Background: Distracted driving is a growing epidemic in the United States. Each day, over 8 people are killed and 1,161 are injured due to a distracted driver in the United States. Research indicates that teenage drivers are overrepresented in motor vehicle crashes (MVC) due to distracted driving. The risk of distracted driving is heightened in teenage drivers due to a combination of unique and dangerous factors, limited driving experience, the illusion of invincibility, and an attachment to technology.

Motor vehicle crash is the leading cause of admission to the R Adams Cowley Shock Trauma Center (STC), representing nearly 38% of almost 7,000 admissions in 2015. The STC’s center for Injury Prevention and Policy (CIPP) was created to reduce preventable injuries and establish a culture of injury prevention in Maryland. “Get the Message: A Teenage Distracted Driving Program” was created to identify, define and measure the factors that contribute to distracted driving.

Methods: In 2015, the CIPP partnered with the National Youth Leadership Forum (NYLF) and the Georgetown University Summer Program inviting over 1,200 high school students from across the nation. The NYLF and the Georgetown University Summer Program provide educational programs to prepare students for the transition into college and a professional career. Students were selected to participate in the distracted driving study based on their willingness to participate. More than 900 students’ ages 14-17 years old completed the pre- and post-survey. Consents were obtained prior to arrival. The intervention contained 4 section; slide presentation, hospital tour, video, and survivors’ testimony. The program components were created based on the theoretical constructs of the Health Belief Model and Social Cognitive Theory. A descriptive survey design was used to assess baseline behaviors, attitudes, knowledge and to measure changes in driving behaviors after program completion. The teenagers in this study represented all 50 states in the United States, the countries of the United Arab Emirates, Canada and some European countries. The study was approved by the Institutional Review Board (IRB).

Results: Following the completion of the program, there was a 26% increase of participants who stated they are ‘unlikely’ or ‘not likely at all’ to reply a text while driving. There was also a 33% increase in the number of participants who stated that they were ‘not likely at all’ to answer their phone while driving. Nearly 45% of all participants reported sending and/or answering at least one text message per day. Almost 61% of participants admitted that talking on the phone while driving was dependent on who they were calling, most likely a parent.

Conclusion: Based on the constructs of the Health Belief Model and the Social Cognitive Theory, the program effectively promoted healthy driving behaviors by increasing perceived threat and providing a social context in which the teenagers could interact and learn. These constructs were successfully integrated into the intervention. In the future, detailed evaluation of the program will include assessment of which sections of the intervention made the greatest impact.