit Accessible Location

This section will examine the findings and relevant results as noted within this section. This section will further link these findings to current literature, noting where these findings contribute to the current literature base, while also highlighting where new and unexplored information arises.

10.6.1 Findings and Relevant Results: Relocating to Transit Accessible Locations

A small number of studies (see for example, Oxley et al., 2011; Burkhardt, 1998; Kostyniuk and Shope, 2003) examine seniors’ perceptions around transit accessible location and the prospects of relocating to a transit accessible location should an older adult cease driving and/or contemplate the cessation of driving. The lack of information on this particular topic is grounded in the fact that the majority of studies (American Association of Retired Persons, 1996) examine declining health as a factor in relocating one’s place of residence, whereby few studies isolate driving as a primary contributing factor in relocating communities in older age. The majority of these studies, which document seniors’ perceptions around driving cessation and relocating one’s place of residence, find that older homeowners enjoy and very much like their current area of residence and wish to remain in their homes and never move (American Association of Retired Persons, 1996). Burkhardt (1998) notes that seniors are unwilling to relocate to a transit accessible location in the likelihood of driving cessation and have never considered it. Burkhardt (1998) finds that 31% of all participants report having lived in their current residence for more than 30 years, and 18% have lived in their homes for 21 to 30 years, and are, further, deeply attached to their communities. As a result of this deep attachment to
one’s community, Burkhardt (1998) finds that almost all senior participants have not considered moving to a transit accessible location to gain better access to transportation.

The works of Kostyniuk and Shope (2003) and Oxley et al. (2011) confirm such findings. Kostyniuk and Shope (2003) demonstrate that 32.9% of the 155 participants share that they would not leave their current area of residence and move somewhere with better public transportation services, even if they perceived they would cease driving within the next 5 years. Kostyniuk and Shope (2003) also note that 31.4% of seniors perceive that they do not know if they would or would not relocate in order to obtain access to public transportation. Kostyniuk and Shope (2003) share that such attitudes are grounded in perceptions around these seniors’ attachment and fondness to their homes, neighborhoods and communities.

Oxley et al. (2011), in examining gender differences in attitudes to and mobility impacts of driving cessation by way of surveying seniors aged 60 years and older in New South Wales and Victoria and the Australian Capital Territory, Australia, finds that fewer than half of all participants perceive that they would move homes for increased mobility and accessibility transportation options. Oxley et al. (2011) does note, however, that 38.8% of older woman are share that should they begin to lose the ability to safely drive they would relocate to a transit accessible location, whereby only 22.9% of senior male participants express such perceptions. According to Oxley et al. (2011), the lack of enthusiasm to relocate to a transit accessible location for mobility purposes stems from these seniors’ attachment to their wider community.

This thesis contributes to our understanding around seniors’ perceptions regarding transit accessible locations following cessation in a number of ways. Primarily, this thesis confirms the above findings, whereby all senior participants share that they would not be willing to relocate to a transit accessible location should they cease driving. As is noted in topics ‘Unwilling to Move to Transit Accessible Locations: Attachment to Home’, Table 10.11, and ‘Unwilling to Move to Transit Accessible Locations: Attachment to Community,’ Table 10.12, all seniors perceive that should they be unable to safely operate an automobile they would not relocate to an area with increased mobility options given their unwavering attachment to one’s home and community. In examining ethnic seniors’ perceptions around this topic, this work also demonstrates that seniors, irrespective of ethnic background, all note that they would “under no circumstance” be willing to move to a transit efficient location should they no longer drive.

It should, however, be noted that seniors’ views as to why they are attached to their homes and communities differ slightly according to ethnicity. For instance, as is noted in the
topic ‘Unwilling to Move to Transit Accessible Locations: Attachment to Home,’ all seniors indicate that they are deeply attached to one’s home and are, therefore, not willing to move homes for increased accessibility to transit. All Asian, South Asian and Caribbean/African seniors express the sentiments that one’s home is more than just a roof over one’s head and is a place filled with cherished family memories. Caucasian seniors further express such sentiments, but to a lesser degree, whereby only 72.7% of Caucasian seniors perceive that one’s home is more than just “bricks and mortar.” For Caucasian seniors, and only these seniors, one may be unwilling to relocate to a transit accessible location should they cease driving given a deep attachment to the various items within their homes, which have often been given to them by loved ones. Lastly, the overwhelming majority of South Asian (90.9%) and majority of Asian (78.7%) seniors share that it is not likely that they would relocate to an area with increased transit accessibility given their current home is their first home since immigration, and therefore a symbol of societal success.

In regards to the topic ‘Unwilling to Move to Transit Accessible Locations: Attachment to Community,’ a similar trend is evident, whereby all seniors, regardless of ethnicity, perceive that they would not “move anywhere else for better transit and mobility” given these seniors’ “love for my community.” However, seniors provide differing reasons as to why they are attached and unwilling to leave one’s community. As is noted in Table 10.12, the great majority of Caribbean/African (94.9%), South Asian (88.6%) and Asian (85.8%) seniors perceive that they would be unwilling to move from one’s community for increased mobility options as their community was the first place to accept them when they were newly arrived immigrants; less than 5% of Caucasian seniors express such thoughts. For almost all Asian (98.4%) and South Asian (90.9%), and the majority of Caribbean/African (69.4%) seniors, one would “never dream of leaving this community” as it provides them with unwavering acceptance as an older adult and “shows deep respect” for its seniors. Not a single Caucasian senior expresses such sentiments. Furthermore, as is noted within this topic, 98.3% of Caucasian seniors share that they would not relocate their area of residences given that one’s community contributes to overall wellbeing in later years, whereby one is able to socialize with old friends and “have someone share in growing old with.” While non-Caucasian seniors further express such perceptions, they do so to a lesser degree, whereby 35.5% of Caribbean/African, 34% of South Asian and 24.4% of Asian seniors perceive that they would not move locations to a transit accessible location as one’s community contributes to overall wellbeing in old age.
Regarding the final topic within this chapter, ‘Unwilling to Move to Move to Transit Accessible Locations: Relocating in Community,’ Table 10.13, this work contributes to the current literature base discussing relocating for mobility purposes as it demonstrates that a small number of seniors may willing to move to a transit accessible location should they cease driving. However, as is noted throughout this topic, these seniors are only willing to consider relocating to a transit accessible location if is within their current community. As is noted in Table 10.13, such perceptions are only shared by Caucasian (19.9%) seniors, and no other group.

In light to the above findings, a number of concluding remarks may be inferred. First, given the above perceptions, it may be suggested that all seniors, regardless of ethnic background, have a strong attachment to one’s home and community. However, given the differences in perceptions regarding this attachment to one’s home and community, it may be noted that such perceptions may be influenced by one’s ethnic background and lived experience. For a number of Asian and South Asian seniors, for example, there is an unwillingness to relocate to a transit accessible location as they would see this as leaving behind the home they first purchased following the immigration process, which demonstrates that these Asian and South Asian seniors “made it as an immigrant.”

Furthermore, it may also be suggested that for these seniors there is trade-off between losing one’s mobility and losing one’s home and community, whereby it appears that these seniors would rather compromise their mobility than leave their home and community.
Chapter 11

Category 6: Seniors’ Perceptions around Licensing Procedure/Policy and Driving Programs

Chapter 11, Category 6, brings together the themes of ‘Licensing Procedures/Policies for Older Drivers’ and ‘Driving Programs.’ In doing so, this chapter highlights the various perceptions around current licensing procedures/policies in British Columbia and Ontario, as well as the current driving programs offered within the two provinces. The themes of ‘Licensing Procedures/Policies for Older Drivers’ and ‘Driving Programs’ are incorporated into one chapter, as each topic documents seniors’ perceptions around the structural aspects – licensing practices and driving programs – of driving in older age. As will be outlined below, sections 11.1-11.1.4 explicitly examine and document seniors’ perceptions around the current licensing procedures/policies legislated within each province. Section 11.2 highlights the relevant findings around participants’ perceptions of licensing practices, which have not been previously explored in literature. Sections 11.3–11.3.4 examine and document seniors’ perceptions of driving programs, whereby section 11.4 links seniors’ perceptions on the topic to those found in current literature, while documenting where different understandings around driving programs, as expressed by participants, arise.

11.1 Licensing Procedures/Policies For Older Drivers

The theme ‘Licensing Procedures/Policies for Older Drivers,’ and each of its 4 topics, draws together differing topics that capture seniors’ perceptions around current licensing procedures/policies pertaining to older drivers in the provinces of British Columbia and Ontario. The first topic ‘Familiarity with Licensing Legislation Pertaining to Older Drivers’ is included within this theme as it addresses whether participants are aware of current licensing procedures/policies within their province of residence. The second topic to be incorporated into this theme is that of ‘Licensing Procedures/Policies as Discriminatory,’ as this topic documents perceptions and feelings regarding whether current licensing procedures/policies are or are not discriminatory forms of policy. ‘Licensing Policy/Testing as Useless and Inadequate’ highlights why a number of seniors perceive current licensing procedures/policy as without use and/or generally ineffective regarding mature driver licensing. The last sub-topic to be addressed within this section is ‘New Licensing Procedures/Policies Needed,’ as this topic documents seniors’ perceptions of the various ways in which current licensing procedures can be improved upon in order to meet their specific needs. Prior to examining the below topics, it should be noted that
following the first topic, ‘Familiarity with Licensing Legislation Pertaining to Older Drivers,’ the current licensing procedures/policies as they exist in each province were explained to the participants, so that they could share their thoughts on licensing procedures from an informed perspective.

11.1.1 Familiarity with Licensing Legislation Pertaining to Older Drivers

During the interview process, seniors are asked about their familiarity with the current licensing policy for older adult drivers as legislated within their respective province. Just over half of all participants are unfamiliar with licensing policy concerning older drivers, while a number of these seniors bashfully admit that they did not know such policy “even existed.” Less than half of all seniors state, though hesitantly, that they “do know some stuff about the licensing rules of older people.” As will be explored below, ethnic differences arise regarding whether seniors are or are not familiar with current driving legislation. Further differences are observed with respect to the various reasons as to why these seniors express or do not express familiarity with driving legislation.

Table 11.1: Prevalence of Seniors Indicating ‘Familiarity with Licensing Legislation Pertaining to Older Drivers’

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<tr>
<td>South Asian</td>
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<td>Caucasian</td>
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<td>Caribbean/African</td>
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<th>sub-topic: completely unaware</th>
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<td>Asian</td>
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<td>South Asian</td>
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Within this work, 41.3% of seniors are familiar with current driving legislation for older adults in the provinces of British Columbia or Ontario. As is noted in Table 11.1, ethnic differences arise regarding “who is in the know and who doesn’t have a clue about this policy.” Seniors who state that they are familiar with current licensing procedures for older drivers are primarily Caucasian. Just over 82% of Caucasian seniors share that they do “indeed know what types of laws are in place for old people drivers,” whereby only 23.6% of Asian, 20.4% of South
Asian and just over 10% of Caribbean/African express any familiarity with licensing legislation. These ethnic differences in awareness regarding driving legislation are further evident in the sub-topic ‘Yes, but Not in Great Detail,’ as is explored below. Furthermore, it should be noted that familiarity with current driving legislation could stem from the fact that a small number of seniors interviewed within this work are over 80 years of age and, thus, have been “subjected to” licensing policy as set by each respective province.

A number of seniors express that they are “aware of what the policies are” around driving requirements for older drivers, but make clear that they are unaware of “what the policies exactly are.” As is noted in sub-topic ‘Yes, but Not in Great Detail,’ Caucasian (77.6%), Asian (22.3%), South Asian (18.1%) and Caribbean/African (10.1%) seniors express that they are aware of current provincial licensing requirements. However, these seniors state that they are only knowledgeable around licensing procedures “thanks to my friend who has taken the test,” and further state that they are not “completely aware of the specific requirements” needed to retain one’s license in older age. As such, these seniors note that they “think I have to take a driving examination of some sort” at the age of 80, although they could not provide any additional information. As one Caucasian senior, who “knows he has to report to the ministry at 80,” shares:

Oh I know about the requirement that you have to go and get re-licensed at 80. I know this because my cousin Alfred told me so. And Alfred is 85. And I also know, because of Alfred, that you have to get tested every 2 years. What is it 2 years? Or is it 3? Anyways, you have to get tested every 2 or 3 years after 80 years so the government still knows you are a good driver at 82 years and 84 years and you get the point. But other than that, I don’t have a clue what the test is about. I know you have a test that makes you identify signs but I don’t know what else you need to be re-licensed. I think Alfred said something about a class, but I don’t remember. I guess I find out when it is my turn.

One Asian male, who is “quickly approaching the Big 8-0,” states:

Well I do know much about the testing for your license when you are old. My friend Michael, who is 80, well he briefly explained it to me last year. So I know at 80 you have to get tested so that you can keep your license. Michael passed his test, and he explained that you go in and just take a test on signs and other things.

It is important to note that not one of these seniors “found out about licensing policy” through official government sources or publications. It seems that for a majority of Caucasian
seniors and a smaller number of Asian, South Asian and Caribbean/African seniors, “my understanding around driving legislation is okay,” but “not perfect” and that the majority of information is derived from informal and/or “casual” conversation with friends and/or family who have taken the examination and/or are nearing “taking the big test.”

The majority of seniors within this study openly admit that they are unaware of the current licensing legislation “put into place for older drivers” by each respective province studied in this thesis, but ethnic differences do arise. As is noted in Table 11.1, close to 90% of all Caribbean/African and just over 75% of Asian and South Asian seniors openly share that they “didn’t know about there being any driving laws at 80 years old.” Less than 20% of Caucasian seniors express similar sentiments.

In identifying with the sub-topic ‘Completely Unaware’ the majority of these Asian, South Asian, Caribbean/African, and Caucasian seniors state that the lack of familiarity regarding licensing legislation stems from the fact that they have never “come across any information telling me about licensing when I am older.” According to these seniors, lack of awareness around such licensing matters is the direct result of the government failing to adequately communicate licensing protocol and legislation to older drivers. Given such “poor showing” on the part of each respective provincial government, these seniors perceive that this is the “reason why” they are unaware of the current licensing practices for mature drivers. One Indian woman, who “is still young but still should know about what to expect with her license,” shares:

I didn’t know you have to get tested at 80. Is this new? Or something that was always there? I never knew about this, no one told me nothing like this. The reason why I don’t know is because the government didn’t say nothing. Because I am older and because the test for me will be such a big deal, or the doctor having my letter signed will be a big thing, the government needs to tell me. I would know if they send me a letter because I always read everything the government says. Everything. I always open the stuff they send me right away and I ask my daughter to read it to me in my language because sometimes I struggle with English.

Furthermore, in discussing sub-topic ‘Completely Unaware,’ each of the seniors share that the provincial government and/or licensing authority should send licensing information to seniors “years before my 80th birthday and in my language” in order to ensure that seniors are not “kept in the dark about these important age things.” This would provide them with the
necessary knowledge about licensing legislation and, therefore, “make sure I am not completely unaware of what the heck I need to do to keep my license.”

Importantly, in reflecting on the sub-topic ‘Completely Unaware,’ these Asian, South Asian, Caribbean/African and Caucasian seniors, further share that it is not “only the government’s fault why I don’t know about licensing in older age,” but also attribute such “blatant unawareness” to the fact they are “unsure of where to find this information.” Thus, these seniors state that even if they “wanted to know more or start learning about driving in old age,” they would “still be completely unaware of these rules and regulations” given that they would not know how and/or where to locate such information.

To exemplify, these seniors wonder whether they may simply call a licensing authority representative and have “the entire process explained to me,” and whether they may request an “information package be sent to me in my mother tongue.” As one Trinidadian male, who had “no idea about getting tested at 80,” states:

I have no idea where to even start looking for this information. None. Can I just request an info package like you can with other things because I don’t have a computer and I have no idea how to even use a computer. I am 72 years old not 17 and I didn’t grow up with a computer, so where do I get this information? This is why I don’t know about this, because I don’t have the right stuff to even start trying to find anything.

11.1.2 Licensing Procedures/Policies as Discriminatory

During the interview process seniors are asked to share their thoughts regarding whether current licensing procedures for older drivers, as set by each province, are believed to be discriminatory. Seniors spoke openly and eagerly about this topic; a number of seniors raised their voices to “get my point across,” while others were much calmer when describing their views on this “very important, but emotional subject matter.” A majority of seniors perceive that current licensing procedures/policies are “open discrimination against us seniors,” while just under half of all participants state otherwise. It should be stated prior to discussing this topic that an overlap exists between those Asian and South Asian seniors who perceive that licensing procedures are and are not discriminatory, as can be seen in Table 11.2. These Asian and South Asian seniors “can see how licensing policy is and is not discriminatory.” Furthermore, ethnic differences in perceptions are evident regarding the reasons provided by seniors regarding their association with this topic.
Approximately 82% of seniors perceive that the current Ontario and British Columbia licensing regime is “very, very discriminatory” against older drivers. As noted in Table 11.2, a significant number of seniors from all ethnic groups identify with this topic, although Caucasian and Caribbean/African seniors more readily express that “the way licensing is today makes it a form of discrimination against old drivers” when compared to their Asian and South Asian counterparts. Close to all Caucasian (98.3%) and Caribbean/African (94.9%) seniors perceive that current licensing policies and procedures are “biased and discriminatory against old people,”
whereas 69.2% of Asian and 59% of South Asian seniors state similar responses. Ethnic differences in perceptions around this topic further arise regarding why these seniors perceive that “indeed, the way things are set up right now around licensing for seniors is a significant form of discrimination that can’t be called something else.” As will be explored below, Caucasian and Caribbean/African seniors define “discrimination in licensing procedures against old people” in terms of ‘Age Based Discrimination,’ as to test seniors based solely on their age is “of course discrimination,” and ‘Cognitive Abilities,’ as “testing only seniors is to call into question our reasoning to be sound as we age.” Furthermore, Asian, South Asian, Caribbean/African and Caucasian seniors all discuss discriminatory licensing procedures as ‘Senior and Ethnic Senior Unfriendly,’ given that they are “not fair or even nice to seniors.”

Caribbean/African and Caucasian seniors who express that licensing procedures for seniors are discriminatory ground such perceptions in the fact that current licensing practices are “based on my old age and nothing else, just age.” As is noted in the sub-topic ‘Age Based Discrimination,’ for 98.3% of Caucasian and 94.9% of Caribbean/African seniors (and no other ethnic groups) licensing procedures are discriminatory as they are age-based, thereby “attacking seniors on their age and not only skill or real ability, just my old age status.” According to these Caribbean/African and Caucasian seniors, age is “just a number that doesn’t show anything about driving.” To exemplify, a Jamaican man loudly states:

What does being 80 have to do with anything? What does age have to do with driving? It doesn’t make sense at all. Can’t you see that? Having a test at 80 doesn’t prove to anyone I am even a good driver. Someone’s old age doesn’t show anything about their driving. It really doesn’t. Age is nothing but a number and you can be a good driver at any age and probably you are a better driver in older age. I mean what does it do? What does getting tested at 80 show? And here in Toronto you don’t even get tested really, you just go to a class and then fill in some questions and you pass. But the question is why old people? Why does the government assume old people need to be tested, why do they just assume that with old age you become a bad driver and need to be tested? Doesn’t make sense and it is all discrimination on age and picking on old people, that is what it is. The government is picking on old people and this is the perfect way to do it, go after their license.

As such, for these Caucasian and Caribbean/African seniors, licensing procedures are “super bad and biased” given that they “test one on age and not their skill-set to properly drive.”
Furthermore, each of these Caribbean/African and Caucasian seniors who discuss the sub-topic ‘Age Based Discrimination’ also note that current licensing procedures are discriminatory as they focus solely “on senior drivers but not other reckless drivers.” These seniors believe that in explicitly targeting older drivers licensing authorities “fail to capture the real bad driver” who “really pose a risk to the roads we all use,” who could be of any age. One Jamaican senior, who believes the entire “licensing regime in Ontario needs to be re-worked,” aggressively shares:

Yes, the entire licensing procedure is based on discrimination. The entire thing is screwy because all it does is seek out older drivers. The policy here [in Ontario] just focuses on senior drivers and starts screening us because we are old, but really when the government does this it misses the bad drivers, the ones that aren’t old and need to get off the road. Really, I believe, deep down inside, that the putting all their effort [government] into making sure us old drivers are tested, they are missing the real point, that bad drivers are the young drivers and they need to focus on them not just old drivers like me.

Thus, as these seniors perceive that licensing procedures “seek out” and “only target” older drivers and not drivers from other age range, it is openly expressed that licensing schemes are discriminatory in nature.

To further exemplify the above point, regarding each Caribbean/African and Caucasian senior describes a “younger person who can’t drive, but is still driving.” One Caucasian senior, who openly shares that “Vancouver [the Vancouver City government] thinks seniors are a burden,” states:

I will never understand why they [referring to government] think age and driving are related. And I will never understand why they [referring to government] think old drivers need to be tested. Why do they think that once someone is older they need to be seen by a doctor and screened? Age doesn’t have anything to do with skill and driving skill, the Vancouver government is all confused. Listen, I have a grandson, who I love very much, and he can’t drive. He is 23 years old and speeds along and doesn’t have regard for no one else on the road and doesn’t even signal or look when he makes a lane change. See what I mean? You think age has anything to do with driving safe, it doesn’t. My grandson drives like a maniac, a crazy person and no one makes him get tested. And the reason why he drives like an insane person is because of his age, younger men drive
like crazies. And no one makes him get tested on his age. But I have to get tested because of my age; that is pure discrimination against seniors, pure and spiteful discrimination. Only the Vancouver government would do something like that.

An Ethiopian senior, who becomes “upset every time I think about how the government treats seniors who drive,” strongly expresses:

It is garbage. This testing for seniors is garbage and who came up with it? I can tell you no senior came up with it. The licensing people think that age can tell you if someone is a good or bad driver. Really? I don’t think so because just knowing someone’s older age can’t. I mean when you ask someone how old they are and they answer you, does that mean you know everything about them based on age. No you don’t, it is impossible to know about them because of their age. So tell me how can the government know if you are a good or bad driver at your older age? I have a cousin, her daughter Cindy can’t drive to save a life and guess how old she is? 46 years old. Cindy is always in accidents, always because she is always asking her mom to bail her out. Does someone say “Hey test Cindy because she is 46 years old and can’t drive?” No, no one says that. But they [referring to government] comes [sic] after seniors and attacks them because they think people in old age can’t drive. There are other ages that can’t drive.

Importantly, in discussing the sub-topic ‘Age Based Discrimination,’ 98.3% of Caucasian and 94.9% of Caribbean/African seniors share that current licensing schemes are without scientific merit. According to these seniors, there is no “scientific proof” that older drivers are unfit when compared to other younger drivers and, thus, this needs to be tested. These seniors openly question whether any scientific and/or medical studies/research clearly and explicitly demonstrate that as one ages their ability to drive safely diminishes. In particular, these seniors question whether an older driver “turns a certain age then becomes a bad driver all of sudden that can be proven with science.”

While each senior recognizes that age does create certain “physical and reasoning challenges,” they state that other age groups are also afflicted with such challenges and that there is no “real confirmation” that such medical problems inflict only seniors. One Jamaican male, who rolls his eyes at the mere mention of licensing procedures, states:

Is there something out there from the medical world that shows that seniors need to be tested and that when we get older and older we are all of a sudden bad drivers? I don’t think there is because it would be all over the news and then the governments can do
worse now and just say “At 70 years old we are taking away seniors’ licenses.” But this is not happening. And I would love to know, just love to know, if there is something that clearly shows, on paper and by the medical world, that older drivers are worse than younger drivers and that is why there is testing. I would like to see something that shows this, because the government doesn’t have any proof that older drivers are bad drivers because of our age. Okay, so yes, I admit it, when you get older your sight goes funny sometimes but so does the vision of younger drivers, so why are they only targeting seniors?

A second perception shared only by Caucasian and Caribbean/African seniors, and no others, is that current licensing procedures are discriminatory as they call into question the cognitive abilities of older driving adults. As is found in Table 11.2, sub-topic ‘Cognitive Abilities,’ just over 13% of Caucasian (13.2%) and Caribbean/African (13.5%) seniors believe that licensing testing requirements “automatically assume that seniors have lost their marbles.” The Caucasian seniors residing in Vancouver state that DriveAble is a cognitive test “designed specifically for older drivers” to ensure their mental functioning is up to par for safe driving. Caucasian and Caribbean/African seniors residing in Toronto express that the current testing procedures assume that mature drivers have “suddenly lost their capacity to recognize driving signs.” These perceptions are further reinforced by the fact that younger drivers are not subject to the same screening procedures as older adults, thereby making clear to these seniors that “licensing authorities believe we are cognitively unfit to drive without any proof.” As one Caucasian woman, who “thankfully” passed her DriveAble examination, shares:

I understand the government is trying to promote safe driving and to keep the roads here in Vancouver safe. I know this. But the way they go about it is all unfair for seniors. When they make us old people go and get tested for driving and to get our licenses renewed I feel like the government is doubting our brain capacity, I feel like they just assume we have lost our ability to reason when we drive. I mean the DriveAble is proof of that because it was brought in for seniors, everyone and every senior knows that. Have you ever heard of a young person getting tested with DriveAble? They haven’t and I even asked my tester if she had ever tested a younger person than me and she said “Oh no, so far I’ve only tested seniors,” which goes to show that the test is for seniors only. And that brings me to my next point why these testing are so unfair towards seniors, because it just assumes that seniors are the only ones with the problems it
doesn’t assume that younger drivers also need to be tested to see if they are sound in their mind. Nope, it just jumps to the ugly conclusion that seniors, because of their age, are losing their minds and that they need to be tested. It is the sad truth. And worse than this, I even know younger people who should be tested for the soundness in their heads by evil DriveAble. My friend Fraser, well her daughter has the beginning of Alzheimer’s and she is only 59 years old, and she hasn’t been hauled in by DriveAble. Now I feel sorry for Fraser, but what shock the government would feel if it knew that younger people were walking around out of their right minds and driving and the only thing the government was doing was targeting seniors.

While the above sub-topics are shared by both Caribbean/African and Caucasian seniors, the third sub-topic ‘Senior and Ethnic Senior Unfriendly’ is identified with by a number of seniors from differing ethnic groups. Table 11.2 demonstrates that licensing procedures are viewed as discriminatory by over half of Asian (56.6%) and South Asian (59%) seniors, and the majority of Caribbean/African (83%) seniors, as they “don’t take into consideration culture.” Just over 34% of Vancouverite Caucasian seniors share that current licensing policies and procedures are “real discriminatory” against older drivers. Prior to examining the following results, it should be noted that Torontonian Caucasian seniors do not identify with this sub-topic, and do not discuss perceptions around discriminatory licensing practices in terms of being senior unfriendly.

Vancouver-based Caucasian, South Asian and Asian seniors, when discussing the sub-topic ‘Senior and Ethnic Unfriendly,’ perceive DriveAble as a licensing procedures that is discriminatory given the fact that one requires “adequate computer skills so that they can pass the test.” According to these Vancouverite participants, many seniors are unfamiliar with the “technical aspects of using a computer” and, thus, believe such mandatory testing requirements “discriminates based on our lack of skills.” As one Caucasian male, who was “forced to take the DriveAble because my neighbor hit my car,” angrily shares:

The whole car incident wasn’t even my fault. And the next thing you know I was dragged into licensing office and they said you need your DriveAble if you ever want your license back. So I took that test, and guess what you have to do? You have to push buttons on a computer. On a computer. Can you believe that? I have never used a computer in my life up until that damn moment. And thank God I passed, I thank God every day. I still don’t know how I did it, no clue. And that Drive whatever it is called, DriveAble that is it.
That DriveAble was my nightmare. And that is the perfect example of discrimination against seniors, the perfect example. Because we all know someone my age can’t use a computer, we didn’t grow up with a computer, and so the first test they come out with for your license is on a computer. If it wasn’t discriminatory well then it would be paper and you would fill it out with a pen, because that is what seniors my age know – pen and paper, not a computer. So if the government says it is not being discriminatory against seniors, that is hogwash and I don’t buy it because they make us do our licensing renewals tests on the computer under certain situations like mine.

These Asian and South Asian seniors further continue that this particular test is not only discriminatory based on the computer skills that are needed, but also given the fact that the DriveAble test can only be completed in English. As one Chinese man, who does not speak English well, states;

I know about this test. I read it in the newspaper and my son said something about it last year to me and how it caused problems with the seniors and the government. But the problem with the test is you need a computer knowledge which I think I don’t have and I don’t think a lot of Chinese senior people have. But the other thing too I was thinking that the test is only in English and that means if I take test I will fail because I can’t speak English well at all and usually my son helps me when I need something in English. I think that this means that I will fail very bad [sic] and also I think this means that it is unfair to Chinese speaking seniors who can’t speak English. It is unfair because it doesn’t give them a chance to pass the test.

As such, for these Asian, Caucasian and South Asian seniors residing in Vancouver and surrounding suburban locations, DriveAble is a discriminatory feature of the current licensing regime as it requires “computer skills which I just don’t seem to have and language skills that I really, really, really don’t have.”

Asian and Caribbean/African Torontonians also perceive that current licensing practices are discriminatory as they “ignore the language barriers that we face on a daily basis.” For these seniors, the current written licensing examination, instituted as part of the Senior Driver Renewal Program, is perceived to not take into consideration the language barriers and literacy abilities of older Asian and Caribbean/African seniors. These seniors note that they do not believe that the written examination can be completed in languages other than English and that
they may not be taken orally. One Korean senior, who believes “that driving testing is important,” states:

Well I know that the government of Ontario is doing the best for our safety. But can I say that I think it is very, very unfair when we can’t take the licensing test in Korean and only in English. That is unfair because it makes sure that certain people like me who can still drive and can still drive good but can’t speak English can’t do a 100% on the test. That is my only problem with the testing, it needs to be more open to other languages and let people write it in their own language that they can understand.

A senior male from St. Lucia, who can only read and write “real good up until the third grade level,” states:

I never had the chance to go to school. Not really, and when I came here I had to get a job and not worry about school. I had a kid and a girl who was going to have another of my baby, so I had to work. I worked in construction, I am a bricklayer. I used to work with all the Italians and Portuguese men back when I first came. I am going to have to take my test in 2 years [referring to the written examination] and I can’t really read or write that well. That is what I am trying to tell you, the test doesn’t really think about that. What if you can drive and know everything but you can’t read and can’t do the test because of it? Then you fail and you can’t have your license. When you ask me if the test is discriminatory that is what I think. It discriminates against people like me who just can’t read and write super good. I also suspect that is probably the same for other seniors my age or ones that doesn’t speak English properly [sic].

Furthermore, these Asian and Caribbean/African Torontonians perceive that current licensing procedures are discriminatory in nature, as the group education sessions do not take the specific driving needs of older ethnic adults into consideration. As group education sessions are only offered in English, some Asian and Caribbean/African seniors perceive that they would be unable to follow what is said during the classes and, thus, would feel uncomfortable and “unwanted by the teacher and the others in the class.” In short, these Asian and Caribbean/African seniors perceive that they would be discriminated against when attending such classes given that English is not their first language. In addition, these seniors perceive that group education sessions would not take into consideration the cultural characteristics of ethnic seniors and, thus, present a simple and generalized overview of driving in older age. One
Ethiopian male, who “will never understand why seniors need to be tested to prove they are good drivers,” states:

I know all about getting tested for your driving once you turn 80 years old here in Toronto because my best friend Joan just went through it. And he said it was a nightmare. I mean he said that the test was only in English [referring to the written test] and Joan could barely speak English and he struggled with the test. Joan thinks the teacher only passed him because he couldn’t speak English and felt sorry for him. And then Joan even told me about group classes before the exam, and he said the teacher only spoke to the white people in the class and didn’t relate to why Joan needed to keep driving at his age. Joan is 80 and is raising his daughter’s kids, so the poor man needs to drive. Basically, the entire program doesn’t think about our African culture and why we might need the car and keep our licenses because we help with our families so much.

The last sub-topic ‘Licensing Policy as Racist and Discriminatory’ is only identified with by a small number of Caribbean/African seniors. According to just over 10% of all Caribbean/African seniors, current licensing “rules and regulation made up for seniors” are “to tell you the truth racist.” For these seniors, the language barriers and cultural insensitivity of the licensing policies and procedures “works to make sure black seniors have a hard time passing these tests to get their licenses.” These seniors believe that the current licensing schemes are made for and designed by “white people” and thus can only be properly “completed by white seniors who have no trouble reading and relating to these tests.” To highlight further, one Jamaican man, who “knows these tests aren’t for coloured people like me,” openly shares:

The test that you have to take at 80 is racist and discriminatory. It is both things. It is both things because they aren’t made of people like me. They [referring to the Ontario government] can’t take tests as easily or read like white and that is how they laws and rules around driving in old age is discriminatory against old black men, it is racist. And let me tell you if the tests weren’t racist and based on all sorts of discrimination then you could take the test in your language and even just answer without having to read anything. But you can’t and I know these tests aren’t made by no black man because if they were you would know they would make sure all people can pass, not just older white men and women. That is why I think these tests are discriminatory and racist and really any test for seniors is racist against seniors of colour.
As is noted in Table 11.2, just under half of all seniors – 47.2% -- perceive that current licensing policy and procedures “are just fine the way they are and aren’t discriminatory.” Those that express this view are overwhelmingly seniors from the Asian and South Asian community; 96% of Asian and 88.6% of South Asian seniors express such thoughts. Less than a handful of Caucasian (1.6%) and Caribbean/African (5%) seniors note that “licensing rules aren’t discriminatory, I wouldn’t say they are.” As will be noted below, the Asian, South Asian, Caucasian, and Caribbean/African seniors, albeit to differing degrees, that do believe that current licensing policies are not a discriminatory act believe that ‘Licensing Procedures are Needed’ to keep the “roads safe from bad old drivers,” and because ‘Other Age Groups Get Tested’ and, thus, it is not only seniors who are “subjected to age based testing.”

Regarding the sub-topic ‘Licensing Procedures Needed,’ it is perceived by seniors that current licensing practices are not discriminatory, as they “are needed to keep the roads and sidewalks safe from bad drivers.” For a great number of Asian (96%) and South Asian (88.6%) seniors and a small number of Caribbean/African (5%) and Caucasian (1.6%) seniors, each respective government is ensuring that older drivers maintain the necessary level of fitness and skill needed to safely operate an automobile through testing requirements “that seniors are presently asked to do.” These seniors note that licensing procedures are necessary and fair, as “it is true that sometimes older drivers have problems and need to be tested for or need to be told they have.” ‘Problems,’ according to these seniors, constitute physical and cognitive inabilities that “do happen to seniors, and probably very often.” Each provincial licensing body, by “making seniors get the test” is perceived as working to ensure that older drivers are not driving when they “can’t because their health is bad.” As one Chinese woman, who believes the “government has the right to make the laws around driving,” shares:

It is only unfair to seniors if there is no purpose to the law. If the Vancouver government only made us get the form signed by the doctor just because it wants to annoy old drivers then that is discrimination. There is a purpose [2 minute pause], a good purpose and that is to keep old people safe when they drive and because, like I say, the purpose and the need is there it is fair to have the paper signed by the doctor.

Furthermore, in discussing the sub-topic ‘Licensing Procedures Needed,’ these seniors perceive that “making seniors get tested at 80 years isn’t discrimination,” given that it is a licensing policy and procedure that is needed as the “government has to start somewhere to keep our roads safe.” Each of these seniors share that if each respective licensing authority
believes that 80 is the appropriate age in which seniors should begin screening examinations then it must be because the “government knows when drivers hit a certain age where they become a bit unsteady in their health and need to be tested for safe driving.” As one Caucasian woman, who believes that it would be “foolish not have any testing,” shares:

> We need some sort of test for our license in place. I think it is a good thing, and why would it be discriminatory? Why? Really it is only unfair to seniors if we didn’t need it and we do need to have some test because some seniors aren’t good drivers and need to be taken off the road. I am not saying all seniors, just some who have, oh I don’t know, memory loss need to stop driving and at least some test in place will help get them off the road.

As such, these Asian, South Asian, Caucasian and Caribbean/African seniors believe that “getting tested at 80” is a policy implemented to keep “everyone safe, including seniors” rather than a discriminatory act implemented by the provincial government.

All seniors who express that the current licensing regime for older drivers is “not one bit discriminatory,” ground such perceptions in the fact that other age cohorts are tested on their driving ability and skills and it is not only seniors “who have to show they can drive.” In discussing the sub-topic ‘Other Age Groups Get Tested,’ 96% of Asian, 88.6% of South Asian, 5% of Caribbean/African and 1.6% of Caucasian seniors express that current licensing schemes for older drivers are not biased, as younger drivers are also subjected to testing. For these seniors, discrimination would occur if only seniors and no other age group are screened for their driving ability. While these seniors note that younger drivers are required to undergo testing for different reasons when compared to older drivers, the former group is still subject to age-based testing to evaluate their driving abilities. As these seniors note, as long as the government is aware of the “dangers that other drivers pose” and implement testing requirements to ensure that “the bad apples of the young age group are caught,” then licensing procedures pertaining to older drivers are not unfair. As one Chinese male, who believes it is very important to have licensing screening requirements for older drivers, openly expresses:

> It is only going against seniors [referring to licensing procedures] if the government just made up these laws for seniors and just said “Well only seniors need to be tested and no one else, because we are just going to pick on seniors.” That is when it is unfair, when the government doesn’t make other people get tested for their driving and only old people, but that is not true because young drivers are also getting tested and I think
their testing is harder than old people. So see? There is no discrimination, so you can’t just say there is.

11.1.3 Licensing Policy/Testing as Useless and Inadequate

During the one-on-one interviews, a number of seniors spoke about the “uselessness” of the current licensing/testing procedures for older adult drivers. For these seniors, current licensing policy/testing are “not only useless but are also seriously inadequate.” As no senior within this work noted that current licensing procedures are adequate and useful, ethnic differences in perceptions do not arise regarding a positive and/or negative association with this topic. Ethnic differences do arise, however, regarding the particular reasons as to why such seniors perceive licensing policy to be “utterly without any use.”

Table 11.3: Prevalence of Seniors Indicating ‘Licensing Policy/Testing as Useless and Inadequate’

<table>
<thead>
<tr>
<th>Licensing Policy/Testing as Useless and Inadequate (n=147, 41.8%)</th>
<th>Positive Association (n=147, 41.8%)</th>
<th>Negative Association (n=0, 0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asian 6 4.7%</td>
<td>Asian 0 0%</td>
</tr>
<tr>
<td></td>
<td>South Asian 9 20.4%</td>
<td>South Asian 0 0%</td>
</tr>
<tr>
<td></td>
<td>Caucasian 96 79.3%</td>
<td>Caucasian 0 0%</td>
</tr>
<tr>
<td></td>
<td>Caribbean/African 36 61%</td>
<td>Caribbean/African 0 0%</td>
</tr>
</tbody>
</table>

Sub-topic: Accurately Screen for Unsafe Drivers

|                                                               | Asian 0 0%                        |
|                                                               | South Asian 0 0%                  |
|                                                               | Caucasian 96 79.3%                |
|                                                               | Caribbean/African 36 61%          |

Sub-topic: Does Not Teach Anything

|                                                               | Asian 0 0%                        |
|                                                               | South Asian 0 0%                  |
|                                                               | Caucasian 96 79.3%                |
|                                                               | Caribbean/African 36 61%          |

Sub-topic: Does Not Intend to Fail Older Drivers

|                                                               | Asian 6 4.7%                      |
|                                                               | South Asian 9 20.4%               |
|                                                               | Caucasian 0 0%                    |
|                                                               | Caribbean/African 0 0%            |
As is noted in the introduction of this topic and as is evident in Table 11.3, just under half – 41.8% – of all seniors perceive that current licensing procedures are “good for nothing.” Ethnic differences regarding such perceptions do arise, whereby close to 80% of Caucasian seniors and just over 60% of Caribbean/African seniors express such perceptions. A smaller number of South Asian (20.4%) and Asian (4.7%) seniors also note that licensing procedures for older adults “are somewhat silly and don’t do what they should do.” As will be discussed further below, ethnic differences not only arise in relation to who identifies with this topic, but also with respect to why these seniors believe licensing policy is “no good and a useless bad joke.” In discussing the “uselessness” of licensing policy, Caucasian and Caribbean/African seniors describe that licensing policies “are as useful as a door without a handle,” as they do not ‘Accurately Screen for Unsafe Drivers’ and ‘Does Not Teach Anything. Asian and South Asian seniors, however, state that licensing policy ‘Does Not Intend to Fail Older Adults,’ but is rather designed to ensure older drivers are re-licensed.

For a number of Caucasian and Caribbean/African seniors licensing policy/testing is currently implemented, and a “bad joke because it is so worthless,” as it fails to screen for unsafe drivers. As is noted in Table 11.3, sub-topic ‘Accurately Screen for Unsafe Drivers,’ only Caucasian (79.3%) and Caribbean/African (61%) seniors, but no others, express such perceptions. According to these Caucasian and Caribbean/African seniors, policy/testing that is currently being enforced is too lax to “actually detect bad drivers and just pointless to have.” These Caucasian and Caribbean/African perceive that licensing policy/testing fails “miserably” at ensuring that unfit drivers are forced to cease driving and, thus, fails to keep “our roads safe from bad drivers.” Given the inadequacies of such policies/tests, these seniors believe that there “is no point of having them” and, that they are forms of “policy discrimination against seniors.” One Vancouverite Caucasian male, who links the “inadequate driving test” to “sheer discrimination,” notes:

There is no testing. All you do is have your doctor sign your forms and away they go. What kind of screening is that? It doesn’t do anything. I mean, if the government really cared about getting older drivers off the road, I mean older bad drivers, shouldn’t there be a test. I mean everyone is saying this about old drivers and how we should not drive, but the government itself doesn’t do anything. And like I keep telling you, having these useless tests that don’t show if I know the difference between a red light or a purple
light is all because the government is ageist. What other reason can you give me why we have these tests?

Similarly, a Jamaican man, who has just passed his re-licensing examination, shares:

Oh I never thought it would end. It was such a bore and so bloody easy. It was a joke and I see why it is useless. I mean they give you a written test and ask you to identify a stop sign. Someone who hasn’t driven a mile in their life can figure it all out. The test doesn’t do anything. How do you know if someone is bad drivers? [sic] You never test their driving skills, you just want to know if they know what a stop sign looks like. I mean we have some drivers that need to get off the road and news always talks about bad old drivers, and then you have a government that doesn’t do anything. I mean why have them? Isn’t that the stupidest thing you ever heard? Have a test that doesn’t even do anything? I stand by what I said before, because the test doesn’t actually catch bad drivers and because of it the government forces it, it is all discrimination.

A second perception shared only by Caribbean/African and Caucasian seniors, but no other ethnic group, is evident in sub-topic ‘Does Not Teach Anything.’ For 79.3% of Caucasian seniors and 61% of Caribbean/African seniors, such licensing policy/testing is “beyond useless and a waste of taxpayer’s money” given that such policy/testing does not provide “older drivers with the right information about safe driving, like at night, or to cease driving.” As these seniors note, if the government insists on “forcing these testing’s down the throats of old people,” they should be “done properly and be useful.” According to these Caribbean/African and Caucasian seniors, “useful” is defined by providing older drivers with adequate advice and guidance in making decisions regarding safe and defensive driving in later years and “advice” on driving cessation. As one Trinidadian male, who thinks “getting relicensed is as easy as opening a box of cereal,” states:

There is no doubt in mind that all this licensing and running through hoops that this Ontario government has us older fold doing is discrimination. Oh and it is also racist, like I said before. But if the government isn’t going to back down and they are going to force our hand in taking the test, then the stupid test should be at least worth it. I mean in Toronto, I am 81 so I know, you go and do a class and they talk about nothing relevant. Nothing. I would think if they really want it to be useful and actually make sure the roads are safe they should say in class “Okay listen some of you need to stop driving, so let’s say why and here are a list of your options how to get around after you stop” and
so on. All I am saying, if these tests are going to be there at least make them something worth it. Heck, people won’t even think they are racist against seniors if the testing had some sort of purpose.

Importantly, however, each of these Caucasian and Caribbean/African seniors make clear “that if these tests are useful and actually teach us about safe driving or not driving, it is up to the senior, like me, to make the final decision.”

For the small number of Asian and South Asian seniors, and only these ethnic groups, it is perceived that licensing policy/testing ‘Does Not Intend to Fail Older Drivers’ and, therefore, is “supposed to be useless.” As odd as such expressions may sound, these 4.7% of Asian and 20.4% of South Asian seniors provide a thorough explanation. According to these seniors, when reflecting in the sub-topic ‘Does Not Intend to Fail Older Drivers,’ licensing policy/testing is purposefully designed to be “easy” and “ensure the majority of seniors pass” as the government is aware of the negative consequences should seniors be forced to relinquish their license. Furthermore, each of these seniors note that the governments of Ontario and British Columbia are “completely aware” that they do not have the resources to provide adequate mobility for seniors should they be forced to cease driving. As such, governments who find themselves in “a bind” and between “a rock and a hard place” design licensing schemes to ensure that seniors remain driving while “hoping that bad senior drivers don’t seriously hurt anyone” in the wider community, and that one’s family will “step in and fix the problem.” One Chinese man, who expresses sympathy for the Ontario government, notes:

Well what is the government going to do? They know that they need to keep seniors moving or else it is bad for all of society. So what do they [government] do? They make the tests so easy so that no one fails and seniors don’t have to be stuck at home. It is probably not safe, but what can they do. I think the government is stuck and unsure of what to do with seniors who can’t drive or don’t want to drive anymore.

11.1.4 New Licensing Procedures/Policies Needed

In light of the above, it is not surprising that seniors, regardless of ethnicity, perceive that new licensing procedures pertaining to mature drivers are “desperately needed.” In fact, all seniors perceive that new licensing procedures are needed. Seniors discussed this topic at great length; for example, 2 senior interviewees spend over 30 minutes sharing why “the entire
licensing system needs to be improved." While all seniors note “our licensing policy can be tweaked a bit,” ethnic differences in perceptions do arise.

Table 11.4: Prevalence of Seniors Indicating ‘New Licensing Procedures/Policies Needed

<table>
<thead>
<tr>
<th>Positive Association (n=351, 100%)</th>
<th>Negative Association (n=0, 0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian 127 100%</td>
<td>Asian 0 0%</td>
</tr>
<tr>
<td>South Asian 44 100%</td>
<td>South Asian 0 0%</td>
</tr>
<tr>
<td>Caucasian 121 100%</td>
<td>Caucasian 0 0%</td>
</tr>
<tr>
<td>Caribbean/African 59 100%</td>
<td>Caribbean/African 0 0%</td>
</tr>
</tbody>
</table>

**Sub-topic: Accessible Licensing Information and Policy**

| Asian 127 100% |
| South Asian 44 100% |
| Caucasian 121 100% |
| Caribbean/African 59 100% |

**Sub-topic: Ethnically Accessible Licensing Information and Policy**

| Asian 123 96.8% |
| South Asian 43 97.7% |
| Caucasian 0 0% |
| Caribbean/African 51 86.4% |

**Sub-topic: Reflect the Skills of Seniors**

| Asian 10 7.8% |
| South Asian 0 0% |
| Caucasian 55 45.5% |
| Caribbean/African 45 76.2% |

**Sub-topic: Age Based Testing**

| Asian 0 0% |
| South Asian 0 0% |
| Caucasian 102 84.2% |
| Caribbean/African 58 98.3% |

As is noted in the introduction to this topic, all seniors, regardless of ethnic background, perceive that new licensing procedures/policies pertaining to older driving adults are needed. In general, as will be explored below and as is noted in each corresponding sub-topic, ethnic differences in perceptions exist, with the exception of the first sub-topic, ‘Accessible Licensing Information and Policy.’ In reflecting on the topic of licensing procedures/policies, all seniors note that “new driving policy” should include ‘Accessible Licensing Information and Policy.’ Only
Asian and South Asian seniors, however, perceive that “what you really need” to improve licensing policy is ‘Ethnically Accessible Licensing Information and Policy.’ For a majority of Caucasian and Caribbean/African seniors and a small number of Asian seniors, new licensing policy/procedures should ‘Reflect the Skills of Seniors.’ The last difference in ethnic perception emerges regarding ‘Age Based Testing’; almost all Caucasian and Caribbean/African seniors believe that licensing procedures should “test everyone, at every age and not just seniors.”

Regardless of ethnicity, all Asian, South Asian, Caucasian and Caribbean/African seniors perceive that “all and any information,” regarding licensing procedure, as is evident in the sub-topic ‘Accessible Licensing Information and Policy,’ Table 11.4, must be presented in a manner that “us old people are comfortable in using and getting to access.” Such forums and “easy access to information” include documentation written in “simple and easy words, so that we don’t have to guess at what they are trying to say about licensing for old driver.” For each senior, accessible licensing information does not include “on the computer kinda of information about my license,” as these seniors do not have access and/or own to a computer and do not have “the knowledge on how to use the computer and the different things you need to do on it” and “can’t read off a screen because I never learned how to and am not used to it.” Furthermore, according to all Caucasian, South Asian, Asian and Caribbean/African seniors, accessibility of information relating to licensing procedures includes ensuring that information is “located in places where seniors go,” such as community centres and doctors’ offices, so that “I can easily pick it up on my way in or out and it is right there so no searching.”

To exemplify the sub-topic ‘Accessible Licensing Information and Policy,’ one Asian male, who would like to “know the complete details of the licensing laws,” states:

“The information needs to be fully there for old drivers to know. That is the one problem I can see with the way things are for seniors drivers and their relationship with the government. We can’t see the laws and how things work. I would just say one thing. The one thing is to have information that we can read or find easily. I know my grandson, Nico, just uses the computer to find information for me, but can’t always do that because he not always at my house. I need to find information by myself and I don’t have [a] computer at my house. I need to have it on paper and be able to get it at the Chinese senior community centre, and I go there 4 or 5 times a week. That is all I have to say, make the laws in writing and make them at the community centre so I can get them. And even my friends want them and they go to the community centre.
In addition, and importantly in discussing the sub-topic ‘Accessible Licensing Information and Policy,’ each of these seniors see having a “proactive government that makes this info accessible to us” as key to improving licensing procedures. According to all seniors, this entails that each respective government send older drivers licensing information “a number of years prior to my 80th birthday and not just a few months before.” For these Asian, South Asian, Caucasian and Caribbean/African seniors, the government should send licensing information “right at my doorstep and I don’t have to search for it.” Interestingly, each seniors further states that should the government send them licensing information directly they would be more likely to read it, and not have an “excuse of not knowing what the licensing procedures are for old drivers like me.”

In discussing the sub-topic ‘Accessible Licensing Information and Policy,’ one Caucasian senior, who “had no clue that you had to get tested at 80 years old,” states:

Well I would like to see a few changes made when it comes to licensing procedures. But one of the first things I could say is that because this information is so important the government should send old drivers the licensing information a year or 2 before we turn 80. I think this will make the entire information intake process more accessible for seniors because you know it is brought right to your front door and I also think seniors are gonna read mail sent to them by the government. You always open stuff from the government, you do because you never know what it is and it could be important. Also, I really think this will make things easier on older people because you don’t have to go looking for the information directly. It just makes things so much easier. I would go get it [referring to licensing information] at a community centre and my doctor’s office because they are both close by, but I don’t know if every senior will go get this. I think some seniors would fear that others could see them grabbing this information or walking around with the info and then they would be judged or at least asked a million questions if they are scared about driving in old age.

While all seniors perceive that information pertaining to new licensing procedures must be formatted and presented in a senior-specific and accessible forum, the majority of non-Caucasian seniors perceive that a “good improvement to any new licensing procedure is to make it ethnically accessible.” As can be noted in Table 11.4, sub-topic ‘Ethnically Accessible Licensing Information and Policy,’ the majority of Asian (96.8%), South Asian (97.7%) and Caribbean/African (86.4%) seniors perceive that licensing procedure information must be
presented in a variety of languages other than English, thereby making it accessible to all seniors regardless of “what language I feel best to talk in and read in.” One Korean woman, who believed before the interview process that senior licensing testing “started at 85 years old,” states:

I think, if I can say, to make things around the licensing process easy for seniors who can’t do well in speaking English, the information needs to be in different languages. I can have my grandkids read the information to me, but I think it is easier for me to read it in Korean so then I can really get it and go back and read it many times if I have to or if I forget something.

Reflecting on the sub-topic ‘Ethnically Accessible Licensing Information and Policy,’ a great number of Asian and Caribbean/African seniors living in Toronto believe that new licensing procedures and policy should include Senior Driver Renewal Programs that are culturally sensitive, meaning that classes are held specifically for ethnic seniors and class instructors are fluent in the language of class participants. Such “cultural modifications to the licensing policy” would make ethnic seniors more comfortable discussing and learning about driving and “even driving cessation.” One Chinese male, who “likes the policies for older drivers” but thinks “small improvements can be made,” states:

For me, I just think that the classes you are talking about [the Senior Driver Renewal Program], those can be taught in Mandarin. That would make me more comfortable because sometimes I struggle with English, and really have a hard time when people are speaking so fast. And I think I would be a small bit shy to talk about driving with other people that aren’t Mandarin speaking because I am afraid they won’t really understand me. That is something the government can do, make the classes in Mandarin.

As such, for these Asian and Caribbean/African seniors, licensing renewal programs that deliver driving information in a culturally specific and sensitive manner are perceived as necessary to make licensing procedures/policy in Ontario “more easy for us who aren’t, you know, Caucasian, to understand the information what is going on about our license.”

Regarding the third sub-topic, ‘Reflect the Skills of Seniors,’ a number of seniors perceive that new licensing procedures must take into “consideration the skill-set, whatever that is, of old people, old people like me.” Such thoughts are expressed by the majority of Caribbean/African (76.2%) seniors, just under half of all Caucasian (45.5%) seniors and a small
number of Asian (7.8%) seniors. Interestingly, not one South Asian senior expresses perceptions around licensing procedures and the skill-set of older drivers. For these seniors, skill-sets and “my abilities” include language, literacy ability and “computer knowledge and skills.”

Torontonian Caribbean/African and Asian seniors who identify with the sub-topic ‘Reflect the Skills of Seniors’ perceive that licensing procedures and, in particular, licensing examinations must be provided in languages other than English, thus ensuring that ethnic seniors whose mother tongue is not English are provided the “same chances as passing as other seniors who take the same test.” As one Toronto Japanese male who “will struggle on the exam where you have to write” boldly states:

I think the licensing tests here are very good and very important to have. I know seniors can sometimes be very bad, bad drivers. I say that the city make[s] the test where you have to write the answers and know the signs, [should] make them in Japanese so that I don’t fail. And so that my friends and wife who don’t speak English very good don’t fail. That is what they can do make the licensing test a lot easier for seniors like me and wife and even my friends. And the language thing is what I mean when I start talking about making new policies in licensing.

Furthermore, these non-Caucasian Toronto seniors share that the “written licensing examination component on the signs” must be “reconsidered and redesigned” to better reflect the literacy abilities of these seniors. These Caribbean/African and Asian seniors readily note that they may struggle with the literacy component of the written examination, as “I never really learned how to read so good in English.” As such, Caribbean/African and Asian seniors believe that the Ontario government may want to consider orally administering the written components of the licensing examination process for older drivers who “just can’t read and write like a pro or expected to pass the exams.” An oral examination would ensure that they “have an equal playing field and can pass the test” and take away the “fear that I will fail because I can’t write a test in English.” In capturing the above, a Jamaican woman, who is “concerned about passing the writing part of the re-licensing test,” states:

Well as a girl I didn’t really learn to read in Jamaica. And I came here at 10 years old and maybe had a few years of formal school but then I went to work because I had Peter and, well, you know how it is. Once you have kids it is so much harder to go back to school. I am going to make one suggestion for the government about licensing tests. I think the written test should be oral and where someone asks you questions, reads you
the answer, and you pick the answer. I think this makes the testing fair for everyone. And even white people can take the test like this. Otherwise, if you don’t do it like this and people can’t read, well more ethnic people like me can’t read, and then you can’t pass unless you are white and I think most white people can read. And that makes the test a little bit racist, so I think you can solve this by making the test oral. And there you go, it is not a racist test anymore because we [seniors who can drive] can pass.

Vancouverite Caucasian and Asian seniors, who identify with this third sub-topic, discuss new licensing procedures in terms of the DriveAble examination and the perceived “computer knowledge a senior has to have to pass the test.” According to these seniors, new licensing procedures must include licensing testing requirements that are not computer specific as many seniors perceive themselves to be “absolutely computer illiterate, and dare I say, stupid.” Each Vancouverite Caucasian and Asian senior states that should they be forced to take the DriveAble examination, they believe they would likely fail given that they are unfamiliar with how to use a computer, a fact “that makes the computer test not fair for us.” As one Caucasian woman, who has a friend “that failed that test, that computer one,” states:

A new licensing procedure? Well [3 minute pause], I will say that maybe they should consider changing how the testing for DriveAble is done. Seniors my age, and I am 76, can’t really use a computer. I never learned so if I had to take the computer test tomorrow I would fail. I really think it should be the same test but a different format, one that I can do, like pen and paper tests. I learned pen and paper growing up in school, not computers. Computers are a new generation thing. I think the government needs to really think about this when they bring in licensing test for seniors, what seniors can and can’t do and what we are used to when it comes to tests, especially when we are dealing with testing seniors for their license. So that is the only thing I have to say on new licensing ways.

These Caucasian and Asian seniors, thus, recommend that DriveAble be made into a written test, a form of testing these seniors would be most comfortable with should “I ever have to take that awfully mean sounding test.”

As seen in the Topic 11.1.2 ‘Licensing Procedure as Discriminatory,’ a number of Caucasian and Caribbean/African seniors, and only these seniors, express that the current age-based licensing examination as implemented in each respective province is “extremely” discriminatory. It is, therefore, not surprising that with the present topic ‘New Licensing
Procedures/Polices Needed,’ sub-topic ‘Age Based Testing,’ the majority of Caucasian (84.2%) seniors and almost all Caribbean/African (98.3%) seniors perceive that new licensing procedures should eradicate and “get rid of” age-based licensing testing for seniors “immediately.” As is noted in Table 11.4, sub-topic ‘Age Based testing,’ only Caucasian and Caribbean/African seniors express such beliefs. For these seniors, “mandatory testing for everyone” ensures that drivers are examined on their driving skills only, and not their age, and seniors will no longer “feel like they are being singled out by the feds [referring to federal government]” and discriminated against. Furthermore, each of these Caribbean/African and Caucasian seniors perceive that licensing examinations “given to all drivers makes sure that drivers with no ability to drive anymore are found out” prior to the mandatory testing age of 80 years, thus making the “roads and highways safer for everyone.”

Interestingly, these Caribbean/African and Caucasian seniors go as far as to offer a timeframe in which mandatory licensing testing should be administered: “Every 5 to 10 years would be a perfect time and a good idea.” As one Caucasian male, who will never “know why seniors have to be tested to prove that they are the best kind of driver,” states:

“I have a very strong opinion of what needs to happen about new licensing policy and procedures. First and foremost, the one thing that should happen is get rid of this age-based garbage, making seniors get tested at 80. That is discrimination. What should happen is to make everyone, all drivers, get tested every, oh I don’t know, maybe every 5 years so that you know who is a good and bad driver based on facts and not just assuming age. Also, if the government had half a brain they would know that testing all drivers at least every once in a while would make sure that drivers, and I am not saying old drivers but all drivers, who have problems will be caught and forced to stop driving. That is what should happen, stop testing seniors because they have the age 80 on their licenses, test everyone.

11.2 Findings and Relevant Results: Licensing Procedures/Policies For Older Drivers

This section will bring together relevant findings and results from the theme ‘Licensing Procedures/Policies for Older Drivers.’ As will be noted below, ethnic seniors’ perceptions around licensing procedures/policies for older drivers have not been explored in previous literature. Therefore, findings reported here are unique and new as they bring to light how
seniors from differing ethnic backgrounds perceive licensing procedures pertaining to mature drivers.

### 11.2.1 Findings and Relevant Results: Seniors’ Familiarity with Provincial Licensing Procedures

Regarding the first topic ‘Familiarity with Licensing Legislation Pertaining to Older Drivers,’ this thesis brings to light that the majority of participants are “out of the loop” regarding current driving legislation. As is noted in Table 11.1, over 58% of seniors are unfamiliar with licensing procedures/policies, whereas 41.3% state that they “know about what the laws are around licensing for old drivers.” Seniors who share that they are unfamiliar with licensing procedures/policies are, in general, non-Caucasian. For instance, as is noted in Table 11.1, 82.6% of Caucasian seniors are familiar with licensing procedures, which may be directly compared to the 89.9% of Caribbean/African seniors who “have no clue about what the laws and rules really are.” However, it should be noted that while the majority of Caucasian seniors within this work share that they are familiar with current driving legislation, they openly admit that they are “unfamiliar with the complete laws, but have a general idea that I need to get tested at 80.”

The above comments may indicate a number of findings. First, given that the majority of seniors “don’t know about no licensing laws” and/or “know about certain rules, but couldn’t explain them really well” may signal that each provincial government is not openly and/or clearly communicating with seniors what the current licensing procedures/policies are regarding driving in older age. The “lack of knowledge that most seniors probably don’t have around licensing” may also suggest that each provincial government may not be “making this information senior accessible” in a manner that seniors are most comfortable understanding. Furthermore, the fact that that the majority of Asian, South Asian and Caribbean/African seniors are “in the complete dark” around current licensing legislation may suggest that the provincial government(s) is not communicating licensing policy in a forum that is accessible (i.e. language, distributing written information at community centres) for non-Caucasian seniors.

### 11.2.2 Findings and Relevant Results: Discriminatory Licensing Procedures/Polices

A second important issue is seniors’ perceptions around discriminatory licensing procedures and policies pertaining to older drivers in the provinces of Ontario and British Columbia. In discussing “discrimination through licensing practices,” the overwhelming majority of seniors perceive that current licensing practices of each provincial government are
discriminatory. As is noted in the second topic ‘Licensing Procedures/Policies as Discriminatory,’ Table 11.2, over 82% of seniors perceive licensing procedures/policies to be discriminatory. However, an ethnic divide in perceptions is evident, given that almost all Caucasian and Caribbean/African seniors express that “for sure that these laws are against older drivers, no doubt about it.” This can be directly compared to the majority of Asian and South Asian seniors who express that “well, driving legislation today is both a form of discrimination and not a form of discrimination.”

Moreover, an ethnic division in perceptions is most clear regarding the particular reasons provided by these seniors as to why they believe current licensing policy to be or not be a discriminatory “piece of legislation written in the books.” As is noted in topic ‘Licensing Procedures/Policies as Discriminatory,’ sub-topic ‘Age Based Discrimination,’ almost all Caucasian (98.3%) and Caribbean/African (94.9%) seniors, and no other ethnicities, express that current licensing policies are discriminatory as such procedures/policies test “only my age status” without scientific and/or medical merit and “overlooks other reckless drivers and even, the worst, younger reckless drivers.” To a smaller degree, only Caucasian (13.2%) and Caribbean/African (13.5%) seniors, as is discussed in sub-topic ‘Cognitive Abilities,’ Table 11.2, perceive that licensing procedures/policies “are biased against seniors because they call into question our mental capacity, saying that we can’t decide if we are safe drivers or not.”

In light of the above, as is noted in throughout the topic ‘Licensing Procedures/Policies as Discriminatory,’ a number of seniors also state why they “don’t have a problem with the licensing laws and I don’t think they are discrimination.” As is noted in Table 11.2, for almost all Asian (96%) seniors, the majority of South Asian (88.6%) seniors, and a small number of Caribbean/African (5%) and Caucasian (1.6%) seniors, it is perceived that licensing procedures are not discriminatory and, importantly, do not “pick on seniors because of their age” given that licensing procedures are needed to ensure roadway safety and “don’t forget that younger people get tested too, to show they have driving skills.”

Given the above comments, a number of conclusions may be drawn. First, it may be suggested that Asian and South Asian seniors hold a different understanding regarding what constitutes discriminatory licensing policy pertaining to older drivers then their Caucasian and Caribbean/African counterparts. South Asian and Asian seniors do not feel current licensing policy to be a form of discrimination, while almost all Caucasian and Caribbean/African seniors do. Furthermore, given that Asian and South Asian seniors overwhelmingly share that current
licensing procedures/policies are not discriminatory as long as they “make sure the roads are safe,” it may be inferred that differences in understanding around discriminatory licensing practices exist. It may also be suggested that there are ethnic differences in interpretations as to why licensing procedures/policies are designed and implemented in their current form. This may be noted given that, as is evident above, the majority of South Asians and Asians interpret current licensing procedures/policies as a “way to keep safety for everyone, even seniors,” while Caucasian and Caribbean/African seniors interpret licensing procedures/policies for older drivers as “the perfect way to discriminate against old drivers and single us out by making us get these tests done.”

11.2.3 Findings and Relevant Results: Licensing Procedures/Policies Discriminatory Due to Skill-Set and Cultural Indifference

While seniors provide varying opinions regarding why they feel that licensing policy is or is not a discriminatory act “created by the government,” they are almost unanimous when it comes to “the primary reason why I think the current legislation is a tad discriminatory.” As is noted in Table 11.2, sub-topic ‘Senior and Ethnic Senior Unfriendly,’ the majority of Asians (56.6%), South Asian (59%), Caribbean/African (83%) and Caucasian (34.7%) seniors, with the exception of Caucasian seniors from Toronto, agree that “the way licensing policy stands now, it is discrimination,” as policies do not take into consideration that seniors do not have the specific skill-set and cultural understanding “needed to pass your licensing tests.” It should be noted that Caucasian seniors from Toronto and surrounding areas may not relate to the sub-topic ‘Senior and Ethnic Senior Unfriendly,’ as all licensing procedures are available in English (the primary language spoken by this group) and as DriveAble, a computer-based test, is not a mandatory licensing requirement.

Still, the majority of seniors from all ethnic groups (omitting Caucasian seniors from Toronto) perceive current licensing examinations “as not taking into consideration how seniors work, function and take into consideration what we can actually do.” For Caucasian, South Asian and Asian seniors residing in Vancouver, the DriveAble exam is seen as ‘Senior and Ethnic Senior Unfriendly.’ These seniors believe that they do not have the “computer savvy skills to pass the test if I get called upon.” The South Asian and Asian seniors within this group perceive that “I would fail the test because I never used a computer and I can’t take the test in English.” For Caribbean/African and Asian seniors residing in Toronto, ‘Senior and Ethnic Senior Unfriendly’
refers to the fact that “language and my specific culture of understanding are not thought of in the driving program [Senior Driver Renewal Program] to get your license in old age.”

A second important point that should be noted is that this is the only sub-topic whereby Asian and South Asian seniors perceive that current licensing procedures are discriminatory. As noted above, there is also a geographic aspect at play, as only Caucasian seniors residing in Vancouver and surrounding suburban locale express that current licensing policy and procedure are discriminatory as they are “senior unfriendly.” Caucasian seniors residing in Toronto and surrounding suburban locales do not frame perceptions around discriminatory licensing practices in this particular framework.

A number of conclusions may be drawn from the response to this sub-topic. It may be suggested that seniors, irrespective of ethnicity, share a similar understanding that their skill-set is not taken into consideration and licensing practices are therefore discriminatory. Furthermore, Asian, South Asian and Caribbean/African seniors share a unique understanding around discriminatory licensing practices. These seniors believe licensing procedures/policy “overtly discriminate” and language and cultural barriers exclude seniors from “doing these tests properly.” For Asian and South Asian participants, the perceived cultural and language barriers in licensing tests is the “only time” discrimination is felt in the licensing renewal process.

11.2.4 Findings and Relevant Results: Licensing Procedures/Policies as Racist

Within the topic ‘Licensing Procedures/Policies as Discriminatory,’ the final sub-topic ‘Licensing Policy as Racist and Discriminatory,’ deserves specific attention. Table 11.2 reveals that only Caribbean/African (10.1%) seniors and no other ethnic group interviewed relate to the sub-topic ‘Licensing Policy as Racist and Discriminatory.’ For this small number of seniors, current licensing procedures/polices are created to “make sure that people like us, black people” are guaranteed to “lose our license.” In light of this, it may be suggested that these seniors have a differing view and understanding regarding the role of current licensing procedures/polices and the role of the provincial government in creating and implementing these procedures/polices. Furthermore, the fact these Caribbean/African seniors perceive licensing procedures/polices to be “100% racist” may suggest that there may be underlying issues with government created policy “that regulates any part of my life.”
11.2.5 Findings and Relevant Results: Current Licensing Policy and Testing as Useless

Unlike other works examining seniors’ perceptions around driving cessation, this thesis documents the fact that some ethnic seniors perceive current licensing policy and licensing testing procedures as useless. The third topic ‘Licensing Policy/Testing as Useless and Inadequate,’ Table 11.3, is identified with by 41.8% of seniors. An ethnic division in perceptions is evident, given that 79.3% of Caucasian and 61% of Caribbean/African seniors express such perceptions, whereby 20.4% of South Asian and fewer than 5% of Asian seniors associate with this sub-topic in a similar manner. Most interestingly, however, are the various reasons as to why seniors find “these policies are just silly and very, very useless.” As is noted in Table 11.3, just over 79% of Caucasian seniors and 61% of Caribbean/African seniors, and no others, perceive current licensing procedures/policies to be “without real use” as they fail to accurately screen for unsafe drivers and do not “teach us anything valuable about driving in old age” and, importantly, “doesn’t teach about not driving specifically.” In contrast, Asian and South Asian seniors who identify with this topic perceive that current licensing procedures/policies “need to be bad and useless” given that the “government knows it needs to pass us so that we can keep moving because the government knows it doesn’t have anything else to offer us to move us.”

Such comments demonstrate that Asian and South Asian seniors, when compared to their Caucasian and Caribbean/African counterparts, differently interpret the role and purpose of current licensing procedures/polices and the aims and deliverables of licensing procedures/policies. Furthermore, the above may suggest that Caucasian and Caribbean/African seniors do not readily link current licensing policy to perceptions around safety, as these seniors overwhelmingly note that licensing policy does “not remove unsafe drivers from the road” and “doesn’t show you anything about safe driving the older you get.” This is in clear contrast to their Asian and South Asian peers who perceive that current licensing procedures/policies are needed to remove unsafe drivers off the road, as is noted in the previous topic ‘Licensing Procedures as Discriminatory.’

11.2.6 Findings and Relevant Results: Need for Improved Licensing Procedures and Policies for Mature Drivers

To date, works examining seniors’ perceptions around the cessation of driving do not examine seniors’ perceptions around the need for improved licensing procedures and policies for mature drivers. The last topic ‘New Licensing Procedures/Polices Needed,’ demonstrates
seniors perceive a need to improve licensing procedures and policies for older drivers. As is noted in the topic ‘New Licensing Procedures/policies Needed,’ all seniors, regardless of ethnicity, identify with this topic, as is noted in Table 11.4. Where ethnic differences do arise is regarding the various sub-topics found throughout this theme. There is, however, one sub-topic, ‘Accessible Licensing Information and Policy,’ which all seniors identify with, regardless of ethnicity. Seniors share that “any new policy procedure would be wise to be completely accessible to seniors.” Accessible is defined as “meaning having information where I go” whereby “the government has to make more of an effort to make sure this information gets into our hands.”

Ethnic differences in perceptions begin to emerge in the sub-topic ‘Ethnically Accessible Licensing Information and Policy.’ In examining Table 11.4, one will note that almost all South Asian (97.7%), Asian (96.8%) and Caribbean/African (86.4%) seniors perceive that accessible licensing information and policy should include “everything and anything to do with the licensing info that is in my language and even has a few cultural things I can relate to.”

Given that issues around senior-friendly accessibility licensing information, in general and from an ethnic perspective, are frequently addressed throughout this topic, it may be suggested that seniors vehemently perceive current licensing procedures as “not at all accessible” and information around current licensing procedures/policies is not adequately disseminated. Furthermore, as “ethnic senior-friendly” is also frequently broached by non-Caucasian seniors, this may suggest that Asian, South Asian and Caribbean/African seniors believe that current licensing information is not being “delivered to our community in a timely fashion or language specific way.”

11.3 Driving Programs

The theme ‘Driving Programs’ incorporates all topics and corresponding sub-topics that capture seniors’ perceptions around the various driving programs offered within their communities. Within this theme, 4 topics capture the differing perceptions around the concerns, backlash, benefits and need for driving programs for older adults. The first topic ‘Awareness of Driving Programs’ is included within this theme, as it discusses whether seniors are or are not aware of current driving programs within their communities. The second and third topic, ‘Attend Driving Refresher Program’ and ‘Attend Driving Cessation Program,’ are also incorporated within this theme as they examine perceptions regarding whether participants would or would not
attend a driving refresher and/or driving cessation program and, furthermore, the reasons provided. The final topic, ‘Driving Programs and Licensing Procedures Linked Together,’ discusses seniors’ perceptions as to why current licensing procedures/policies should or should not include driving program within their mandates. It should be noted that (following the first topic) seniors were provided with a complete list of current driving programs offered within their communities.

Within this work, and as explained to all participants, driving programs are defined in the following manner. Driving refresher programs are defined as educational programs where informational workbooks and material discussing safe driving in later years is used to demonstrate to seniors the various ways to improve driving skills, increase self-awareness of driving abilities and educate and motivate mature drivers to adopt compensatory driving strategies. Driving refresher programs also require that participants attend in-class education sessions, where safe driving in older years is discussed with fellow participants of similar age. To exemplify what is meant by education programs and information workbooks and material, each senior participant was provided a copy of *Drivers 55 Plus: Check You Own Performance* as an example. To date, driving cessation programs have not been extensively developed and, as such, driving cessation material is not available. However, interviews with professional senior advocacy organizations in Toronto, Vancouver and surrounding suburban locales reveal that these organizations currently offer driving refresher and driving cessation programs. The aim of a driving cessation program is to better understand how to ensure mobility following driving retirement, reinforce a positive environment regarding a senior’s decision to cease driving and address emotional issues that may arise following cessation.

11.3.1 Awareness of Driving Programs

The overwhelming majority of seniors, irrespective of ethnicity, admittedly acknowledge that they are unaware of driving programs (i.e. driving refresher programs and driving cessation program) offered within their community. During the one-on-one interviews seniors frequently shake the heads “no,” shrug their shoulders, and look perplexed when “thinking about if these programs exist.” Conversely, a smaller number of seniors state that they are aware of at least one driving program offered within the city and “can even provide the name of the program and some info.” An ethnic difference arises regarding those who do and do not express awareness regarding driving programs within their community.
Table 11.5: Prevalence of Seniors Indicating ‘Awareness of Driving Programs’

<table>
<thead>
<tr>
<th>Sub-topic: Aware of Driving Programs</th>
<th>Sub-topic: Did Not Know They Exist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>0 0% Asian</td>
</tr>
<tr>
<td>South Asian</td>
<td>0 0% South Asian</td>
</tr>
<tr>
<td>Caucasian</td>
<td>80 66.1% Caucasian</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>0 0% Caribbean/African</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Association (n=80, 22.7%)</th>
<th>Negative Association (n=271, 77.2%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>South Asian</td>
<td>South Asian</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Caucasian</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>Caribbean/African</td>
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</tbody>
</table>

Seniors who are unaware of driving programs openly share that they “are under the assumption that none exist,” as is noted in Table 11.5. While the majority of all seniors (77.2%) express that they “had no clue that these programs are available,” a significant ethnic difference does arise. All Asian (100%), South Asian (100%) and Caribbean/African (100%) seniors respond “there is no such thing” as any type of driving program because “I never heard of it.” However, only 34.7% of Caucasian seniors state that they did “not have any idea these things were out there.” For all non-Caucasian seniors and a smaller number of Caucasian seniors, the topic ‘Awareness of Driving Programs’ is defined in terms of sub-topic ‘Did Not Know They Exist.’

To exemplify, one Chinese male, who admits to be “being in the dark about this stuff [driving programs],” shares:

“I have no idea if these programs are around here in Richmond. I wonder if they are or where I can find this information. I’ve never heard of anything like this and I guess I just think they don’t have anything like this. Maybe I should ask some friends if they know, you know, see if they ever heard of these programs. I would go to these programs, I would drive there [laughs].

In discussing driving programs, a Trinidadian male, who is surprised to learn that driving refresher programs do exist in Toronto, states:

“Nope, I never heard of any such programs. I didn’t even know these programs were offered by an organization or is it the government that offers them? Really, I never thought they could exist and because they don’t exist, I guess it means that I never
thought they would happen in my community. But do they? Do they exist? And where is the information about them?

To further illustrate the point, an Indian woman, who shrugs her shoulders and “had no clue that these programs are actually out there,” shares:

There is a Mature Drivers Workshop here in Surrey? I had no idea. I have no clue about these programs. Are they advertised somewhere I am not looking? I mean I never thought of these programs and I can’t imagine anyone offering them. If they are out there why don’t they advertise them? Even if I don’t go it is nice to know they are out there. I almost feel funny telling you that I have no clue about them. I really, really just thought these things didn’t exist or didn’t happen.

While the great majority of seniors cannot identify a “single” driving program, 22.7% of all seniors can. Of the 22.7% of all seniors that are able to identify driving programs, all are Caucasian. Awareness around driving programs, described below, is captured in the sub-topic ‘Aware of Driving Programs.’

As noted in Table 11.5, 66.1% of Caucasian seniors are able to “pinpoint a driving program” offered within their community, whereas no other group is able to do so. Each of these Caucasian seniors is able to state the exact organization where such driving programs are offered. According to these seniors, the ICBC Safety Foundation and the CAA South Central Ontario, offers a Mature Drivers Workshop for older drivers who are interested in acquiring additional information regarding safe driving. One Caucasian male, who “of course know about these programs,” states, “Yes, I do know of one. The ICBC has some workshop that you can go and talk about safe driving. I know this because I have a piece of information that tells me this. I think I have a pamphlet somewhere with the information.” A Caucasian woman, who “heard of a program,” similarly shares:

Oh I can think of one. I do know one. It is the one where I am a car member. The CAA [South Central Ontario], it has a class you can go to, to talk about driving in old age and also it has a defense driving class where you learn to drive. See, I knew I knew about a program like this.

To further demonstrate their “knowledge about driving programs,” these seniors presented the researcher with a pamphlet regarding the Mature Drivers Workshop as offered by ICBC and CAA South Central Ontario.
11.3.2 Attend Driving Refresher Program

As noted in the introduction to this theme, after being asked if they were aware of any driving programs, seniors were presented with information on the different driving program(s) offered within their respective communities. Following this, seniors were asked to reflect on whether they would attend a driving refresher program. This “dangerous” and “highly emotional” topic is discussed by all seniors, many who became loud and emotional when expressing themselves. In fact, a number of seniors requested “a small break” when reflecting upon the need to attend a driving refresher program, as many find the mere suggestion of such a program “insulting” and “too much to bear.” Perceptions around this topic are easily divided into two subsets – those that perceive they would attend a driving refresher program and those that perceive that they will not attend a driving cessation program. Ethnic differences are evident in relation to perceptions around whether a senior will or will not take a driving refresher program and the varying sub-topics informing this topic.

<table>
<thead>
<tr>
<th>Positive Association (n=166, 47.2%)</th>
<th>Negative Association (n=185, 52.7%)</th>
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<tbody>
<tr>
<td>Asian</td>
<td>Asian</td>
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<tr>
<td>103</td>
<td>24</td>
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<tr>
<td>81.1%</td>
<td>18.8%</td>
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<tr>
<td>South Asian</td>
<td>South Asian</td>
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<tr>
<td>38</td>
<td>6</td>
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<tr>
<td>86.3%</td>
<td>13.6%</td>
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<td>Caucasian</td>
<td>Caucasian</td>
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<td>21</td>
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<td>17.3%</td>
<td>82.6%</td>
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<td>Caribbean/African</td>
<td>Caribbean/African</td>
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<td>55</td>
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<td>6.7%</td>
<td>93.2%</td>
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<tr>
<th>Sub-topic: Sharpen Up Driving Skills</th>
<th>Sub-topic: Driving is Fine</th>
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<td>Asian</td>
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<td>24</td>
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<td>81.1%</td>
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<td>Caribbean/African</td>
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<td>6.7%</td>
<td>93.2%</td>
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<tr>
<th>Sub-topic: Another Way to Get Seniors Off the Road</th>
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<td>Asian</td>
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<td>0%</td>
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<td>South Asian</td>
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<td>0%</td>
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<tr>
<td>Caucasian</td>
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<tr>
<td>94</td>
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<tr>
<td>77.6%</td>
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<tr>
<td>Caribbean/African</td>
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<tr>
<td>55</td>
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<td>93.2%</td>
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Less than half of all senior participants (47.2%) state that they would attend a driving refresher program if one were available. As will be explored in detail below, however, those expressing such sentiments are overwhelmingly seniors from the Asian and South Asian
community. As is seen in Table 11.6, 81.1% of Asian and 86.3% of South Asian seniors perceive that they would “indeed take a class or two in how to refresh my driving skills,” whereas 17.3% of Caucasian and less than 7% of Caribbean/African seniors express such beliefs. In discussing this topic, the majority of Asian, South Asian, and smaller numbers of Caucasian and Caribbean/African seniors perceive that such programs are “a good, heck, even great idea” as they may serve to ‘Sharpen Up Driving Skills.’

As is noted in sub-topic ‘Sharpen Up Driving Skills,’ a great number of Asian (81.1%) and South Asian (86.3%) seniors, and to a lesser degree Caucasian (17.3%) and Caribbean/African (6.7%) seniors, openly share that they would “af course take a refresher program, if they were around.” For these seniors, a driving refresher course would be beneficial and welcomed in order to “brush up” on one’s driving and “break old driving habits.” As one Chinese gentleman who resides just outside of Vancouver’s China Town shares:

*Oh sure, yes, I would think I would take the program. That is a good idea [to] remember things I have forgotten. You know, like no roll stops, a full stop at a stop sign. Also to keep checking my mirrors. Sometimes I forget to do that, not all the time, but sometimes. I think it would help me [referring to a driving refresher program].*

Importantly, each of these seniors further conceptualizes that “brushing up” on one’s driving skills will deter driving cessation. An Indian male, who wants to “drive until I drop dead,” states:

*Yup. I do think I can take this class. It is a good idea, real good. You know what I mean? I think the better I am and the more secure I am and the safer I am means I won’t have to stop driving. I think all seniors should have the class, to remember how things are done so they don’t have to throw away their keys. No one wants that, to throw away the keys.*

All seniors who identify with the sub-topic ‘Sharpen Up Driving Skills’ also perceive that they lack “new knowledge” pertaining to the “ever changing road rules and conditions” and they do not have an adequate understanding of new driving legislation and/or roadway rules. It is perceived that this lack of knowledge may lead to the cessation of driving. One Indian man, who knows “about some of the road laws, but not all,” honestly shares:

*Honestly, I had no clue about the highway speeds had changed. None. Just 5 years ago you could go 10 miles faster and now you cannot. I didn’t know this. I don’t really take the highway all that much, and just 3 months ago, oh maybe 4 months ago, I went on*
the highway and guess what? A police stopped me and said I could lose my license because I was going 20 over the speed limit and that because of my age, I am 80 years old, I might be reported. I could lose my license like that. That would be a nightmare.

A Korean senior, who “loves driving,” also admits:

Did you know the Ontario government made it mandatory to wear your seatbelts even if you are sitting in your car? Did you? I didn’t know. Honestly, I had no heck of a clue. I never wear my seatbelt. I don’t know why, before you ask. I got a ticket and had to pay a fine just 3 years ago. And at court, because I went to fight it, they said to me that I could lose my license and my right to drive. All for not wearing a seatbelt. Times have changed, it was different before.

Thus, a driving refresher program is viewed as “updating” seniors on current roadway legislation and, therefore, ensuring one does not cease driving prematurely. A Chinese woman, who “has to drive because my husband passed on,” captures this sentiment in stating:

Since Jeff passed I am forced to do more driving. And I also help Sarah, that is my daughter, with her daughters Athena and Laura. I really do, and honestly I have never been big on driving. Even as a younger lady, I am still young [laughs], I was crazy about it. And these classes or programs that might be good for just to refresh my memory on some of the rules and laws about driving that have changed. Just to be on the safe side. I guess it is also to make sure I can always lose my license because if I don’t know the rule and lose my license I am in trouble. Okay, I live downtown here in Toronto but I’ve not really, you know, used the trolley in years and also Sarah needs help with my cute granddaughters.

Conversely, half of all seniors (52.7%) state that they would not consider and/or see themselves “attending such ridiculous programs.” More Asian and South Asian than Caribbean/African and Caucasian seniors express that a driving refresher program is beneficial. As is noted in Table 11.6, a greater number of Caucasian (82.6%) and Caribbean/African (93.2%) seniors perceive that they would “not go to a single class,” whereby less than 20% of Asian and South Asian seniors agree with such sentiments. While seniors from all ethnic groups express that they would not partake in such groups, as is outlined below, reasons for doing also differ according to ethnicity. For Caucasian, Caribbean/African, Asian and South Asian seniors, it is perceived that they would not attend a driving refresher program as their ‘Driving is Fine.’
Caribbean/African and Caucasian seniors further perceive that they would not “be present at a class like this” as it is seen as just ‘Another Way to Get Seniors off the Road.’

While members of all ethnic groups identify with the sub-topic ‘Driving is Fine,’ the majority are from the Caribbean/African (93.2%) and Caucasian (82.6%) community, whereas fewer Asian (18.8%) and South Asian (13.6%) seniors identify with such sentiments. In discussing their driving “as fine,” these Caribbean/African, Caucasian, Asian and South Asian seniors perceive that they are “excellent” and the “best” drivers and, therefore, would fail to learn anything that they “do not already know.” As such, these seniors view such programs as a “waste of time.” One Caucasian man, who notes that he is “smarter when it comes to driving then the damn driving teacher,” loudly shares:

No, I would never do it. I wouldn’t even dream of doing it because that is a nightmare not a dream. My driving is perfect. Perfect. Beyond perfect to tell you the truth. I haven’t been in an accident ever and I’ve only had 2 tickets my life. I don’t need some guy at the front of the room telling me what I already know how to do perfectly. Waste of my time.

Given their already adequate driving skills, then, these seniors perceive that a refresher program would not decrease the risk of driving cessation. Such perceptions differ greatly from those stated above, where participants stated that a driving refresher course would “actually help me stay on the road longer.” To exemplify the differences in perceptions, one Trinidadian man, who “knows I will never stop driving,” shares:

No, that course won’t help me at all because I am a good driver and it won’t help me be a safer driver for a longer time. It just won’t. And because I am so good it won’t scare off not driving because I am good. You only need a class like that when you can’t drive no more.

Each of these seniors note that the only time such programs are beneficial are when they are attended by seniors who are unable to drive safely. However, each senior explicitly notes that they are not “that type of senior” and, therefore, do not need to subject themselves to “such ridiculous and pointless classes.” One man from St. Kitts, who also believes he can teach the driving instructor how to drive, shares:

For me those programs won’t help me stay on the road longer because I already am an excellent driver, even at 73 years old. But they are good, and only good, for older folks who are, you know, having a hard time to drive. That class can teach them how to remember certain driving techniques. But like I already told you, that won’t happen to
me and I am beyond an excellent driver so I don’t need to worry and even take 5 minutes of that class.

Interestingly, as is noted in sub-topic ‘Another Way to Get Seniors Off the Road,’ 93.2% of Caribbean/African and 77.6% of Caucasian seniors hold that such courses do not aid seniors in improving their driving skills, but rather serve to ensure that an older driver loses their license. A Caucasian senior, who laughs out loud at the idea of such a program, shares:

Those kinda classes don’t help anyone get better at driving. They do not remind you on how to do anything. I think they probably do just the opposite, they must. I bet when you walk out of your class your wallet is a bit lighter ‘cause they [program counselor] has got your license [sic].

For each of these Caucasian and Caribbean/African seniors, such programs are implemented to discourage seniors from driving and “strip away a senior’s driving privilege.” Caucasian and Caribbean/African seniors who identify with this sub-topic state that the refresher program counselor may report assumed “bad older drivers” to the licensing authority who in turn will revoke one’s license. Thus, driving refresher programs are perceived as ensuring that an older driver is prematurely forced to cease driving. One Jamaican man, who would “never in a million years” take a refresher course, shares:

[Laughs] Deary me, that is so silly to even think anyone would take that program. Any older person who can drive and wants to keep on drivin’ better not take that class and let me tell you why right now. Because that program or any program that is for ‘seniors only’ is dangerous. All that refresher class is goin’ to do is going to take away your license. Could you imagine? You are sitting in your class and minding your own business when the teacher tells you can’t ever be a good driver and that you are too far lost and your skill gone and no class can help you. [laughs] And you know that he [teacher] is going to report you to the licensing guys and you are done. Next thing you know your license is gone and gone and you can’t drive anymore even before you shouldn’t be. I would never take that class.

11.3.3 Attend Driving Cessation Program

Once seniors were asked whether they are aware of driving programs, they were given a background on the current development of a driving cessation program by organizations in each respective city. Wrongly, the researcher assumed that all seniors would immediately answer
with a firm no or a quick yes when asked if they would attend such programs. To the author’s surprise, all seniors discussed this topic at length, pointing out why they would or would not attend such programs.

Table 11.7: Prevalence of Seniors Indicating ‘Attend Driving Cessation Program’

<table>
<thead>
<tr>
<th>Attend Driving Cessation Program (n=351, 100%)</th>
<th>Negative Association (n=182, 51.8%)</th>
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<tbody>
<tr>
<td><strong>Positive Association (n=169, 48.1%)</strong></td>
<td><strong>Asian</strong></td>
</tr>
<tr>
<td>Asian</td>
<td>124</td>
</tr>
<tr>
<td>South Asian</td>
<td>40</td>
</tr>
<tr>
<td>Caucasian</td>
<td>4</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>1</td>
</tr>
<tr>
<td><strong>South Asian</strong></td>
<td>97.6%</td>
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<tr>
<td><strong>Asian</strong></td>
<td>3</td>
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<tr>
<td><strong>South Asian</strong></td>
<td>90.9%</td>
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<tr>
<td><strong>Caucasian</strong></td>
<td>3.3%</td>
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<tr>
<td><strong>Caribbean/African</strong></td>
<td>1.6%</td>
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<tr>
<th><strong>Sub-topic: Help Prepare for Driving Cessation</strong></th>
<th><strong>Sub-topic: Driving Is Fine</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
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</tr>
<tr>
<td>South Asian</td>
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<tr>
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<tr>
<td>Caribbean/African</td>
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</tr>
<tr>
<td><strong>Asian</strong></td>
<td>78.7%</td>
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<tr>
<td><strong>South Asian</strong></td>
<td>75%</td>
</tr>
<tr>
<td><strong>Caucasian</strong></td>
<td>0%</td>
</tr>
<tr>
<td><strong>Caribbean/African</strong></td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Sub-topic: Cope with Aftermath of Driving Cessation</strong></th>
<th><strong>Sub-topic: Another Way to Get Seniors Off the Road</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>90</td>
</tr>
<tr>
<td>South Asian</td>
<td>40</td>
</tr>
<tr>
<td>Caucasian</td>
<td>4</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>1</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>70.8%</td>
</tr>
<tr>
<td><strong>South Asian</strong></td>
<td>90.9%</td>
</tr>
<tr>
<td><strong>Caucasian</strong></td>
<td>3.3%</td>
</tr>
<tr>
<td><strong>Caribbean/African</strong></td>
<td>1.6%</td>
</tr>
</tbody>
</table>

| **Sub-topic: Personal Decision**                      | | **Sub-topic: Personal Decision** |
|-------------------------------------------------------|-------------------------------------------------------|
| Asian                                                 | 3                                      | 2.3%|
| South Asian                                           | 4                                      | 9.0%|
| Caucasian                                             | 98                                     | 80.9%|
| Caribbean/African                                      | 53                                     | 89.8%|

Just under half of all seniors (48.1%) perceive this topic in a positive framework, whereby they would attend a driving cessation program if available. While half of all seniors express such thoughts, ethnic differences are evident. As Table 11.7 exemplifies, 97.6% of Asian and 90.9% of South Asian seniors perceive that “I most certainly think I would take a class on not driving anymore,” whereby less than 5% of Caucasian and Caribbean/African seniors communicate similar beliefs. Importantly, as will be discussed below, ethnic differences in perceptions further arise regarding whether these seniors would willingly participate in a driving cessation program. In discussing this topic, South Asian and Asian seniors perceive that they would partake in “a program like this one” given that it may ‘Help Prepare for Driving Cessation.’ Asian, South Asian, Caribbean/African and Caucasian seniors, albeit to differing degrees,
perceive that a driving cessation program “may be useful to take” as it “may really, really help me” ‘Cope with the Aftermath of Driving Cessation.’

A number of seniors perceive that a driving cessation program may assist older adults in making the “grand” decision around preparing for driving cessation. As is noted in sub-topic ‘Help Prepare for Driving Cessation,’ the majority of Asian (78.7%) and South Asian (75%) seniors, but no other seniors, believe that a driving cessation program “may help me decide if I should drive or not drive, it could help me make the decision if I knew more about not driving.” Such a program would allow them to express their fears and challenges around driving and driving cessation with other seniors in the same situation. As one Chinese man, who “enjoys driving but wouldn’t mind talking about not driving,” shares: “It would be great to talk to others about not driving and how it is affecting them and how they think it will affect them in the long run ... it would be nice to see how other people who are in the same spot as me are deciding to stop.”

Each of these 78.7% of Asian and 75% South Asian seniors, in discussing the sub-topic ‘Help Prepare for Driving Cessation,’ note that there is one pre-requisite for attending these programs – that they are culturally sensitive and the counselor can converse in the same language as those attending the course. One Indian male participant, who “will shed a tear when putting down my beloved keys,” whispers:

Okay I will probably go to this class if I could, if I knew where they are. But I would only go because I know they would help me decide to stop or not stop driving. But also I would only go if they were only Indian men there talking about this. I don’t want other people, like other people who don’t understand my language, to be there. This is hard enough. Why complicate it by making other people who don’t understand what you are saying being there?

Interestingly, a number of the Asian and South Asian seniors who identify with the sub-topic ‘Help Prepare for Driving Cessation’ state that they would attend a driving cessation class even if they were not concerned with their ability to drive. For these seniors, attending such a class is a “perfect way” to prepare for the driving cessation “just in case it happens.” One Chinese man, who is “in great health,” captures this thought by noting: “I would go anyways. I would go because you never know and you should be prepared. I mean I am in great health but things can happen even without warning and you should have a plan ‘b’ and ‘c’ at my age.”
Many senior participants note that they would “show up to a class that talks about not driving and driving cessation” given that such programs may allow them “to better deal with life after the car.” As is noted in sub-topic ‘Cope with the Aftermath of Driving Cessation,’ those who readily express such thoughts are primarily South Asian (90.9%) and Asian (70.8%) seniors, and to a lesser degree Caucasian (3.3%) and Caribbean/African (1.6%) seniors. For the majority of these Asian and South Asian seniors and a smaller number of Caucasian and Caribbean/African seniors, it is believed that driving cessation is a “highly emotional,” “very confusing” and “extremely scary” time and process, and driving cessation program may mitigate and/or help seniors “work through my complex feelings if I should stop driving.” As such, a driving cessation program is viewed as aiding seniors in dealing with feelings/questions about driving cessation, and fears of depression, “loss of my manhood,” “feelings of failure,” “thinking I am a nobody now that I can’t drive” and “general questions on how to use the bus.” One Caucasian female, who believes she will “ball my eyes out when I forever gives up my keys,” shares: “Oh I think the course would be good. It would probably help me deal with why I needed to do this and highlight the safety benefits of doing it. I would need to be reminded. I would need to be reminded daily.” Similarly, a Chinese male, who resides in downtown Toronto and “can’t remember the last time I was on a bus,” states: “It would be good to know how to get around after not driving and where I can find this information. And I want to know how other seniors are also getting this information. It can be a place to share these things.”

Just over half of all seniors (51.8%), primarily from the Caribbean/African and Caucasian communities, perceive that a driving cessation program would not offer any benefit. For instance, 98.3% of Caribbean/African and 96.6% of Caucasian seniors express that they “would never dream of taking such a foolish class,” and only 9.0% of South Asian and 2.3% of Asian seniors express such thoughts. As will be further explored below, differences in ethnic perceptions further arise regarding the reasons provided by these seniors as to why they would not “sneeze twice at taking a course in driving cessation, never.” Caucasian and Caribbean/African seniors who “wouldn’t take that class” perceive that their ‘Driving is Fine’ and that such classes are just ‘Another Way to Get Seniors Off the Road.’ In discussing this topic, these Asian, South Asian, Caribbean/African and Caucasian seniors all share that they would not “attend a class, not even one” given that driving cessation is a ‘Personal Decision’ and one that should not be addressed through a program.
A number of seniors who perceive driving cessation programs as not valuable note that their driving is in “tip-top condition” and, thus, would not consider programs. As is noted in sub-topic ‘Driving is Fine,’ however, those that perceive their driving to be in “impeccable shape and not in any need of a program like this one” are solely from the Caucasian and Caribbean/African communities. According to 98.3% of Caribbean/African and 96.6% of Caucasian seniors, driving cessation programs “wouldn’t help now or in the future” as they perceive their driving abilities to be “near perfect” and, thus, they do not “need to talk to anyone about not driving.” One Jamaican man, who believes “not driving will probably only happen to other people but not me,” shares:

My driving is great, I am a great driver. I have to be I am a taxi driver and have been my entire life. Listen up then, I don’t have a problem with driving and I won’t take a class to talk about it [driving cessation], even just try it I won’t. I mean why would I? There is nothing wrong with me and there is nothing wrong with my driving at all and there won’t be a single thing wrong with my driving tomorrow or the next day, so why ever take a driving cessation class. Don’t need it.

When discussing the sub-topic ‘Driving is Fine,’ these Caucasian and Caribbean/African seniors further note that they would not attend a program even if in preparation for necessary driving cessation. A Caucasian senior, who has no “desire to listen to people talk about his driving abilities,” openly shares:

Who knows, it might happen and it might not happen [driving cessation]. You never know what card life will give you, you really never know. It is like death, one minute you are alive and breathing and bang you get hit by a car and are dead. Driving is like that, one minute you are driving and the next you don’t have a license. But even as a way to prepare for the “what if” I wouldn’t go as protective measure. I just won’t, because I don’t need someone to tell me how to figure this out.

Interestingly, however, each of these Caucasian and Caribbean/African seniors admits that such programs may be useful to others who are considering no longer driving. As one Trinidadian senior, who “would die before not driving,” states:

Sure a program like that is super good and dandy for drivers that are thinking of giving it up [driving]. They probably need a class like that and it probably will do them some good. But I don’t because my driving is fine and I don’t even thinking of not driving, so
That kinda program is useless to me. And because I will probably not have to stop driving I won’t ever have to think about that program.

As such, these seniors perceive that they would not attend such classes not only because their driving “is just fine, thank you,” but would also not attend such classes should they face driving cessation; they do, though, believe that others who are considering the decision to cease driving would benefit from a driving cessation program.

A second perception expressed only by Caucasian and Caribbean/African seniors is that such programs are without “any sense of goodness” as they are designed to ensure that seniors prematurely cease driving. As is noted in Table 11.7, sub-topic ‘Another Way to Get Seniors Off the Road,’ 86.4% of Caribbean/African and 85.1% of Caucasian seniors perceive that driving cessation programs are intended to “sneakily steal your license and make you stop driving” and, as such, they “will never ever in a million years sign up for a class to figure out how to live after I stop driving.” According to these seniors, the purpose of such programs is to convince older drivers to stop driving, and it is best to “steer clear of these classes” as older drivers will “end up brainwashed.” As one Jamaican senior, who believes his license to be a “lifeline,” hotly states:

Oh no, let me tell you about classes that are to help seniors. They do just the opposite. Believe you me, when you take this program you are talking about they just try to tell you it is better not to drive because you are older and then you believe and you are left with no license because you gave it up. Not a good move in at our age. I wouldn’t take a class for that reason, there is no upside to it.

A Caucasian woman, who has recently passed her on-road test, echoes the above by sharing:

I don’t think so [folds hands in lap]. No, I don’t think I would take this program. I feel like because I am older and fragile they would probably just try to tell me to stop driving without really knowing whether I can drive or not. I really believe this to be true. So, no [sighs] I won’t take this class, I wouldn’t benefit I don’t think.

As is noted within the sub-topic ‘Personal Decision’ driving cessation is a personal matter and, therefore, not something to be addressed through a program. Given this, 89.8% of Caribbean/African, 80.9% of Caucasian, 9% of South Asian and 2.3% of Asian seniors perceive that there is “little good” in attending such programs as “driving really is just a personal thing, and personal means not blabbing to other people.” For the majority of Caribbean/African and Caucasian seniors and a small number of Asian and South Asian seniors, it is not appropriate
and/or needed to discuss driving cessation within a program setting, where advice is provided by a counselor and/or other participants. As one Caucasian male, who hates the idea of such a program, defiantly states:

Absolutely not. Driving and not driving is a personal thing and going to such classes takes the personal out of deciding for yourself whether you can drive or not. I mean how can they help? What do they know that I don’t know about my driving? And I don’t want other people staring at me as I make this choice. And no, I won’t ever consider taking this program I don’t care if it is free or whatever.

A Jamaican senior, who laughs at the idea of a driving cessation program, similarly states:

Even if I was in the middle of deciding to stop [driving] I won’t go these courses because driving is something only you can decide on, and not someone else. The idea of having someone else’s input and giving you advice and especially a stranger is not right. You know your body and you know your skills so only you can make the decision. And besides what are they going to tell me? To stop driving? At that point I could figure it on my own thank you very much.

11.2.4 Driving Programs and Licensing Procedures Linked Together

Participants are asked to share their thoughts regarding whether or not driving programs, such as driving cessation programs or driving refresher programs, should be a mandatory part of the licensing requirements for older drivers. To be re-issued one’s license at 80 years, for instance, seniors must partake in and complete a driving program. Seniors are considerate when reflecting on this topic, often taking long pauses prior to expressing their “very lengthy thoughts and opinions.” The majority of seniors react to this topic in a negative framework, perceiving that driving programs and licensing procedures should not “under any darn circumstance” be brought together. A smaller number of seniors express the opposite, noting that “yes, they should be connected.” While all senior speak on this topic and sub-topics, differences in perceptions are influenced by ethnicity.

Table 11.8: Prevalence of Seniors Indicating ‘Driving Programs and Licensing Procedures Linked Together’

<table>
<thead>
<tr>
<th>Driving Programs and Licensing Procedures Linked Together (n=351, 100%)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Association (n=52, 14.8%)</td>
<td>Negative Association (n=299, 85.1%)</td>
</tr>
<tr>
<td>Asian</td>
<td>33</td>
</tr>
<tr>
<td>South Asian</td>
<td>16</td>
</tr>
<tr>
<td>Positive Association (n=52, 14.8%)</td>
<td>Negative Association (n=299, 85.1%)</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------------------------</td>
</tr>
<tr>
<td>Caucasian</td>
<td>120</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>57</td>
</tr>
<tr>
<td>0.8%</td>
<td>99.9%</td>
</tr>
<tr>
<td>3.3%</td>
<td>96.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sub-topic: Screen for Unsafe Drivers</th>
<th>Sub-topic: Act of Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>75%</td>
<td>0%</td>
</tr>
<tr>
<td>South Asian</td>
<td>South Asian</td>
</tr>
<tr>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>36.3%</td>
<td>0%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>Caucasian</td>
</tr>
<tr>
<td>1</td>
<td>110</td>
</tr>
<tr>
<td>0.8%</td>
<td>90.9%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>Caribbean/African</td>
</tr>
<tr>
<td>2</td>
<td>57</td>
</tr>
<tr>
<td>3.3%</td>
<td>93.2%</td>
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</table>

<table>
<thead>
<tr>
<th>Sub-topic: Increase Awareness of Driving Ability</th>
<th>Sub-topic: Another Way to Get Seniors Off the Road</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>Asian</td>
</tr>
<tr>
<td>31</td>
<td>0</td>
</tr>
<tr>
<td>25.1%</td>
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</tr>
<tr>
<td>South Asian</td>
<td>South Asian</td>
</tr>
<tr>
<td>14</td>
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</tr>
<tr>
<td>31.8%</td>
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</tr>
<tr>
<td>Caucasian</td>
<td>Caucasian</td>
</tr>
<tr>
<td>0</td>
<td>62</td>
</tr>
<tr>
<td>0%</td>
<td>51.2%</td>
</tr>
<tr>
<td>Caribbean/African</td>
<td>Caribbean/African</td>
</tr>
<tr>
<td>0</td>
<td>54</td>
</tr>
<tr>
<td>0%</td>
<td>91.5%</td>
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<table>
<thead>
<tr>
<th>Sub-topic: No, but the Government Should Decide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>94</td>
</tr>
<tr>
<td>74%</td>
</tr>
<tr>
<td>South Asian</td>
</tr>
<tr>
<td>25</td>
</tr>
<tr>
<td>56.8%</td>
</tr>
<tr>
<td>Caucasian</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>0%</td>
</tr>
<tr>
<td>Caribbean/African</td>
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<tr>
<td>0</td>
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<tr>
<td>0%</td>
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</tbody>
</table>

Just under 15% of all seniors perceive that licensing procedures should “be brought together with driving programs.” In examining Table 11.8, one will see that this influenced by ethnicity. To exemplify, less than 5% of Caribbean/African and Caucasian seniors express such perceptions, whereas just over 36% of South Asian and 25% of Asian seniors believe that “it would be a good idea to keep the licensing and programs together.” As will be discussed below, ethnic differences further arise with respect to how these seniors identify with each sub-topic. All South Asian, Asian, Caribbean/African, and Caucasian seniors who perceive that licensing procedures and driving programs should be linked together, state that this may make it easier to ‘Screen for Unsafe Drivers.’ Asian and South Asian seniors believe that licensing procedures should include driving programs, as they will serve to ‘Increase Awareness of Driving Ability.’

As noted in sub-topic ‘Screen for Unsafe Drivers,’ some seniors perceive that by “improving licensing laws by bringing licensing tests and driving programs” together, older “bad drivers are found out and removed from driving.” However, as is further noted within this sub-topic, ethnic differences do arise; 36.3% of South Asian and 25.9% of Asian seniors express such beliefs, which may be contrasted to the less than 3% of Caribbean/African and less than 1% of
Caucasian seniors who express similar sentiments. Nevertheless, even these seniors link driving programs attached to licensing requirements for older age drivers to roadway safety for both the senior motorist and other roadway users. According to these Asian and South Asian seniors, and to a lesser degree Caucasian and Caribbean/African seniors, mandated driving programs provide an “extra bit of screening that makes sure we are super safe.”

Thus, these seniors say that older drivers must not only be able to demonstrate that they can pass a written examination or a doctor’s examination, but also demonstrate that they possess the driving abilities needed for safe driving by way of driving cessation and driving refresher programs. A Chinese man who “really believes that licensing policy needs to have a refresher driving part” captures the above thoughts when sharing:

Yes, the Ontario government should make sure that the driving programs, and I really like the idea of the driving refresher program, [this] needs to be a part of the licensing policy. This way, let’s say you are taking the refresher programs because it is law, then you can show you can drive or just refreshen [sic] up on the skills you don’t have because you, oh I don’t know, forgot. And then you will be okay and you passed, because probably seniors can do the written no problem, because we know our signs, and then the refresher class just to brush up and keep us safe. And I think the refresher class is a good idea if you want your license as an old geezer [laughs] because it will show the teacher whether you are a good driver. So if you fail the refresher classes you are taking this probably means that you can’t drive and that you aren’t a safe driver anymore. So even if you pass your written test this still means you aren’t a safe driver and then the government can take you off the road or figuring something out. I think this is what the driving refresher programs can do, make things safer.

An Indian woman, who thinks “the medical form the doctor needs to sign can be good, but so can a driving refresher class,” states:

Alright, if I can say something on this, I would say just that you should have your doctor sign the forms because doctors are really good at knowing seniors. But with the class you can improve your skills, the refresher class like you said, you can just get better and keep driving. But the thing is, because your doctor hasn’t really driven beside you they can’t know if you are a good driver really, so the program can tell you. If you can’t do well in your refresher class than maybe the doctor or the instructor can say “Hey maybe you shouldn’t be driving” and they can report you to the government. This is like an
added security check-up on older drivers, and not a bad one, it just means we are trying to make sure that no bad drivers are on the road.

For Asian and South Asian seniors, and only these seniors, licensing procedures should include driving programs as it is believed that linking the “two ideas” together will “certainly increase an older person’s awareness around safe driving.” As is noted in the sub-topic ‘Increase Awareness of Driving Ability,’ just over 25% of Asian and South Asian seniors (combined) reflect on this sub-topic. These seniors state that if driving programs are directly incorporated into licensing procedures for older drivers, senior drivers are provided the opportunity to become aware of their driving abilities and, therefore, “realize if they are safe or unsafe drivers.” Furthermore, these Asian and South Asian seniors perceive that once an older driver is aware of their ability to drive, they may make a proper decision around their driving status. As one Chinese male, who “thinks a driving cessation program can help someone decide to stop driving,” states:

I wonder if you bring together the driving cessation classes and make it a part of the licensing exam, so that if you want your license at 80 you have to take the class, it will help seniors decide if they should be really driving. Because the written test where you fill in the names of the signs and roadway rules doesn’t tell you if you should stop driving, but if you take a class that talks about safe driving then what happens is you realize if you can drive or not and then you can decide if you are a good driver. I think seniors like me will know if they are a good driver and can stop or continue driving after learning about safe driving. I think this makes the roads safer.

In reflecting on driving refresher classes and licensing procedures, a Sri Lankan male shares:

Well if you want to know, I think if you make the driving refresher classes a law and a part of the test, well then you can know if you really are a good driver. I mean your doctor knows but the test can really tell you. And if you know your abilities and if you know about how to be a safe driver than you make the final decision around driving. If you fail the refresher class or, maybe not fail, but have a very, very hard time with it then this is a signal to yourself that you should stop driving and I really think if this happened seniors would stop driving.

For the overwhelming majority of seniors (85.1%), though, irrespective of ethnicity, it is perceived that licensing procedures should not “ever, ever, ever in a thousand years” come to
incorporate driving programs. Caucasian and Caribbean/African seniors are more likely to express such bold statements. Table 11.8 shows that 99.9% of Caucasian and 96.6% of Caribbean/African seniors believe that “the two things should stay as separate as possible,” while a still significant 74% of Asian and 63.6% of South Asian share similar beliefs. Ethnic differences also arise regarding the reasons provided around why licensing procedures and driving programs “should not come into contact.” In discussing this topic, a number of Caucasian, Caribbean/African, Asian and South Asian seniors express that “driving programs and driving policy shouldn’t be associated” as it this would be an ‘Act of Discrimination’ against older drivers. For Caucasian and Caribbean/African seniors, licensing procedures should not include “anything else, even these programs” as in doing so would just be ‘Another Way to Get Seniors Off the Road.’ As is noted in the final sub-topic, ‘No, but Government Should Decide,’ a number of Asian and South Asian seniors express that the licensing procedures encompassing driving programs “shouldn’t happen,” but government should make the final decision regarding “whether this is the right decision in the end.”

A great number of seniors state that creating licensing policy that requires a driving program component is “completely discriminatory” against older driving adults. As is noted in sub-topic ‘Act of Discrimination,’ this view is held by the majority of Caribbean/African (93.2%) and Caucasian (90.9%) seniors, but no others. According to these seniors, licensing procedures that include driving programs are viewed as discriminatory as they only screen senior drivers, thereby insinuating older drivers are “bad drivers that need to be kept an eye on,” and no other age cohort “has to do the same thing to prove they can drive.” As such, “adding this additional program that we need to pass to keep driving” does not remove discriminatory licensing practices, but rather ensures this discriminatory status quo is maintained. As one Caucasian man, who believes that “any type of senior testing is discriminatory,” shares:

> Like I said before, it doesn’t matter. Adding one of these programs or not adding one of these programs is the same thing. The exact same thing because it is discriminatory. As soon as it is intended for seniors and driving, and only seniors and their driving, then it is automatically discriminatory in my books. So go ahead tell the Ontario government they should add a new feature in order for seniors to get their license, it is still discrimination. Like I said, the only way to get rid of the discrimination is to make sure that age-based testing is gone and everyone under the driving moon [laughs] gets tested every 5 or 8 years.
Furthermore, in reflecting on the sub-topic ‘Act of Discrimination,’ each of these Caribbean/African and Caucasian seniors believes that there are “more than enough testing requirements for seniors to show they can drive” and additional licensing requirements are not needed. According to these seniors, additional testing requirements provide authorities with no new additional information on drivers and only serve to further discriminate against older drivers. To exemplify such feelings, a Caucasian man states:

Isn’t it enough that we get the doctor to sign our forms? I mean what does a refresher program show you [referring to the Superintendent of Motor Vehicles]? It doesn’t show you anything that the form your doctor sends them doesn’t. It is just more and more discrimination if they make these programs a requirement, because they target seniors. We already have more than enough policy and more than enough testing, way more than needed if you ask me. So what is the point?

In relation to the sub-topic ‘Another Way to Get Seniors Off the Road,’ only Caucasian and Caribbean/African seniors perceive that “to put these 2 policies” together is “again, like I said before, just another extension of how to get seniors off the road before they really should stop driving.” As is noted in ‘Another Way to Get Seniors Off the Road,’ 91.5% of Caribbean/African and 51.2% of Caucasian seniors, and no Asian and South Asian seniors, identify with this sub-topic. According to these Caribbean/African and Caucasian seniors, bringing together licensing policy and additional testing measures is a “suspicious government move,” but not surprising as governments “want seniors off the road because they think we are all a danger and don’t want to have to deal with us.” As driving programs would only cause them to feel “more stressed and nervous” while undergoing their licensing examination, these seniors openly express that they might as they do not believe they “perform well under stressful conditions.” One Trinidadian man, who paused for 5 minutes prior to discussing this topic, finally states:

I think it would be the worst the government could ever come up with. I stand by that, the worst licensing policy in the history of this country. And I can see the government doing it too you know. It would be the perfect way to run seniors off the road, make them take more tests. And these tests would probably just cause so much stress and heartache that if a senior takes them they will get all freaked out and fail. And there goes your license and the government would be happy because one less senior driving.
Regarding the final sub-topic ‘No, but the Government Should Decide’ 74% of Asian seniors and 56.8% of South Asian seniors perceive that licensing policy should not comprise of any additional requirements, including driving programs, as they are “good the way they are [referring to current licensing policy] in finding bad drivers.” For these Asian and South Asian seniors, but no Caucasian and Caribbean/African seniors, current policy pertaining to licensing procedures for adult drivers is adequate in screening for unsafe drivers and keeps the roads safe. As one Indian woman who doesn’t “think driving programs are all that necessary” states:

*No, I really don’t think that is a good idea. I think that the way things are good, especially after you explained them to me. The way you say things are, with having your doctor sign the paper and that they only send them in to be screened just goes to show how good our policy is. It is a good policy and how many seniors have you heard of getting into accidents and killing people? I think when it happens the news makes a bigger deal, but I think it was really that bad then it would be in the newspapers every day of the year.*

Interestingly, however, each of these Asian and South Asian seniors perceive that while licensing policies do not need “anything added to them,” it would be the prerogative of each government to amend such procedures by including a driving program for older seniors. According to these seniors, the government “knows what to do and what is best for senior drivers and can make the right policy choices." As such, these Asian and South Asian older drivers share that should the government make driving programs mandatory it would be with the intention to keep older drivers and other roadway users safe. One senior Indian woman, who believes the “government knows about senior drivers and how to make sure they are safe,” states:

*If the government wants to add one of these programs it is because they are just trying to make sure that the old drivers are still good drivers and that we can be safe. You do not want bad old drivers, you really don’t. Personally I don’t think that we need more things to prove we can drive because we have the doctor’s forms, like you say, but if the B.C. government wants to add is these programs then they will and they can do it because it is for the safety of us.*
11.4 Findings and Relevant Results: Driving Programs

The following section will bring together findings from the topic ‘Driving Programs,’ highlighting relevant results, linking topic findings to existing literature and most importantly demonstrating where new data has emerged regarding seniors’ perceptions around driving programs.

In recent years, academic attention has paid increasing focused to the role of education driving programs in keeping older drivers safe and driving for longer periods of time. Within the current literature, educational driving programs are generally defined as self-assessment workbooks that allow seniors to evaluate their driving abilities and provide suggestions that can be used by older drivers to improve and/or restrict driving performance. Such education driving programs are either conducted within a classroom setting and/or in the privacy of one’s home. Examples include, but are not limited to, Drivers 55 Plus: Check You Own Performance and Older Driver Skill Assessment and Resource Guide: Creating Mobility Choices, both based on research by Malfetti and Winter (1987), AAA Foundation for Traffic Safety and the American Association of Retired Persons.

Research on educational driving programs tends to focus on the validity and effectiveness of the above instruments in educating older drivers and/or improving traffic safety. Literature examining driving programs in relation to the impact on older drivers comes to 2 conclusions. First, it is found that older drivers partaking and/or completing driving educational curriculum benefit as they promote self-awareness and self-regulation amongst older adults. In a study conducted by Stalvey et al. (2003), on the Knowledge Enhances Your Safety (KEYS), a curriculum developed for older drivers with visual limitations, the authors sought to determine whether older driver’s ability to safely operate an automobile improved following the program. In examining baseline and 6-month post-test evaluations of 365 slightly visual impaired older adults, Stalvey et al. (2003) found that a number of seniors express being more adept to their driving abilities and inabilities after completing the program and self-regulate accordingly.

The work of Owsley et al. (2004), however, disputes such findings. In examining the same research dataset and findings used by Stalvey et al. (2003), the authors note that the KEYS educational program did indeed promote safe-driving strategies amongst older adults, but offered little else. As Owsley et al. (2004) notes, the KEYS program did not enhance driver safety, as crash rates remained constant post-program. In conclusion, Owsley et al. (2004) notes
that there is no empiric support that education programs enhance older driver safety (i.e. reduce crash rates).

While the majority of studies examine the validity of driving programs, few examine seniors’ perceptions around educational driving programs. The work of both Eby et al. (2003) and Tuokko et al. (2007) offer two of the few studies that examine seniors’ perceptions around the benefits and usefulness of educational driving programs. In administering The Driving Decision Workbook to 99 licensed drivers aged 65 and older, Eby et al. (2003) assess seniors’ perceptions regarding the workbook’s usefulness, particularly as a tool for facilitating discussions within families of older drivers. Overall Eby et al. (2003) find that the group of older drivers thought highly of the workbook. In fact, one quarter of respondents report that the workbook and its contents to be useful and are pleased with the fact that they had participated within this research (Eby et al., 2003). Importantly, seniors surveyed within this work further perceive that a driving education workbook and program may be a useful tool within families of older drivers to discuss driving in later years.

Similarly, amongst 86 older participants voluntarily attending a driver education program, Tuokko et al. (2007) find that driving education workshops and information are well received by seniors. Seniors express that the educational program allow them to explore their driving behavior and decide if changes are needed to their overall driving strategy. Tuokko et al. (2007) also find that a smaller number of senior participants express resistance to engage in driver educational programs, as it is believed that the information presented primarily focus on safety and driving abilities’ and not on how seniors may maintain mobility through the automobile. Furthermore, a distinct gender difference emerges, whereby older woman seem more receptive to the program when compared to their male counterparts. In closing, while Tuokko et al. find that many seniors perceive that education programs are both useful and beneficial, it is anticipated that psychological factors related to driving, such as driver perception, beliefs and openness to change will be useful for maximizing the fit between education program content and outcomes (Tuokko et al., 2007).

11.4.1 Findings and Relevant Results: Familiarity with Driving Programs

Findings presented in this thesis further contribute to the growing body of literature that examines perceptions around education driving programs in numerous ways. First, in documenting perceptions not previously explored, this work extends the understanding of
seniors’ perceptions around driving educational programs. Most importantly, this study lends new information to the literature base, as it examines ethnic differences in seniors’ perceptions of driving programs, an aspect that has been unexplored in previous research on the topic.

Previous work on the topic of driving programs and older drivers has not examined whether seniors are aware of driving programs offered within their communities. This work highlights that the majority of seniors are currently unaware of “any such program, anywhere.” As noted in Table 11.5, ‘Prevalence of Seniors Indicating ‘Awareness of Driving Program,’ over 75% of all seniors participating in this study are unaware of any educational programs offered within their respective community, and when asked to discuss available driving programs, the majority of seniors “can’t even think of one.”

Importantly, when examining Table 11.5, it becomes quickly evident that those who are unaware of such programs are primarily non-Caucasian seniors. All non-Caucasian seniors are unable to “even think up of one program.” This may be compared to the 66.1% of Caucasian seniors who are able to name at least one program in their community. Thus, while the number of Caucasian seniors who do not know of any available driving programs is not insignificant, the comparison to the fact that all non-Caucasian seniors are unaware of such programs is quite notable.

In light of these findings, a number of conclusions may be suggested. Firstly, the fact that all non-Caucasian seniors and a smaller number of Caucasian seniors are “in the dark about these programs” may suggest that such programs are not properly advertised and/or that information on driving programs is not made adequately available within these communities. Secondly, ethnic seniors in particular may be uninformed about driving programs because such information is typically not readily available in a culturally specific manner (i.e. language). Lastly, such lack of awareness may result in deterring these Asian, South Asian, Caribbean/African and smaller number of Caucasian seniors from actively seeking out such programs.

11.4.2 Findings and Relevant Results: Attending a Driving Program in Older Age

Similar to the work of Tuokko et al. (2007), seniors within this work state that they both would and would not find a driving program (defined in this work as driving refresher program and driving cessation program) to be beneficial, varying from stating that they would “for sure go to one” to proclaiming that they would “never go to one.” In examining the topic ‘Attend Driving Refresher Program’ and ‘Attend Driving Cessation Program,’ the percentage of seniors
noting they would attend or not attend such programs is nearly even. As is noted in Table 11.6 and Table 11.7, 52.7% and 51.8% of seniors say that they would not attend a driving refresher program and a driving cessation program, whereas 47.2% and 48.1% of seniors say that they would attend a driving refresher program and driving cessation program.

While the Tuokko et al. (2007) demonstrate a gender division in perceptions around programs, this work demonstrates an ethnic division. In both ‘Attend Driving Refresher Program’ and ‘Attend Driving Cessation Program,’ Caucasian and Caribbean/African seniors consistently share that they would not attend either program. Conversely, Asian and South Asian seniors generally share that they would “without questioning it, go to a class.” To exemplify, in examining Table 11.5, one will note that 81.1% of Asian seniors say that they would “probably go to refresher class, no problem,” where for 93.2% of Caribbean/African seniors “you would have to shoot me before I go to class that tells me how to improve my driving.”

Furthermore, while this thesis brings to light that perceptions around driving programs differ by ethnicity, it also examines the reasons why these seniors would attend or “never think for a moment” of attending such programs. As the above topics ‘Attend Driving Refresher Program’ and ‘Attend Driving Cessation Program’ testify to, those who are willing to partake in driving programs “will do so because they seem like they would be helpful in many ways of knowing how to be a better driver or not handle not driving anymore.” Only Asian and South Asian seniors provide reasons as to why one should attend a driving program. For instance, in examining Table 11.7, sub-topic ‘Help Prepare for Driving Cessation,’ 78.7% of Asian and 75% of South Asian seniors perceive that by attending a driving cessation program one would learn how to “get ready for not driving, like taking the bus and such.” Not a single Caucasian or Caribbean/African senior who identifies with “willing to take a driving-no-more class” provides such reasons.

Similar results are found regarding those who would not “need to even think it through, I would never take a driving program class.” While the majority of Caucasian and Caribbean/African seniors, and a smaller number of Asian and South Asian seniors, say that they would not attend such programs, their reasons differ according to ethnicity. For instance, for a number of South Asian and Asian seniors, the “only reason why I wouldn’t go to a class like this is simply because I feel my driving is fine.” As is noted in the topics ‘Attend Driving Refresher Program’ and ‘Attend Driving Cessation Program,’ all Asian and South Asian seniors who perceive that they would not attend a driving program state that it is out of the belief that their
driving is fine and does not need “any help.” The Caucasian and Caribbean/African seniors who “think I wouldn’t go to these classes” overwhelmingly state that it is “not only because my driving is perfect, but also because, shoot, it is a way to get seniors off the road.”

Particular attention must be paid to the fact only Caucasian and Caribbean/African seniors, and no other ethnic group, continuously state that they would not attend a driving refresher program and/or driving cessation program as they are viewed as “another way to get us older drivers off the roads for good.” Importantly, it should also be noted that such perceptions, as noted in Table 11.6 and Table 11.7, sub-topic ‘Another Way to Get Seniors Off the Road,’ is held by the majority of Caucasian and Caribbean/African seniors.

Given ethnic seniors’ perceptions around the topics ‘Attend a Driving Refresher Program’ and ‘Attend a Driving Cessation Program,’ a number of concluding remarks may be drawn. Firstly, it may be inferred that there is an ethnic difference in understanding the role and overall purpose of driving refresher and driving cessation programs. As the above statements indicate, Asian and South Asian seniors perceive such programs in a “helpful” framework, whereas Caucasian and Caribbean/African seem to view such programs as “threatening and something to stay away from.”

Secondly, given that a driving program is hosted in an institutional setting, Caucasian and Caribbean/African seniors may have “deep suspicion” regarding the roles of organizations/institutions in matters of “personal driving.” This may be suggested given that a majority of Caucasian and Caribbean/African seniors perceive that they would not partake in a driving refresher and driving cessation program as it is viewed as “the perfect way to get seniors away from their license,” a fact evident in both Table 11.6 and 11.7, sub-topic ‘Another Way to Get Seniors Off the Road.’

Lastly, drawing on the work of Tuokko et al. (2007), seniors’ negative attitudes towards educational driving programs and their “complete hesitation to participating in such programs,” stem from the fact that seniors are resistant to change around their driving behaviour and abilities. It may, therefore, be suggested that given the positive perceptions around driving programs and the desire “to take a class like this one,” Asian and South Asian seniors are more readily willing to address and/or begin learning about driving changes and driving ability in later years. Conversely, it may also be suggested that given the negative and “suspicious” perceptions around driving programs, Caucasian and Caribbean/African seniors are more hesitant to address driving and driving related abilities in later years.
11.4.3 Findings and Relevant Results: Bringing Together Driving Programs and Licensing Procedures

Regarding the last topic ‘Driving Programs and Licensing Procedures Linked Together,’ a great number of seniors perceive that the “two shouldn’t be brought together,” while a smaller number of participants believe “sure, they should go hand in hand.” As is discussed in topic ‘Driving Programs and Licensing Procedures Linked Together,’ Table 11.8, just over 85% of seniors perceive that the driving programs should not “be connected to licensing policy,” an ethnic difference does arise. As noted in Table 11.8, just over 36% of South Asian and 25% of Asian seniors perceive that licensing procedures should include “some sort of driving program requirement,” whereas only 3.3% of Caribbean/African and less than 1% of Caucasian seniors express such thoughts. Conversely, almost all Caucasian (90.9%) and Caribbean/African (93.2%) seniors believe that licensing procedures should include driving programs. This may be compared to 74% of Asian and 63.6% of South Asian seniors who similarly state that “these 2 things should be as far away from each other as possible.”

However, while it may seem that the majority of seniors, regardless of ethnicity, perceive that licensing procedures should not come to incorporate driving programs, in examining Table 11.8 one will note reasons given for such perceptions differ according to ethnicity. To elaborate, a great number of Caucasian and Caribbean/African seniors state that “to connect our licensing to driving programs” is a discriminatory act against older drivers and, similar to the above topics, a way to “drive seniors off the road.” As is shown in sub-topic ‘Act of Discrimination’ and ‘Another Way to Get Seniors Off the Road,’ only Caucasian and Caribbean/African seniors share such views. Asian and South Asian seniors, in comparison, state that while there are enough “driving rules to keep seniors safe, no need to add more,” these seniors conclude by noting that the final decision around linking driving programs and licensing procedures should be left to the provincial governments of British Columbia and Ontario who “know what to do with old drivers to keep us safe.”

The above may indicate a number of findings. First, given the fact Asian and South Asian readily perceive that driving programs as beneficial and “very, very useful,” as is noted in the previous 2 topics, it may not be surprising that those who believe that driving programs should be brought under the licensing regime for older drivers are primarily Asian and South Asian. Conversely, however, given the fact that the majority of Caucasian and Caribbean/African seniors perceive that the “licensing doesn’t need no programs” may suggest and/or confirm
perceptions around driving programs noted above, whereby these seniors view driving programs and/or the institutional forum in which they are held with “great suspicion” and deliberate acts intended to “take away our licenses in older age.” Lastly, from an ethnic standpoint, given that the majority of Asian and South Asian seniors perceive “there no need to add anything else to the licensing system,” but continue to note that it is the government who “should have final and right decision.” It may be suggested, then, that Asian and South Asian seniors hold a greater trust in the government’s ability to ensure the safety of older drivers and all users of the road.
Chapter 12: Conclusion

Seniors’ Perceptions around Driving Cessation: A Multi-Cultural, Multi-Ethnic Perspective

To conclude, this thesis examines ethnic seniors’ perceptions around driving cessation from within the Asian, South Asian, Caucasian and Caribbean/African communities. This work was guided by the following 3 research statements:

1. Document ethnic seniors’ perceptions around driving cessation.
2. Document the differences in perceptions across the varying ethnic groups regarding seniors’ perceptions around driving cessation.
3. Determine whether ethnic seniors’ perceptions around driving cessation differ and/or confirm findings in the vast literature base pertaining to seniors’ perceptions around driving cessation.

In relation to the first 2 guiding research statements, this thesis offers extensive documentation of ethnic seniors’ perceptions around driving cessation around the 6 categories presented in the Results Chapters, including ‘Perceptions around Driving Cessation – An Individual Perspective,’ ‘Perceptions around Driving Cessation: Social Perspective and Perceptions around Driving Cessation: Family Interactions,’ ‘Preparing for Driving Cessation and Third Party Involvement in the Driving Cessation Decision-Making Process,’ ‘Seniors’ Perceptions Pertaining to Instrumental Concerns around Driving Cessation ‘Public Transportation, Transportation Alternatives, and Transit Accessible Locations’ and ‘Licensing Procedures/Policy and Driving Programs.’

To document ethnic seniors’ perceptions around driving cessation and to document the differences in perceptions across the varying ethnic groups, the researcher worked with 351 seniors from different ethnic groups residing in the City of Vancouver and City of Toronto proper, and the surrounding communities of the City of Richmond and City of Surrey, and City of Vaughan and the Town of Richmond Hill. Seniors interviewed within this study are from the Asian (127), South Asian (44), Caucasian (121), and Caribbean/African (59) community.

Guided by the overarching methodical framework of grounded theory, the researcher worked closely with a number of ethnic seniors to develop the interview guidebook that reflected the topics, framed in a culturally sensitive manner, which ethnic seniors would be likely to discuss during a formal interview on the issue of driving cessation. With the interview guidebook developed, the researcher conducted one-on-one interviews with all 351 seniors, between the months of August 2011 and February 2012. These in-depth, semi-structured one-
on-one interviews lasted approximately one to 2.5 hours, allowing seniors to discuss and share at great length their feelings, thoughts, fears, hopes and perceptions around driving cessation in later years.

Once interview data was collected, the researcher used thematic analysis, guided by the central tenants of grounded theory, to code the primary data, documenting emerging sub-topics, topics, themes and categories. Grounded theory and thematic analysis were used within to ensure that all results emerged in a natural and organic matter with little interference by the researcher, thereby ensuring that seniors’ perceptions around the topic of driving cessation are well represented and accurately documented.

Overall, ethnic seniors’ perceptions and differences in ethnic seniors’ perceptions are documented in 140 sub-topics, 40 topics, 11 themes, and 6 categories, as noted in Results Chapters 6 through 11. A summary of each of the 6 categories are represented in Figures 12.1 through 12.12 (Appendix F).

To truly draw out and document differences in ethnic seniors’ perceptions around the subject of driving cessation, the researcher applied a positive and negative framework to each of the sub-topics in relation to the overall topic, and further denoted the number of participants, according to ethnic group, that identified with the particular topic. Figure 12.1 and Figure 12.2 demonstrate the manner in which each ethnic group associated with and conceptualized each of the defined topics for Category 1. As is noted in Figures 12.1 and 12.2 through 12.12, seniors’ perceptions around driving cessation from an individual perspective differ according to how each ethnic group discussed and conceptualized each topic. Figures depicting ethnic seniors’ perceptions around driving for each of the additional 5 Categories may be found in Appendix F.
Specific to each of these 6 categories, a number of concluding remarks may be made. While it is difficult to address and summarize the numerous findings revealed throughout this thesis, the following reiterates a number of the more widely discussed perceptions around driving cessation:

- **Category 1:** Regardless of ethnicity all seniors perceive that should they cease driving they would “lose their mobility” as “mobility is provided by my sweet, sweet car.” Furthermore, all seniors, irrespective of ethnic background, share that ceasing driving in later years would lead “to a loss of personal control over my life.”

- **Category 2:** All senior participants, regardless of ethnic background, share that driving cessation would result in “Taking away the social time that driving
provides you. Driving allows you to bond with friends and family in ways that you can’t at other times.” A great number of Asian, South Asian and Caribbean/African seniors perceive that to cease driving would “make me have serious concerns over the mobility of my close family members.” Caucasian seniors, when discussing the mobility needs of family members, do not perceive this issue in a similar manner, but rather agree that “I have no worries about how other members of my family would get around if I didn’t drive.”

- Category 3: A great number of Caribbean/African and Caucasian seniors, and only these ethnic groups, share that prior to driving they perform “my own driving test that helps me determine whether I am a fit drive or whether I should stop driving.” For a great number of Caribbean/African seniors, it is openly shared that “for me personally, driving cessation will probably only occur because I can’t afford my car and for no other reason.” Conversely, a great number of Asian and South Asian seniors, and all Caucasian seniors, share that “I have no concern about money and driving, those 2 things are not related and lack of money won’t cause me to not drive.”

- Category 4: The great majority of seniors, regardless of ethnicity, admit to “not preparing and not even thinking about preparing for driving cessation.” However, a small number of seniors identify with preparing for driving cessation in a positive framework by sharing “I have made plans about not driving, and plans about how to get around for a life with no car.” Importantly, seniors express varying views regarding whether one’s physician and family has the right to broach the topic and/or intervene in the driving cessation decision-making process; such perceptions are dependent upon ethnicity. However, all seniors, regardless of ethnic background, perceive that “close friends can most certainly talk to me about not driving.”

- Category 5: Regarding public transit, all seniors, regardless of ethnicity, perceive that “the bus or any public transit is super inefficient, especially when compared to my super-fast convenient car.” Many seniors share that there are a number of transportation alternatives that may ease the decision to cease driving, although the types of transportation alternatives that are perceived to ease this decision are dependent upon ethnicity. However, all seniors, regardless of
ethnicity, perceive that “at the end of day, no matter how good your [transportation] alternative is nothing comes close the automobile and nothing will make the decision to not drive any easier.” In relation to seniors’ perceptions around transit accessible locations, all seniors, no matter their ethnic background, firmly share that “I won’t relocate anywhere else besides where I am living for increased access to a bloody transit station.”

- Category 6: The overwhelming majority of Caucasian seniors express familiarity with current licensing procedures in the Province of British Columbia or Province of Ontario. The overwhelming majority of non-Caucasian seniors, however, share that they are “completely unfrriggin’ familiar with what licensing stuff you are talking about.” Importantly, the majority of Asian and South Asian seniors express that they are “willing to try a driving programs [sic],” whereby the majority of Caucasian and Caribbean/African seniors express, in a negative manner, that they “would never, ever, not ever attend any driving program in my lifetime.”

The third research statement guiding this thesis notes whether findings within this thesis differ and/or confirm findings in past literature in examining and discussing ethnic seniors’ perceptions around driving cessation. As is noted in Results Chapters 6 through 11, in certain instances the findings of this thesis confirm past literature’s analysis of seniors’ perceptions around driving cessation. This thesis, also, though, brings to light new findings that have not been explored in past literature. As is noted in all Results Chapters, this thesis adds and/or expands the current understanding of seniors’ perceptions around driving cessation by placing particular attention on the perceptions of ethnic seniors. It is in this respect that this thesis stands apart from other works, as no other literature has thus far taken into consideration ethnic seniors’ perceptions surrounding driving cessation in later years. The various ways in which this thesis’ findings differ and/or confirm the analysis of other literature examining the subject matter of seniors’ perceptions around driving cessation is noted at the end of the Results Chapters under the heading ‘Findings and Relevant Results.’

This thesis extensively documents ethnic seniors’ perceptions around driving cessation and may, therefore, be used in a number of different contexts. From a health care and caregiver (i.e. family members, friends, etc.) perspective, results within this thesis may better inform understanding of ethnic seniors’ perceptions around driving cessation and, in particular, seniors’
views, fears, anxieties and concerns of life post-cessation. Health care providers and family members may use the findings from this thesis to better understand how ethnic senior’s perceive the role and right of family members, friends and physicians in broaching the topic of driving cessation, which may thereby provide a basis to addressing and approaching the topic of driving cessation with older adults, while taking into consideration seniors’ specific understanding and stance on this issue.

As health care providers are on the frontline of developing programs that address the topic of driving cessation, the findings in this thesis may serve to help them to educate and inform ethnic seniors regarding the role of physicians and family members in the driving cessation debate and, further, create and present driving cessation materials in a culturally appropriate manner.

Like those in the health care profession, academics, and in particular researchers in the field of aging and gerontology, have and continue to develop material/programs on the topic of driving cessation and driving in older age that aim to be accessible to the public. Findings within this thesis may aid in informing and developing such material/programs by demonstrating that ethnic seniors’ perceptions around driving cessation are not easily generalized and, therefore, ethnic seniors may require unique information on the topic of driving cessation that discusses their particular concerns in a culturally sensitive manner.

Importantly, as this thesis demonstrates the ethnic differences in perceptions around driving cessation in later years, it may draw academic attention to the fact that ethnic seniors’ perceptions are have been largely neglected in past literature. This may thereby entice other academics to explore ethnic seniors’ perceptions around the topic of driving cessation.

This thesis may also be used by public transportation authorities in a number of ways. First, findings within this thesis may provide public transit providers with an understanding regarding ethnic seniors’ perceptions and concerns around public transit in the cities of Toronto and Vancouver and surrounding suburban locations. Secondly, findings within this thesis may provide a basis for public transit providers to work with the different ethnic groups partaking within this work, addressing their specific concerns regarding public transit and the actions undertaken by transit authorities (i.e. lack of community consultation). Further, the findings presented within this thesis may not only enable transit authorities addressing ethnic seniors’ perceptions and concerns around transit use, but also highlight the different transit programs available to seniors and what additional programs may be needed. Transit authorities may use
this information to work collaboratively with seniors to entice and demonstrate to them the benefits of using public transportation in later years.

Government agencies that deal primarily with older adults (for example, Ontario Seniors’ Secretariat) and licensing (Ministry of Transportation Ontario and Office of Superintendent of Motor Vehicles) may also benefit from the findings within this thesis. First, government agencies that develop driving cessation material/programs may use this thesis to do so in a manner that takes into consideration ethnic seniors’ perceptions around cessation, addressing seniors’ fears, anxieties, concerns and wants in a culturally specific manner. Further, seniors’ government agencies and licensing authorities may use this work to better understand why seniors perceive the current licensing legislation and policy as discriminatory and how to begin to address and/or work with ethnic seniors to better address and/or develop driving policies that are perceived as more inclusive. Lastly, government agencies may use this thesis to begin to understand the types of transportation alternatives that older ethnic adults perceive to be acceptable and/or that may aid in their decision to cease driving. With this, government agencies may work with older ethnic communities to determine which transportation alternatives are feasible, how to make these transportation alternatives senior friendly and to ensure that feasible transportation alternatives become a reality.

Senior advocacy groups may also find value with the findings presented within this thesis, using the perceptions of ethnic seniors presented here to educate and address ethnic seniors’ concerns and expectations around life after driving. As senior advocacy groups work closely with seniors, they may also use the findings from within this work to begin to mediate discussions around the topic of driving cessation in a culturally specific manner and determine how to further address issues of driving cessation throughout their respective communities. Senior advocacy groups, similar to academics, health care professionals and government agencies, are actively developing driving cessation programs, and thus may benefit from the ethnic seniors’ perceptions documented in this thesis. Further, senior advocacy groups may act as a liaison between ethnic senior communities and government agencies, licensing authorities and physicians, and use the findings presented within this thesis to aid the latter agencies to develop strategies to appropriately address driving cessation with ethnic older adults.

While this researcher worked to ensure that ethnic seniors’ perceptions around driving cessation are well documented within this thesis, a number of limitations exist. First, the sample size regarding specific ethnic groups is relatively small. While the number of Asian and Caucasian
seniors interviewed within this work is sizable, fewer Caribbean/African and South Asian seniors are included within this work. As such, this work would have benefited from additional participants from the Caribbean/African and South Asian community.

Further, this thesis treats Caribbean and African seniors as the same ethnic group and, thereby, combines their perceptions around driving cessation. This thesis would have benefited and may have been better informed around ethnic seniors’ perceptions on driving cessation by keeping the perceptions of these two groups separate. This thesis would have also benefited from examining the views of a wider spectrum of ethnicities than were examined within this work.

An additional weakness of this thesis is grounded in the fact that the overwhelming majority of seniors resided in urban locales, such as the City of Toronto and the City of Vancouver. Capturing a larger sample base in suburban locations would have led to a more comprehensive understanding of seniors’ perceptions around driving cessation.

The last limitation of this work stems from the fact that the majority of seniors interviewed within this thesis are male, a fact that is particular true for seniors from the Asian, South Asian and Caribbean/African communities. As such, ethnic perceptions around driving cessation may be skewed towards a male perspective. A more gender-balanced sample base would have better incorporated older ethnic women’s perceptions around driving cessation.

This thesis thoroughly documents and captures ethnic seniors’ perceptions around driving cessation and further adds and expands the current understanding around the topic. Nevertheless, future studies may serve to further and deepen our understanding around the subject matter of ethnic seniors’ perceptions pertaining to the cessation of driving in older age. Future research on the topic of driving cessation from an ethnic perspective may continue to examine and document ethnic seniors’ perceptions around driving cessation, given that there remains much more knowledge to be acquired than thus thesis was able to incorporate. Secondly, future research may examine ethnic seniors’ perceptions around driving cessation from the viewpoint of a number of ethnic groups that are not examined within this thesis. Additional research may focus on the examining the perceptions of the family members and physicians of ethnic seniors to better determine how they perceive driving cessation from an ethnic perspective and how to better frame the discussion with ethnic older adults. In addition to family members and health care professionals, future research may examine how public transit authorities and governing bodies may work together, and with ethnic seniors, to better
address the topic of driving cessation and transportation alternatives. Lastly, future research may examine the particular perceptions and concerns of ethnic senior women that come up in discussions of driving cessation.

In closing, this thesis examines ethnic seniors’ perceptions around driving cessation, offering a point of view that has not been addressed in past literature. As such, this thesis expands the understanding of driving cessation in later years as it clearly demonstrates that, in general, ethnic seniors have a different perspectives around driving cessation than what past studies on this topic have offered, bringing to attention the fact that ethnic seniors have unique needs, understandings, concerns, anxieties and expectations when it comes to driving cessation.
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Appendix A: Driver's Medical Examination Report

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<th>Description</th>
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<td>VITAL SIGNS (section 2 of Physician's Report)</td>
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<td>Blood Pressure</td>
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<td>B. VISION SCREENING AND PHYSICAL FINDINGS AFFECTING DRIVING</td>
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<td>C. OPINION</td>
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<td>May in future - recommend follow-up in ______ years</td>
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<td>D. DETAILS OF CONDITION(S) THAT AFFECT OR MAY AFFECT DRIVING</td>
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<td>E. RECOMMENDATION(S)</td>
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<td>F. DRIVER'S CERTIFICATION AND CONSENT TO RELEASE INFORMATION</td>
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Appendix B: Senior Driver Group Education Booklet

Senior Driver Group Education

Table of Content

1. Introduction
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1. Introduction

Purpose

Welcome to the Ontario Ministry of Transportation's Group Educational Curriculum for senior drivers. The goals of this curriculum are to:

• Build on your strengths as senior drivers
• Talk about the effects of getting older on driving
• Help you deal with traffic situations of special concern
• Review some rules of the road and traffic signs
• Help you drive safely for as long as possible, and
• Help you decide when it is time to limit or stop driving

Participant booklet

The Booklet is yours to keep. It contains important information from the education session which is good to review at home. It also provides help to create your own action plan for safe driving.

2. Strengths of Older Drivers

• **Judgment** - The best judgment comes with experience. History is full of leaders that made their best contributions later in life. Many current world leaders are in their 60s and older.
• **Experience** - Seniors have a wealth of experience. By the time we reach 80, most of us have been driving for years, on all kinds of roads and in all kinds of situations.
• **Vitality** - Seniors are now living longer, healthier and more active lives.
• **Responsible** - As a group, seniors are quite responsible. Seniors have a low rate of drinking and driving.
• **Ability to Adapt** - Seniors have shown they can adapt to the many changes that have occurred in roads and motor vehicles over the years. Many seniors also make changes in their driving habits, example; choosing not to drive at night, in bad weather or in heavy traffic. This ability to adapt is very important as we experience the effects of getting older.

3. The Effects of Getting Older

**Knowing Yourself**

We all have different abilities and skills as drivers. All drivers need to be aware of both their strengths and limitations in order to make good decisions (such as when and where to drive).

*The important thing is to know your own level of ability.*

While we age at different rates, we all experience some changes in our bodies as we get older. While many of these changes do not have a dramatic impact on our daily lives in general, they can affect driving.

*Did you know that drivers often must make 8 to 12 decisions every kilometre or half mile? Sometimes, you have less than half a second to make a decision.*

This means that even small age-related changes can make a big difference in driving decisions. Knowing more about how aging affects driving is the first step in keeping you on the road longer.

The following section helps you to think about some of the most important physical changes (vision, hearing, movement and reaction time) that can affect driving ability as we get older.

**Vision**

Gradual changes in vision as we age may lead to problems:

- **Seeing less clearly (especially at night or at dusk and dawn)**
- **Judging distance**
- **Being more sensitive to glare (such as rain and light on the windshield)**

Your vision is tested when you renew your driver’s license to make sure it meets driving standards. If you are having any of these problems, see your doctor.

*Remember, you need to turn your head or body to check your blind spot and to see what is around you.*

Medical conditions can also affect vision. By age 75, almost half of us will have early cataracts, and about one in four will have advanced cataract disease. Cataracts are like having a waterfall in front of your eyes, and can seriously affect your ability to drive. The good news is the problem can now be easily corrected.

Other eye disorders that can lead to reduced vision or even blindness are glaucoma and macular degeneration (loss of sharp central vision). Glaucoma, if detected early, can be effectively treated, in most cases. There are new and effective treatments for many people with macular degeneration. Regular eye exams can pick up these problems.

**Hearing**

By age 65, one-third of us have some hearing loss. Gradual hearing loss increases with age. Medical problems (such as tinnitus or ringing in the ears and infections) can also impair hearing. Regular hearing exams can pick up these problems. The good news is that better hearing aids are being developed all the time.
Hearing loss affects one’s ability to hear horns, sirens and brakes. You may also have to rely on your vision more to compensate for hearing loss.

Flexibility, Movement and Strength

As we age, we often have more stiffness and less range of movement in our neck, shoulders, arms and trunk. Flexibility affects our ability to:

- Check your blind spot
- Look for traffic and pedestrians at intersections
- Merge with oncoming traffic
- Yield the right of way, back up and park

Many people develop some arthritis with age. Osteoarthritis, the most common form of arthritis, affects the body’s joints causing swelling and pain. Rheumatoid arthritis is less common, but more painful. Both forms of arthritis can restrict movement. Osteoporosis (bone disease) also makes moving more difficult and painful.

Similar to flexibility or movement, strength also tends to decrease with age, especially if people are not physically active.

Arm strength is important for the safe control of your steering wheel, particularly when you have to make quick or sudden movements. Leg strength is important for pressing your acceleration and brake pedals, especially when quick actions are required.

The good news is flexibility, strength and reaction time can be improved with regular exercise.

Reaction Time and Concentration

With age, we may also experience gradual changes in:

- Reaction or response time (slower)
- Concentration (more easily distracted), and
- Coordination (poorer)

Medical problems such as Parkinson’s and stroke can have substantial effects on reaction time, concentration and coordination.

When you have a choice, it is always a good idea to avoid traffic situations that are fast paced.

4. The Possible Effects of Drugs on Driving

- Drowsiness
- Dizziness
- Blurred vision
- Difficulty concentrating and staying awake
- Confusion
- Memory lapses
- Difficulty keeping a steady course (staying in the proper lane)

*If you have any of these symptoms, you should not drive. Wait until you feel better, take a taxi or get someone to drive you. If you develop any of these side effects while driving, pull over and rest. Tell your doctor.*

Certain drugs (such as tranquillizers, anti-depressants, sleeping pills and some pain pills) are most likely to cause the above symptoms and affect driving ability. Some antihistamines (for allergies and hay fever) as well as colds and flu remedies can also cause you to become drowsy.

Not only prescription medicines, but products you can buy off the shelf (like “natural” or “herbal” remedies), can have side effects. These over-the-counter drugs can also interact with, or change, the effects of any prescription drugs you are taking.

Always carefully read the warning labels! If you are not sure, ask the pharmacist.

**Older Adults Need to be Very Careful. Why?**

- Older adults tend to take more drugs
- The risk of side effects and interactions increase with the number of drugs taken
- With age, our bodies react differently. It takes longer for the body to break down or get rid of a drug
- This is also true of alcohol. While people tend to drink less alcohol as they get older, it takes fewer drinks to impair our driving. Alcohol, mixed with certain drugs, can be very dangerous
- Other factors, such as medical problems, can alter the body’s response to alcohol and certain drugs

Discuss the possible effects of each medication you are taking (both prescription and non-prescription) with your doctor. Ask if the drug can have any possible effects on your driving.

**Medication Action List**

All older adults should keep an up-to-date list of all medications (both prescription and non-prescription) they are taking. If you do not already have a list, at the end of the Booklet there is a handy table you can cut out (Section 13). Keep a copy of this list with you in your purse or wallet and in the glove compartment of your car.

Take this list when you see your doctor and pharmacist and review it with them. If you have any negative side effects, particularly when starting a new drug, tell your doctor and pharmacist. They may suggest some options (such as taking the medicine at night instead of in the morning). Never stop taking medicine or change the dose without talking to them first.

**5. Good Practices to Maintain Driving Fitness**

As we grow older we may need to pay closer attention to what is going on around us. Neck and trunk flexibility may make it harder to see things around us. In order to maintain fitness for driving, it is important to:

- Have regular medical, eye and hearing check-ups
- Care for our bodies (eat well, get enough sleep)
- Stay physically active
- Stay mentally active
- Be aware of the effects of drugs and alcohol
Regular check-ups, including review of medications, are necessary to catch and treat any medical problems. Good nutrition, getting enough sleep and staying mentally active (reading, doing crossword puzzles or playing cards) also helps us concentrate while driving.

Regular exercise will increase your flexibility, strength, balance and coordination. It will help you prevent falls and drive better!

The good news is that it is never too late to begin exercising and you will notice an immediate difference in how you feel. To get a copy of Canada’s Physical Activity Guide for Older Adults, see Section 12 for further information. Also consider joining an exercise class for older adults at your local community or seniors’ centers. There are many fun classes (such as aquatics, Tai Chi, yoga, dance) for you to choose from.

6. Personal Action Plan

Being aware of our own abilities is key to road safety (our own as well as the safety of passengers and other drivers).

Many people make changes to their driving habits as they get older without giving it much thought. Others, however, fail to notice the changes they are experiencing that affect driving ability. This section gives you tips for dealing with various driving difficulties.

Your instructor will take you through this exercise. When you get home, you should honestly assess your own ability and come up with your Personal Action Plan for safe driving.

1. Circle each statement (issue or problem) that applies to you, then,
2. Circle the tips below that you find most helpful.

Night Vision and Glare

Reduced night vision can make it more difficult to read road signs and see people walking or riding bikes.

1. Do you find it hard to see driving at night?
2. Does glare from the sun or lights of other cars bother you?
3. Do you need to slow down to read unfamiliar road signs?

Tips:

• Avoid night driving
• If you need to drive at night, allow 5 minutes for your eyes to adjust
• Avoid glare by looking to the right-hand side of the road rather than directly at the oncoming traffic
• Drive on well-lit roads where possible
• Get regular eye examinations
• Keep your windshield, inside of windows and car lights clean
• Wear quality sun glasses
• Turn headlights on 30 minutes before sunset
• Always wear your latest prescription glasses. Don’t wear old glasses or someone else’s

Side Vision and Flexibility

As we grow older, we may need to pay closer attention to what is going on around us. Neck and trunk flexibility may make it harder to see things around us.

1. Do you find it hard to turn to check your blind spot?
2. Are you sometimes surprised by cars that appear beside you?
3. Do you sometimes not notice people walking or riding on bikes at intersections?

Tips:

- Do regular flexibility exercises
- Look for things happening to both sides of your car and well up the road
- Check mirrors regularly. Reduce your left side blind spot by adjusting your side mirrors. First, lean your head against the window, adjust your mirror outward so that when you look at the inside edge you can barely see the side of your car. If you use a wide-angle mirror, practice before using it in traffic
- Don't drive in other car's blind spot
- Always check before backing up
- Watch for people walking at intersections. Remember that they have the right of way. Pay attention to signs including at crosswalks and school zones.
- Avoid backing out of parking spaces if possible
- Park your car so that you can exit going forward

Judging and Reacting

Difficulty judging distance and slower reaction times can make it harder to deal with fast moving traffic.

1. Do you find it hard to pull out in heavy traffic?
2. Do you find it hard to judge the distance and speed of other cars?
3. Do you find things happen too quickly for you to make good driving decisions?

Tips:

- Keep a buffer of space around your car
- Stay 3 seconds of travelling time behind the car in front of you
- Slow down for bad weather or road conditions
- Brake smoothly and gradually
- Make sure that your front tires are pointed straight ahead while waiting to make a left turn
- Make 3 right turns rather than making a left
- Pre-plan your trip
- Check your rear view mirror when braking
- Stay mentally active (e.g., puzzles or crosswords)
- Avoid driving in bad weather
- Avoid heavy traffic and highway driving
- Drive at the speed limit, driving too slow is unsafe
- Switch to a road with a lower speed limit
- Drive in the right lane wherever possible
- Signal your intentions well in advance
- Check your mirrors often

Concentration

Short lapses in attention can lead to missing important information like lights, stop signs and traffic conditions.

1. Do you get lost while driving?
2. Do you sometimes change lanes or merge without looking?
3. Do you tend to drive much faster or slower than other traffic?
4. Are you distracted or does your attention wander while driving?

Tips:

• Do not let passengers, the radio or cell phone distract you
• Plan your driving for mid-morning when you are most rested, traffic is lighter and glare is less
• Plan so that you need to make fewer trips
• Avoid busy streets
• Take frequent breaks, stop for stretching and walking exercise
• Let someone else drive when you are tired or stop for a rest
• Avoid driving on less familiar roads
• When backing up ensure that you are in the correct gear and that your foot is on the correct pedal
• Do not drive when upset
• Do not drive in situations that make you nervous
• Always check your mirror and look over your shoulder before changing lanes or merging

Other Useful Tips

During the class discussion, your group may have come up with other tips. Write down those you feel are most useful.

It is important to keep this Personal Action Plan for safe driving up-to-date. As you get older, you will experience more changes. You need to continue to be aware of what you can do to help yourself drive safely.

The more difficulties that apply to you, the more important it is that you take a good look at your driving and consider talking with your doctor, family and friends.

It is up to all drivers to make changes to improve their driving.

7. The Safety Driving Cycle

Safe Driving Cycle

Look (Scan)

Looking (or scanning) means paying attention to everything around you, including what other drivers are doing. You should always be aware of what is happening in front, behind and to both sides of your vehicle. Remember to keep your eyes focused on the road some distance ahead. As we age, we tend to focus on the road just in front of us. The sooner we see or hear a problem, the more time we have to react. Examples to watch for include; brake lights of the car in front of you, an emergency vehicle in the intersection ahead, a car in front of you turning onto the road, a honking horn, or road signs and traffic lights.

Think (Decide)

Now that you are fully aware of what is happening on the road, you now need to interpret these events and decide how you should respond based on what you see and hear. For instance: Why did the car in front of you put on their brake lights? Do you also need to slow down? How close is the car behind you? Is that a siren you hear? Where is it coming from?
Act

Finally, you need to act. For instance, when you see an intersection ahead with a stop sign, you will need to check your rear view mirror, gently apply the brakes and slowly come to a complete stop a safe distance behind the car in front of you.

_Taking a proactive approach to driving can make a real difference._

8. High Risk Situations

Young drivers have the highest number of collisions. Seniors aged 80 and over have the second highest rate based on amount of driving.

_Because seniors are more fragile, they are more likely to be injured or die as the result of a motor vehicle collision._

_Seniors also tend to be more involved in certain types of collisions. By being aware, you can develop strategies for avoiding or dealing with these situations._

Areas of special concern include:

- Backing up
- Intersections
- Turning (particularly left turns)
- Yielding (right-of-way)
- Following distance
- Entering and exiting roadways, merging
- Maintaining lane position and speed
- Reading road signs
- Paying attention to traffic lights and stop signs
- Responding to fast paced situations

While driving can be challenging at times, the good news is that there is a lot that you can do to ensure your own safety and the safety of others while still enjoying the benefits of driving. In addition to the tips already covered, knowing the rules of the road is key to driving safety.

The examples below are taken from the Official Driver’s Handbook published by the Ontario Ministry of Transportation. This is the handbook that you studied to take your written test.

_Keep your copy of the Official Driver's Handbook handy. It contains many more useful tips for safe driving than can be covered here._

Backing Up

When backing up (or into a parking space) remember to:

- Move slowly
- Make sure that you are using the correct gear and foot pedal
- Check the way is clear. Always look for pedestrians or cyclists
- If going straight back or to your right, turn your body and head to the right and look back
- If backing to the left, turn and look over your left shoulder
- Always check the opposite shoulder
• If you are turning as you back up, check to make sure that the front of your car has lots of room and will not hit anything.

Intersections

Slow down as you approach. Look for traffic, yield signs, stop signs, traffic lights, cyclists and pedestrians.

There are two main types of intersections: controlled and uncontrolled. Controlled intersections have traffic lights, yield signs or stop signs. On a green light, drive through the intersection at a steady speed. If the light has been green for some time, be prepared to stop. If the road ahead of the intersection is blocked with traffic, remember to stop before entering the intersection so that you will not block traffic if the light changes.

At uncontrolled intersections all cars must stop. If two cars approach the intersection at the same time, the car to the right goes first.

Right Turns

The proper way to make a right turn includes:

- Start and end in the right hand lane
- Signal well in advance
- Look ahead, then left and right
- Then look to the left again
- Check your right side blind spot
- Make the turn

Left Turns

The proper way to make a left turn includes:

- Signal well in advance
- Move into the left-hand lane, when clear
- Look ahead, left, right and left again
- Check your blind spot
- Make the turn when the way is clear
- If making the turn from a stop, keep your wheels pointed straight until ready to make the turn
- When the turn is complete, move back into the right lane when it is safe to do so

Keep in mind that you can sometimes make three right turns (going around the block in the same direction) rather than a left turn.

Following Distance
The "2 second rule" helps you determine a safe following distance in ideal driving conditions. Due to slower reaction time, older drivers should use the "3 second rule".

- Pick a marker on the road ahead, such as a road sign or telephone pole
- When the rear of the vehicle ahead passes the marker, count "one thousand and one, one thousand and two and one thousand and three"
- When the front of your car reaches the marker, stop counting

If you reach the marker before you count to "one thousand and three," you are following too closely. In poorer weather or road conditions, allow more time (distance) for safe stopping.

Merging Into Traffic

The correct way to merge into traffic includes:

- Check your blind spot when you are on the entrance ramp
- As you enter the acceleration lane, signal, increase your speed to match the speed of the other vehicles
- Merge smoothly

If you find freeways stressful and the speed too fast, use less busy streets with lower speeds to get where you want to go. Plan ahead.

9. The Importance of Signs

In addition to the rules of the road, you need to pay close attention to road signs. Road signs and traffic lights tell you what to do (or not to do) and when. You can be charged for failure to follow road signs and traffic lights. If you miss these signs or do not know what they mean, it could be also be very dangerous for you, other drivers and pedestrians. You need to be familiar with these signs. When you are going 60 kilometres an hour, you do not have time to look at your Driver's Handbook. Some types of signs are reviewed below.

Review your Official Driver's Handbook regularly to be familiar with rules of the road and all road signs.

Regulatory Signs

- Do not turn left at this intersection
- Traffic may only travel in one direction
- Do not enter this road
- Do not turn right on red light

Regulatory signs normally have a white background with black markings. They may have additional colours of red or green. They give specific directions about what actions must be taken and what is permitted and what is not.
### Warning Signs

Lane ahead is closed for road work. Obey the speed limit and merge with traffic in the open lane.

The road ahead is split into two separate roads by a median. Keep to the right-hand road. Each road carries one-way traffic.

Traffic Lights Ahead.
Slow down.

Most warning signs are yellow in colour and alert us to changes in driving conditions that require particular attention.

### Other Signs

Examples of other types of signs include yield, railway crossing and stop sign ahead, as well as construction, slow moving vehicle and directional signs, etc. It is critical that we pay attention to what signs are telling us to assist in driving safely.

### New Law - Yielding to Buses

It is always courteous to yield to buses. It is also now the law to yield the right of way to a transit bus, with this sign on the back, that is signaling to re-enter your lane from a bus bay.

This sign appears on the back of a bus, just above the left-hand signal light.

### New Law - Emergency Vehicles

When a police, fire ambulance or other emergency vehicle is approaching from either direction, with lights flashing or siren on, motorists are required to pull over to the right and stop. Motorists must also yield to an emergency vehicle at intersections.

A new law requires motorists, when approaching a stopped emergency vehicle with its red lights flashing (in the same direction of travel in a lane or shoulder), to slow down and proceed with caution. If the road has two of more lanes in the same direction, the motorist must move over into the other lane if this can be done safely.
10. Alternatives to Driving

A Big Decision

While the tips in the booklet may help improve your driving safety and comfort, there comes a time when we all must consider limiting our driving or retiring from driving. It's the responsible thing to do.

Often, this is not an easy decision. We may use our car for shopping, banking, appointments as well as social and recreation activities. We do not want to burden others and value the independence driving gives us.

Some people may deny the fact that they are no longer safe drivers. Others may feel angry or depressed. While these feelings are normal, it is good to know that other seniors have limited their driving or have retired from driving completely successfully by adapting their lifestyle and you can too.

Things To Watch For

Many people gradually reduce their driving, until one day they simply stop. Others have more trouble deciding when it is time to limit their driving. Here are some warning signs to alert you to the fact that you may no longer be a safe driver and may need to consider alternatives to driving:

1. Am I nervous behind the wheel?
2. Do other drivers frequently honk at me?
3. Have I had a number of fender benders and near misses?
4. Do my family or friends worry about my driving?
5. Do my children trust me to drive in the car?
6. Have I ever become lost when driving or forgotten where I was going?

Alternatives

There are many alternatives to driving. Find out what is available in your area and start trying these options.

- Buses, taxis and other forms of public transit
- Having friends and family members drive you
- Keeping a vehicle that others drive for you
- Van/bus pick-up scheduled and on demand from senior residences and other groups
- Taxi vouchers
- Walking
- Some volunteer groups offer free rides to seniors

Cost

One factor that keeps many of us from using taxis is cost. Many taxi companies offer a chit (voucher) system for frequent users which lowers the cost. While there is no question that taxi fares can add up, have you thought about how much it costs you to use your car? It is worth comparing such costs particularly if you drive mostly in your local neighborhood to shop, bank, attend church, visit friends and so on.
The cost of operating a car includes depreciation, maintenance, and insurance as well as gas. A very conservative estimate of annual costs is:

- depreciation = $2,000 (assuming that you paid $22,000 for the car and kept it for 10 years);
- maintenance = $500;
- insurance = $1,500; and gas = $780 (assuming that you spend $15 every week).

This comes to a total of $4,780 (not counting license fees, parking, car washes, etc.).

This means that you could spend $92 on taxis a week.

Note that this estimate does not include the investment income on the original cost of the car over its lifetime.

Costs for using public transportation, of course, are much lower.

Plan Ahead

Instead of driving all the time, try using buses, taxis or sharing rides. And, if you decide to move from your house into an apartment, condominium or senior’s residence, try to pick one that is close to public transit or offers a shuttle service.

Walking

Walking is a great way to cut down on driving, reduce air pollution and get some exercise to boot. As we age, we tend to walk slower than we used to. It often takes us longer to cross an intersection as a pedestrian or to get out of harm’s way.

Remember to leave lots of time to cross at the light and to stand well back of the curb at intersections.

Seek Advice

Plan ahead for the time when you will need to cut back, and eventually stop driving. Talk to family, friends and your doctor. Together, they can help you decide on the extent of driving that is right for you.

11. Closing Reminders

- Recognize your strengths and weaknesses
- Have regular check-ups
- Be careful with medications
- Manage your driving
- Be familiar with traffic rules and signs
- Consider alternatives to driving
- Share responsibility for road safety

12. More Information

- To answer questions about your driver’s license, call the Ministry of Transportation:
  - Toll free 1-800-387-3445
  - 416-235-2999
Appendix C: Medical Conditions Report

Medical Condition Report

Section 203 of the Highway Traffic Act requires that all legally qualified medical practitioners must report to the Registrar of Motor Vehicles the name, address and clinical condition of any patient sixteen years of age or older who, "is suffering from a medical condition that may make it dangerous for the person to operate a motor vehicle". To simplify the reporting process, the Ministry of Transportation has created this form.

Mail or fax to: Registrar of Motor Vehicles, Medical Review Section, Ministry of Transportation, 2680 Keele Street, Downsview, ON M3M 3E6.
Tel. No.: 416 235-1773 or 1 800 266-1481. Fax No.: 416 235-0402 or 1 800 304-7885.

Patient Information

Fee Schedule Code

K035

Last Name

First Name

Middle Initial

App No.

Street No. and Name or Lot and Conc. and Township

City, Town or Village

Postal code

Date of Birth

Gender

M

F

Driver Licence No. (if available)

For your convenience, the following is a list of the more common medical conditions that are reported to MTO, to be marked with an "X". If the condition you are reporting is not listed, please indicate it in the section marked "Other".

- Alcohol Dependence
- Drug Dependence
- Seizure(s)-Cerebral
- Seizure(s)-Alcohol related
- Heart disease with Pre-syncope/Syncope/Arrhythmia
- Blackout or Loss of consciousness or Awareness
- Stroke/TIA or head injury with significant deficits
- Both Visual Acuity and Visual Field Impairment
- Visual Acuity Impairment
- Visual Field Impairment
- Diabetes or Hypoglycemia - Uncontrolled
- Other metabolic diseases (specify)
- Mental or Emotional Illness-Unstable
- Dementia or Alzheimer's
- Sleep Apnea-Uncontrolled
- Narcolepsy-Uncontrolled
- Motor Function/Ability Impaired
- Other (specify)

Optional

To expedite your patient's file, please provide further elaboration of clinical condition (if available) or attach as a separate report. Diagnosis: Other Relevant Clinical Information (i.e. current status - including results of investigations, medication(s), treatment and prognosis), and whether or not the condition is a serious risk to road safety, threat to road safety is unknown or condition is temporary - weeks/months.

Date of examination upon which this report is based

How long has this person been your patient?

Patient is aware of this report.

I wish to be notified if my patient requests a copy of this report, as releasing this report pursuant to a request under the Freedom of Information Act may threaten the health or safety of the patient or another individual.

For MTO

030

use only

Patient's Last Name, First Name and Middle Initial

Street No. and Name or Lot and Conc. and Township

Apt. No.

City, Town or Village

Postal code

Telephone No.

Family Physician

Emergency Room Physician

Specialist (specify)

Other

Doctor's Signature

Date of Report
Requirement to Report Patients
Section 203 of the Highway Traffic Act states:

(1) Every legally qualified medical practitioner shall report to the Registrar the name, address and clinical condition of every person sixteen years of age or over attending upon a medical practitioner for medical services, who, in the opinion of such medical practitioner is suffering from a condition that may make it dangerous for such person to operate a motor vehicle.

(2) No action shall be brought against a qualified medical practitioner for complying with this section.

(3) The report referred to in subsection (1) is privileged for the information of the Registrar only and shall not be open for public inspection, and such report is inadmissible in evidence for any purpose in any trial except to prove compliance with subsection (1). R.S.O. 1990, c. 198, s. 203.

How to Complete the Form
You are required by law to provide the patient's name, address and the clinical condition, however, by including the patient's sex and date of birth, we can accurately identify the individual. We suggest you keep a copy for your records. If you send by fax, please do not mail the original. To expedite your patient's file, please provide further elaboration of clinical condition (if available) or attach as a separate report: Diagnosis; Other Relevant Clinical Information (i.e. current status - including results of investigations, medication(s), treatment and prognosis); and whether or not the condition is a serious risk to road safety, threat to road safety is unknown or condition is temporary - weeks/months.

What Conditions to Report
The Canadian Medical Association publishes the "Physician's Guide to Driver Examination" to assist physicians in determining which conditions may make it dangerous to drive safely. The guide is available from the Canadian Medical Association.

How the Ministry Determines Licence Status
The ministry considers the details of the individual's clinical condition reported by the attending physician, using guidelines established by the Canadian Medical Association, and advice from the Ministry's Medical Advisory Committee, whose members are experts in the fields of neurology, cardiology, psychiatry, endocrinology, ophthalmology, internal medicine, substance abuse, geriatric medicine and psychiatry.

The ministry relies on information provided on this form to help identify individuals who are at significant risk so that immediate action to suspend the licence of any individual reported to have a chronic or deteriorating condition that is likely to impair judgement or psychomotor skills or to be experiencing recurring or unexplained episodes of loss of consciousness.

If an individual is reported to have a clinical condition that is well controlled and the individual is under physician care, the ministry generally does not suspend the licence. Where stability may be questionable, the ministry may request follow-up medical information to confirm stability or request the individual undergo a driving examination or other appropriate assessments.

Patient's Right to Access This Report
The Freedom of Information and Protection of Privacy Act requires the ministry to provide your patient with a copy of this report if requested. It may be withheld only if there is evidence that its release would threaten the health or safety of yourself, the patient or another individual. If you are concerned that the release of this report would threaten someone's health or safety, make sure you notify the ministry by checking the appropriate box on the front of this form or by calling the ministry at 416 235-1773 or 1-800-266-1481.
Seniors’ Perceptions around Driving Cessation: An Ethnic Perspective

Are you interested in participating in a research project on Seniors’ Perceptions on Driving Cessation?

We are currently conducting research to examine seniors' perceptions around driving cessation, and to assess how such perceptions are influenced by ethnicity. As such, this work seeks to better understand why and how perceptions relating to driving cessation differ between older ethnic groups. This research seeks to highlight and provide policy recommendations, to both policy makers and transportation authorities, which may better address the transportation needs of seniors. Participants must be 70 years and older and currently licensed and driving, from the Asian, South Asian and Caucasian senior community, and residing in the Greater Vancouver Area. This research seeks to provide policy recommendations, to both policy makers and transportation authorities, which may better address the transportation needs of seniors. This study is a part of a graduate thesis requirement for the School of Community and Regional Planning, University of British Columbia.

If you are a senior (70 years and older), are currently licensed and driving we want to hear from you. In participating, you engage in an on-on-one interview discussing your perceptions around driving cessation.
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Appendix E: Complete Interview Guidebook

Interview Guidebook – Seniors’ Perceptions around Driving Cessation: An Ethnic Perspective

The following is an outline of topics, and subsequent questions, which will be used throughout the interview process.

The interview process will be follow a semi-structured format. Semi-structured interviews employ an interview guide, while allowing for a natural and non-rigid conversation to develop. Questions asked throughout the interview process will pertain directly to the research and/or other areas of research that may adequately inform this research topic. In semi-structured interviews, the role of the researcher is that of an interventionist, where the researcher may be required to redirect the conversation if it no longer informs this research topic.

Part A: Warm-Up Period and General Introduction

Prior to the commencement of the interview, a general description of this research will be discussed. The purpose and subsequent benefits of the interview will also be discussed with participants. Further, participants will be encouraged to ask questions, clarify any misconceptions and/or discuss any concerns that they may have.

All interviewees will be asked to state:

Part A: Seniors’ Socio-demographic Background

• Name (optional)
• Ethnicity
• Age
• Gender
• Area of residence
• Immigration status
• Years residing in Canada
• Years licensed
• Number of car-based (round) trips per day
• Kilometres driven per year
• Other drivers in household
• Number of cars in household
• Living arrangements
• Employment status
• Annual household income
• Education
• First-3 digits of postal code
Each of the above socio-demographic characteristics are optional questions and do not have been answered by participants.

Part B: Seniors’ Travel Behaviour

1. On average, how many times a week do you travel by automobile?
2. On average, how long (minutes, hours) are these trips?
3. What is the average number of kilometres driven per year?
4. Are the majority of trips made by the automobile local trips?
5. For which trip purposes do you the use automobile (i.e. doctor’s appointment, shopping, etc.)?
6. On average, are you the primary driver?
7. Do you prefer to be the primary driver or passenger?
8. Do automobile trips entail picking up others (i.e. spouse, grandchildren, etc.)? If so, how often?
9. How often do you use public transportation?
10. If you use public transportation, for which trip purposes (i.e. doctor appointments, etc.)?
11. How often do you use taxi services?
12. If you use taxi services, for which trip purposes (i.e. doctor appointments, etc.)?
13. Do you use other forms of transportation not listed above?
14. If so, which type of transportation and for what trip purpose?

Part C: Role of the Automobile in One’s Life

1. At what age did you begin to drive?
2. Do you recall how you first felt when you began to drive/purchased your first automobile?
3. Can you define/recall any significant life moments associated with the automobile?
4. What role has the automobile played in your life history?
5. How would you presently define the role of the automobile in your overall life?
   a. Does driving in older age give you a sense of accomplishment or pride?
   b. Does driving in older age you a sense of social status (i.e. older drivers who drive vs. older drivers who do not drive)?
   c. Does driving in older age provide you with a form of socialization (i.e. chatting with friends, spouse, etc.)?

Part D: Reasons for Driving Cessation

1. What factors would prompt to you cease driving?
2. Would health-related reasons (i.e. heart attack, high blood pressure, etc.) entice you to stop driving?
3. Are certain health factors more likely than other health factors to entice you to stop driving (i.e. heart attack vs. arthritis)?
4. Do you believe that older adults can safely drive with health-related challenges?
5. Would personal financial issues/reasons factor into your decision to cease driving?
6. Would automobile related expenses (i.e. gas, insurance, etc.) factor into your decision to cease driving?
7. Are you considering no longer driving due to financial reasons?
8. Have you planned for the cessation of driving?
   a. Why have you not planned for driving cessation?
   b. Why have you planned for driving cessation?

Part E: Discussions with a Third Party Relating to Driving Cessation

1. Who has the right to discuss driving cessation and/or driving in older age with you?
2. Does your spouse have the right to discuss driving cessation and/or driving in older age with you?
3. Do you children have the right to discuss driving cessation and/or driving in older age with you?
4. Do other members of your family (i.e. cousin, niece, uncle, etc.) have the right to discuss driving and/or driving in older age with you?
5. Does your family physician have the right to discuss driving cessation and/or driving in older age with you?
6. Do other health care providers (i.e. eye doctor, hearing doctor, etc.) have the right to discuss driving cessation and/or driving in older age with you?
7. Do your friends have the right to discuss driving cessation and/or driving in older age with you?

Part F: Driving Rights

1. Is driving a right?
2. Is driving a privilege?
3. When do you believe driving is no longer a right?
4. When do you believe driving is no longer a privilege?
5. Do you believe it is your right to drive regardless of age?
6. Do you believe it is your right to drive regardless of health?
7. Does the provincial government have the right to preside over driving related matters?
Part G: Perceptions around Driving Cessation

1. How would perceive your life if you no longer drove?
2. What do you believe the most significant changes to your life if you cease driving?
3. Do you believe your mobility would be highly constrained?
4. Do you believe that your overall self-esteem would decrease after driving cessation?
5. Do you believe that your overall life satisfaction would decrease?
6. Do you believe driving cessation would result in role loss?
7. Do you believe driving cessation would result in a change in familial relationships/interactions?
8. Do you believe that if you ceased driving you would ask family members for transportation assistance?
9. Do you believe driving cessation signals personal poverty?
10. Do you believe that if you ceased driving you would be unable to help others?

Part H: Maintaining Mobility Post-Cessation

1. How would you maintain personal mobility post-cessation?
2. Are you concerned with your mobility needs post cessation?
3. Would you ask family and/or friends to help you with your mobility needs post-cessation?
4. Are you concerned that if you ceased driving you would be unable to aid family and/or friends with their mobility needs (i.e. drive grandchildren around, drive spouse around, etc.)?
5. Are you concerned with the mobility of spouse and/or other family members if you stopped driving (i.e. unable to provide spouse with car rides, etc.)?

Part I: Licensing Procedures/Policy for Mature Drivers

1. Are you currently aware of licensing policy and procedures for mature drivers as set by the provincial government?
   a. If no, the researcher will explain current provincial licensing procedures.
2. Do you believe that licensing procedures are unfair?
3. Do you believe that current licensing procedures target seniors?
4. Do you believe that current licensing procedures are discriminatory against seniors?
5. Do you believe that new licensing procedures and/or policies are needed for older drivers?
6. If you believe that new licensing procedures and/or policies are needed for older drivers, what policy would you recommend?
Part J: Driving Programs

1. Are you currently aware of driving programs that offer support when transitioning from driver to ex-driver?
   a. Are you currently aware of driving refresher programs?
   b. Are you currently aware of driving cessation programs?
2. Would you consider attending a driving refresher program?
3. Would you consider attending a driving cessation program?
4. Should driving refresher programs be mandatory for older drivers?
5. Should driving cessation programs be mandatory for older drivers?
6. Should driving refresher and/or driving cessation programs be linked to licensing procedures?

Part K: Public Transit, Transportation Alternatives, and Transit Accessible Locations

1. In general, how do you perceive public transit?
2. Would you consider using public transit following driving cessation?
3. Do you believe that the public transit is a suitable transportation alternative if you stopped driving?
4. Do you believe that public transit is adequate in meeting your mobility needs, if you were to cease driving?
5. What are your greatest concerns around using public transit?
6. Are you concerned over personal injury when using public transit?
7. Are you concerned over family members using public transit?
8. Are you currently aware of transit programs for seniors offered by transit authorities?
9. Would public transit help you make the decision to cease driving and/or transition from driver to former driver?
10. What type of improvements would you suggest to make public transit more senior friendly?
11. Are you currently aware of different transportation alternatives available in your community (i.e. taxi services, private drivers, etc.)?
12. In general, how do you perceive these available transportation alternatives?
13. What improvement would you suggest to improve transportation alternatives?
14. What types of improvements would you suggest to make transportation alternatives senior friendly?
15. What transportation alternatives would ease the decision to cease driving?
16. What transportation alternatives would you like to see in your community that are not already present?
17. Would you relocate to a transit accessible location? Why or why not?
Appendix F: Figures Depicting Ethnic Seniors’ Perceptions around Driving Cessation – Category 2 to 6

Figure 12.3: Category 2: Seniors’ Perceptions around Driving Cessation: Social Perspective and Perceptions Around Driving Cessation: Family Interactions (Positive Perceptions)

Figure 12.4: Category 2: Seniors’ Perceptions around Driving Cessation: Social Perspective and Perceptions Around Driving Cessation: Family Interactions (Negative Perceptions)
Figure 12.5: Category 3: Seniors’ Perceptions Pertaining to Instrumental Concerns around Driving Cessation (Positive Perceptions)

Figure 12.6: Category 3: Seniors’ Perceptions Pertaining to Instrumental Concerns around Driving Cessation (Negative Perceptions)
Figure 12.7: Category 4: Seniors’ Perceptions around Preparing for Driving Cessation and Third Party Involvement in the Driving Cessation Decision-Making Process (Positive Perceptions)

Figure 12.8: Category 4: Seniors’ Perceptions around Preparing for Driving Cessation and Third Party Involvement in the Driving Cessation Decision-Making Process (Negative Perceptions)
Figure 12.9: Category 5: Seniors’ Perceptions around Public Transportation, Transportation Alternatives, and Transit Accessible Locations (Positive Perceptions)
Figure 12.10: Category 5: Seniors’ Perceptions around Public Transportation, Transportation Alternatives, and Transit Accessible Locations (Negative Perceptions)
Figure 12.11: Category 6: Seniors’ Perceptions around Licensing Procedure/Policy and Driving Programs (Positive Perceptions)

Figure 12.12: Category 6: Seniors’ Perceptions around Licensing Procedure/Policy and Driving Programs (Negative Perceptions)