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Risk Factors for Driving Cessation Vary by Race and Ethnicity

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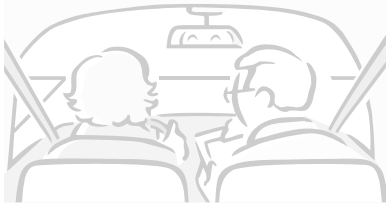
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Risk Factors for Driving Cessation Vary by Race and Ethnicity

D *Driving is in America's DNA!*
 Driving is related to our identity and independence as well as allowing us to get needed goods, services, and social opportunities that enrich daily life. Yet with increasing age, the risk for developing threats to medical fitness to drive increases.

Driving cessation is related to a long list of negative outcomes, such as: depression, social isolation, diminished access to health care, and diminished quality of life. We investigated risks for driving cessation, paying close attention to racial differences.

This study used data from the Health and Retirement Study (HRS), 1998-2008. The study included N=46, 528 older people (age 65 and older), including whites (85%), African Americans (8%), Hispanic (5%), and other race (2%).

Figure 1 Driving Status by Race, 1998-2008

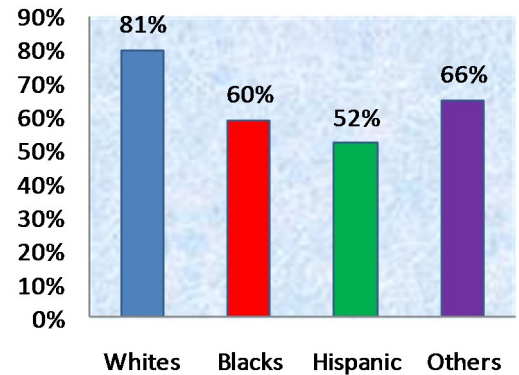


Table 1 Summary of Risk Factors for Driving Cessation by Race, 1998-2008

Variables	Whites	Blacks	Hispanics	Others
Age	-	-	-	-
Gender (male)	+	+	+	+
Education	+	+	+	
1 st quartile Income	-	-	-	-
Functional limitation	-			-
ADLs	-			
IADLs	-	-	-	-
Diabetes	-			
Cancer				-
Heart conditions				+
Stroke	-	-		
Arthritis	+		+	
Fall	-	-	-	+
Hip fracture	-	-		
Fair/poor eye sight	-	-	-	-

“+” keeps driving

“-” ceases driving

The majority respondents for non-Hispanic whites (81%) drove continuously during the ten year period. However, only 60% of African American, 52% of Hispanic, and 66% of other races kept driving (Figure 1).

As seen in Table 1, we generally found that IADL difficulties, incidences of falls, and poor vision were significant risk factors for driving cessation among all groups of respondents.

Also, with respect to racial and ethnic differences, non-Hispanic whites had additional risk factors for driving cessation. These factors included functional limitations, ADL difficulties, diabetes, stroke, psychic problems, and incidences of hip fractures.

However, non-Hispanic blacks had only one additional medical factor such as stroke noted as a risk for driving cessation and other races had functional limitations that led them stop driving.

Finally, males were more likely to keep driving than females.