Distracted driving is a public safety concern in the U.S., and there is a growing body of data that documents up to 30% of drivers use cell phones improperly while driving. Hand held cell phone use is just one facet of distraction. Other distracted driving behaviors include personal grooming, engaging in conversation with passengers, eating, and even hands-free cell phone use. There is a large body of experimental work that addresses neurologic, biomechanical and behavioral issues associated with distraction while driving, but this research has not been translated widely into preventative measures. We recently published a large CNS autopsy series in which close to 50% of the drivers of motor vehicles in Kern county had texted within minutes of collision and death. (Pakula A, et al. The Association between High-risk Behavior and Central Nervous System Injuries: Analysis of Traffic-related Fatalities in a Large Coroner's Series. American Surgeon 2013; 79:1086-88.) These staggering figures have been a catalyst for an aggressive Trauma prevention program for distracted driving, encompassing both research and public education. We have an established program in place in which education is provided to young drivers at our community high-schools regarding the risks of distraction, as well as substance abuse while driving. While these measures have been well received in our community, we are concerned that we are not providing optimal prevention given the preponderance of data that links distracted driving to multiple activities other than just hand held cell phone use.

Our response to the evolving evidence of “high risk” behaviors is the development of a risk stratification tool in the form of a patient survey. We have embarked on an IRB approved prospective survey study that was designed to stratify high risk driving behaviors in our trauma patients who have required admission to our Level II trauma center. Patients admitted for non-trauma related reasons will serve as the control group. The survey contains items from a validated tool that examines sensation seeking behaviors. It also covers extensive socio-economic demographic data, and addresses a multi-faceted array of high risk behaviors related to distracted driving. We project that the data derived from this project will provide specific guidance to our driving safety prevention efforts in our community, by facilitating risk stratification for specific behaviors in varying patient demographic groups. We plan to use the data to tailor our prevention efforts to match the needs of our community and the diversity that is inherent within it. We are also establishing partnerships with law enforcement and the local public health community as we try to intensify our preventative efforts with driving safety.

Tools/Survey: Our survey consists of a total of 75 items in 4 categories: demographics, general behaviors, driving behaviors, and perceptions. Although our survey has not been validated, some of the items in our survey come from a validated tool; the UPPS-P. The UPPS-P has been used in a number of different studies to assess impulsive behavior. In addition to the UPPS-P, we utilized items we discovered in a national phone survey that was conducted by the National Highway Traffic Safety Administration. The items from the national phone survey include general demographics as well as perceptions of driving laws and reasons why people get pulled over by law enforcement.

A breakdown and description of the categories:
- **Demographics-** 19 items (sex, race, zip code, etc.)
- **General Behaviors-** 22 items (14 items in this section come from the validated UPPS-P tool assessing 4 “impulsive” personal characteristics: negative urgency, lack of premeditation, lack of perseverance, and sensation seeking)
- **Driving Behaviors-** 21 items (texting & driving, eating while driving, passengers in the car)
- **Perceptions-** 13 items (general questions regarding perceptions of driving laws, why people get pulled over)

Outcomes/Data:
We have gathered some preliminary data from the current study. That data, linked with the data from the large autopsy series, clearly shows the troubling incidence of high-risk characteristics and behaviors by adult drivers in Kern County. Impulsive behaviors have shown to be prevalent across all age groups along with known distracted driving factors related to mobile and non-mobile phone use while driving. Our future plans include increasing the power of this study with more participants and further extrapolating this analysis to other sources of distraction such as driving while under the influence and falling asleep behind the wheel.
Potential application of future results to our established driving safety community prevention efforts is anticipated. Eventual contributions to public policy may include guidelines, interventional education, and revision or expansion of distracted driving legislature as the data dictates.

**Lessons Learned:**
It is important to include definitions for key terms used in the survey. We learned that everyone’s definition of “while driving” differs. Many people don’t acknowledge the safety issues related to texting at a stop sign or traffic light. Others verbalized that if there aren’t any other vehicles around them, they are not endangering anyone. We also learned that many people, especially in our geographic location, did not agree with the racial categories offered in the demographic section of the survey.

**Benefit to other Trauma Centers:**
Our ultimate goal is to improve education regarding distracted driving in our community. We know that the same distractions do not affect everyone and for this reason we embarked on this survey; to learn about the various distractions that affect different groups of people. Additionally, it is important for us to understand the perceptions of people in our community in order to direct our prevention education to address these issues. Other facilities could benefit by using a similar tool to look at the demographics and driving behaviors of the people in their community, and then using the information gathered to focus prevention education based on the findings.