Applying the Health Belief Model to distracted driving

Commercial Motor Vehicle Distracted Driving Webinar September 6, 2023



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Survey methodology

Mixed-mode:

- Landline
- Cell phone
- Web-based

n = 2,013

Licensed drivers ages 16 and older

~ 60 questions





Device-based distractions

Half of drivers regularly drove distracted by mobile devices



Text
Email
Social media
Find information



Record and post video, pictures



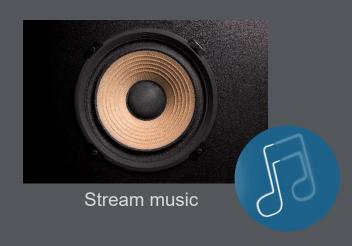
Phone calls



Play games



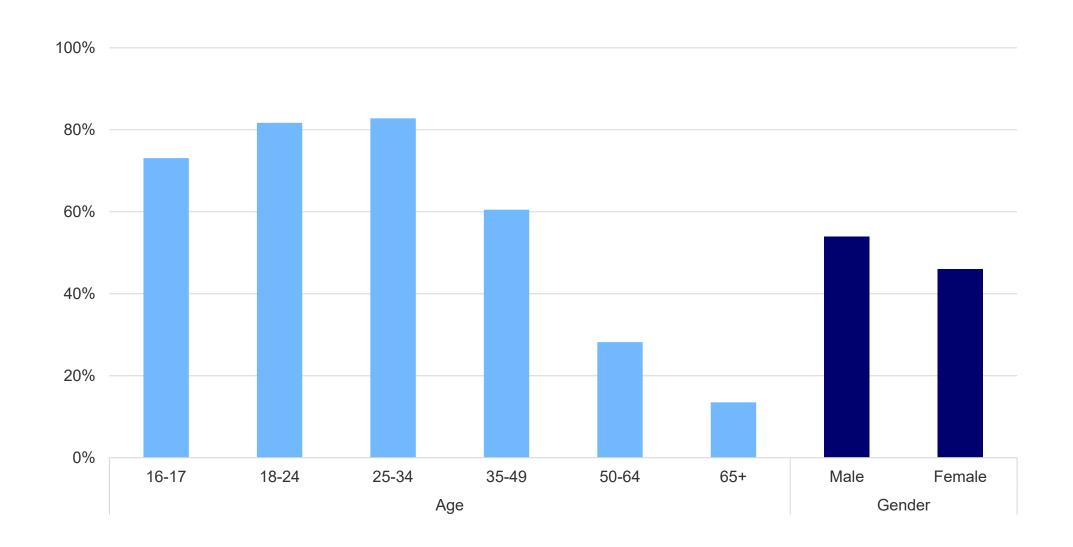






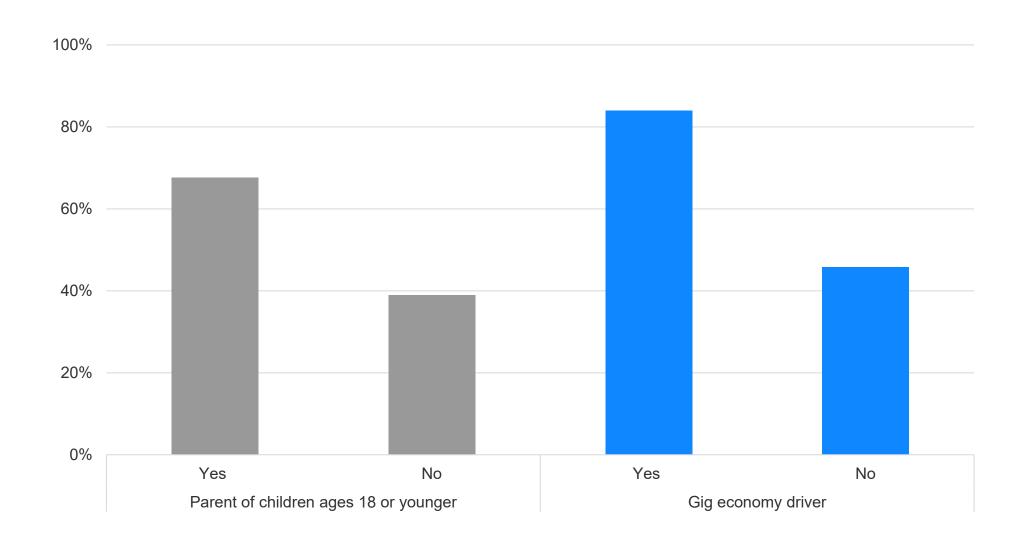
Drivers under age 35 and males most likely to drive distracted

Percentage of drivers who regularly drove distracted by devices





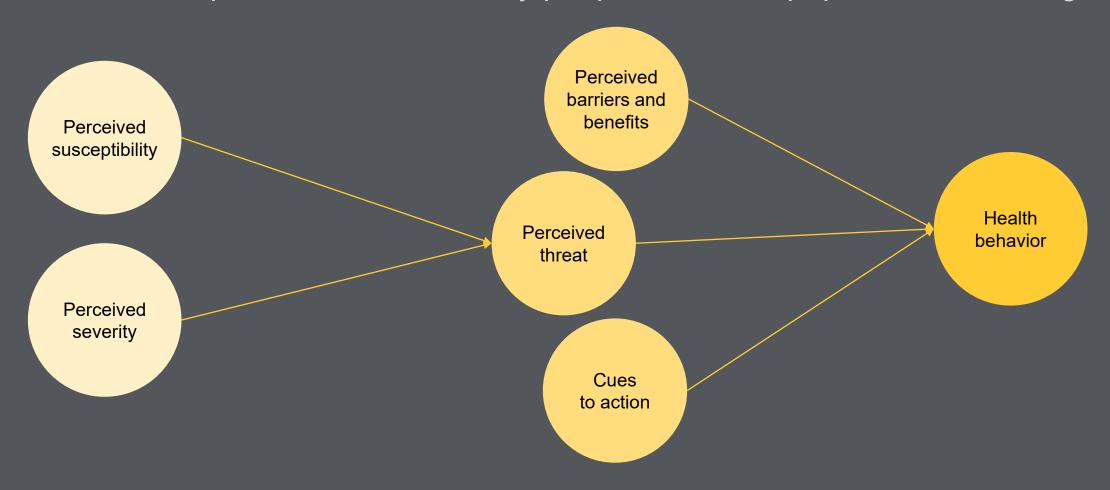
Parents and gig-economy drivers were more likely to regularly drive distracted





Health Belief Model

Developed to understand why people fail to adopt prevention strategies





How do drivers perceive the threat of device-based distraction?

Perceived susceptibility

What is my risk of crashing from driving distracted?

Perceived severity

- How severe would vehicle damage be?
- ► How severe would injuries be?





What are the pros and cons of device-free driving?

Barriers

- Work
- Family
- Information needs

Benefits

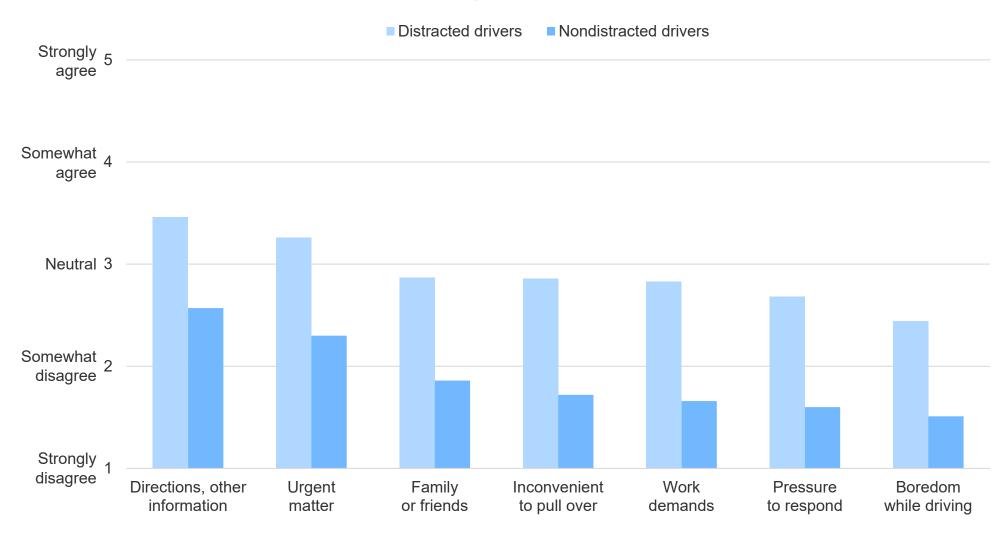
- Feeling safer on roads
- Fewer crashes and injuries
- Insurance costs might decrease





Information needs, urgent matters, and family and friends were top barriers for distracted drivers

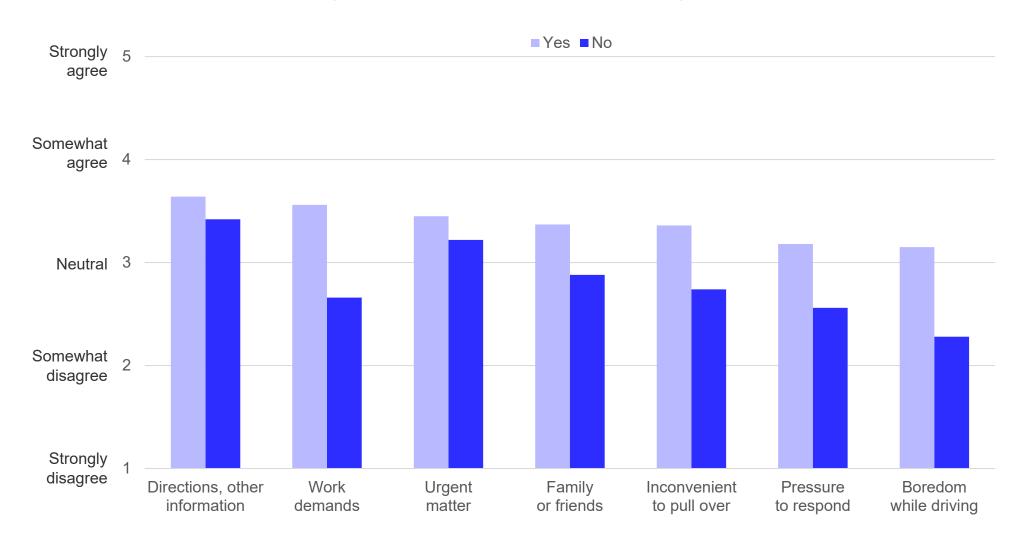
Mean agreement with barriers





Those who work in the gig economy rated work and information barriers as strongest

Mean agreement with barriers, among distracted drivers





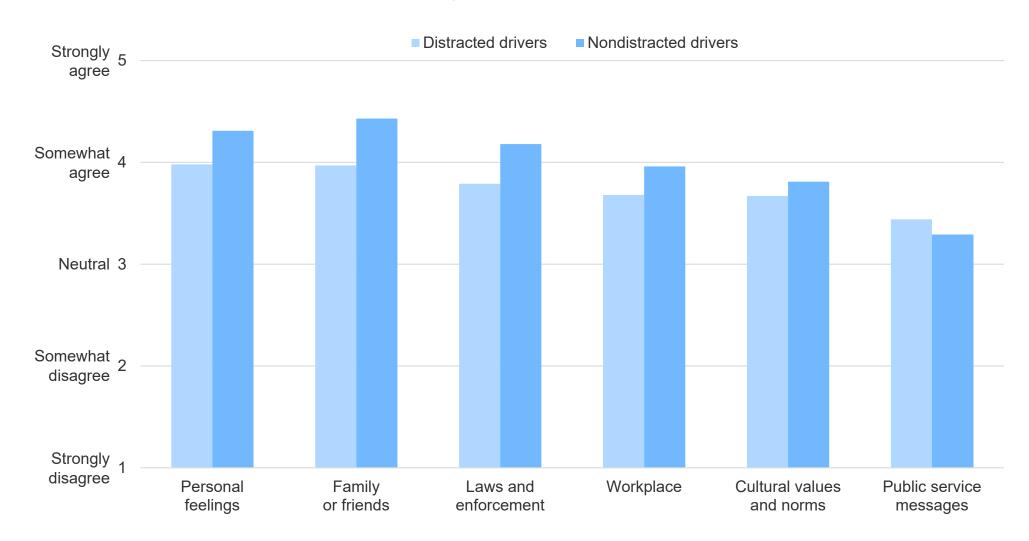


What cues might motivate change?

- Wanting to keep self and loved ones safe
- Pleas from someone close
- Workplace policies
- Cultural norms and values
- Laws prohibiting distracted driving
- Technology
- Messaging campaigns

Personal feelings, family and friends, and laws might motivate behavior change

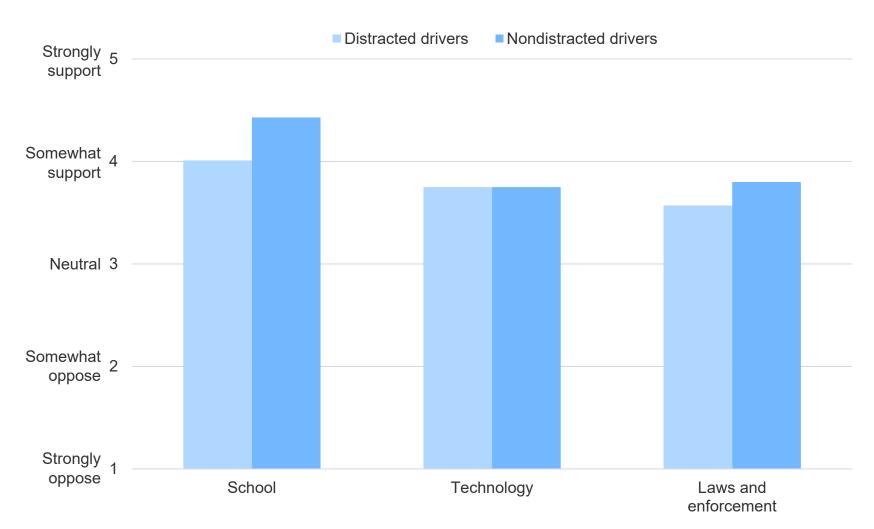
Mean agreement with cues to action





Distracted drivers most strongly supported school campaigns

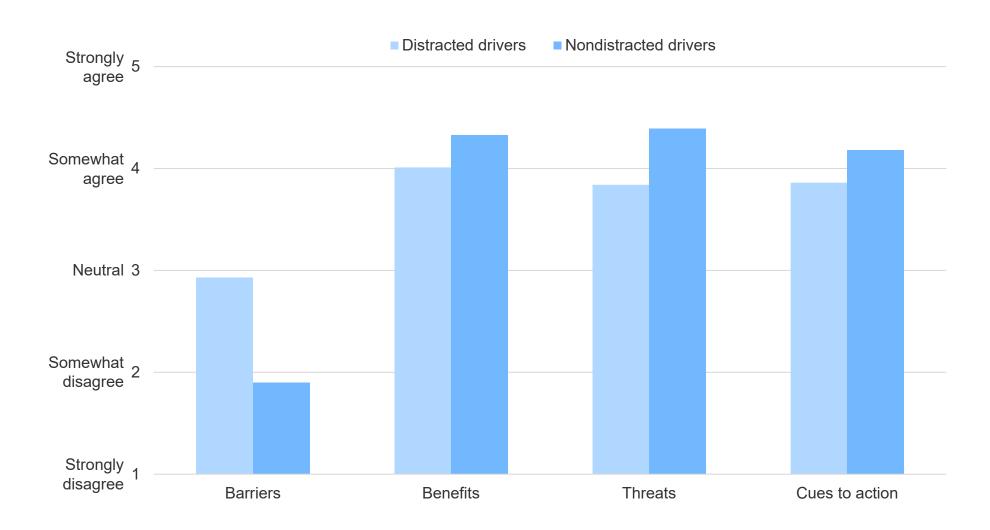
Mean support for cues to action





Distracted drivers had stronger agreement in the barriers

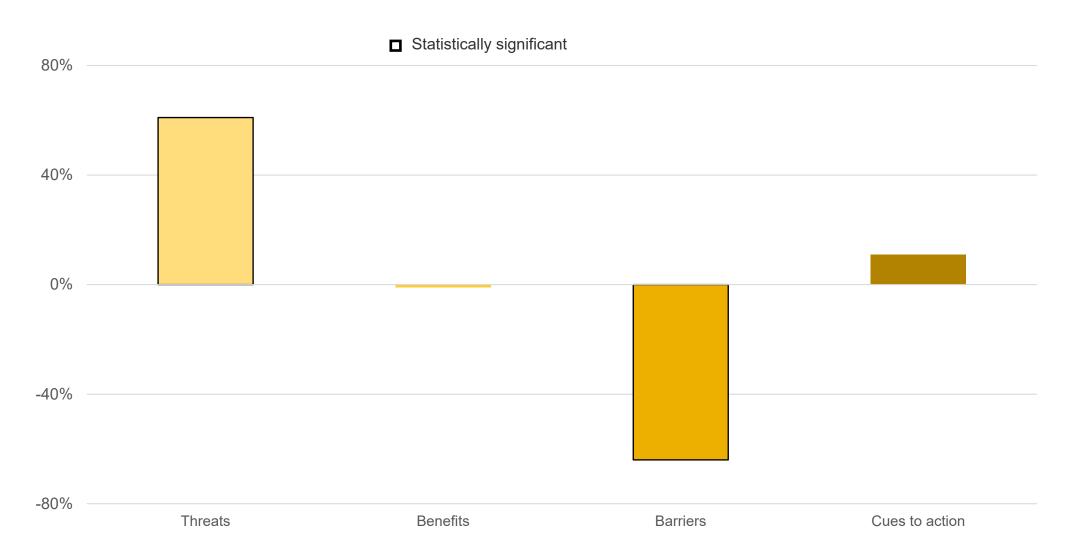
Mean agreement with Health Belief Model components





Agreement with threats, disagreement with barriers predicted not driving distracted

Change in odds of non-distracted drivers agreeing with HBM constructs, relative to distracted drivers







Conclusions

Distracted driving is widespread

No single demographic abstains

Handsfree capabilities are used

Some functions could be refined

Distracted drivers

- Downplay threats
- Agree more in barriers

Policy cues were supported and thought to be effective

Evaluation of laws shows they can reduce rear-end crashes

Key takeaways

Behavior manifests for many reasons

None are mutually exclusive

Multifaceted, systems approach

Account for all constructs

One of many theoretical behavior change models





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