**MCSAC Task 15-3: Recommendations to the Agency on the Structure, Content, and Methods for Determining the Effectiveness of a Public-Private Partnership to Promote Commercial Motor Vehicle (CMV) Driver Wellness**

**Discussion Notes**

**September 21-22, 2015, Joint MCSAC-MRB Meeting**

*Task 15-3: The Agency requests that the MRB and MCSAC provide recommendations on how the Agency and its stakeholders can improve the health outcomes of interstate CMV drivers. Specifically, the Agency ask that the Committees center their efforts around the following 5 areas, focusing the discussion on what types of behaviors and activities can be done before work, during work, and after work to make lasting improvements:*

1. *Work conditions;*
2. *Diet and exercise;*
3. *Sleep and fatigue;*
4. *Personal injury; and*
5. *Lifestyle choices.*

*The Agency asks that the Committees consider the National Institute for Occupational Safety and Health (NIOSH) study results and any other peer-reviewed data to arrive at a recommendation to implement a holistic plan to assist truck and motorcoach drivers in achieving these goals. The Committees should include a multi-dimensional plan that can involve the development of tools such as a website or mobile application, health expos at well-attended driver events such as motorocoach rodeos and the Mid-America Trucking Show (MATS), and an evaluation segment of the plan to track its success.*

Discussion Notes

1. Recommended solutions (behaviors and activities) may be different depending on work schedule, e.g., whether a driver is coming home every night or is a long haul driver.
2. Regulatory Issues that Contribute to Driver Health and Wellness
   1. Anti-idling regulations can prevent a driver from being comfortable enough to get quality rest.
   2. Eliminating late fees from shippers would reduce stress on drivers.
   3. Some would argue that hours of service do not allow enough time for adequate rest or exercise.
   4. Pay per hour (vs. per mile) and overtime pay would shift responsibility of conditions the driver has no control over.
3. Approach to wellness activities/programs should focus on informing and educating a driver and his/her family such that the driver and the family recognizes the driver’s need for change.
4. Certified Medical Examiners (CMEs), carriers, and Medical Review Officers (MROs) should be educated regarding each other’s administrative processes and how information could be more effectively shared and communicated.
5. Medical associations should be encouraged to develop recommendations specific to CMV drivers.
6. FMCSA should consider researching behavioral science regarding how to use positive consequences to achieve better outcomes and sustained change.
   1. Developing mechanisms for encouraging positive outcomes, for example, positive reinforcement and providing feedback to the driver.
   2. Place where drivers can anonymously report.
7. FMCSA should consider funding wellness resources at truck shows and truck stops in geographic areas that have specific at-risk concerns. Such efforts could be a cooperative partnership with trucking associations and unions.
8. Next Steps:
   1. FMCSA could run focus groups of relevant stakeholders to see which approaches would be most likely to succeed and what resources already exist.
   2. The MCSAC and MRB provided the following ideas for consideration by the Joint MCSAC-MRB Subcommittee:
      1. Consider that the messenger and message delivery are just as important as the information, and that these needs will differ depending on the characteristics of driver (age, type of work, etc.).
      2. Consider the various touchpoints and opportunities to provide wellness information to a commercial driver’s license (CDL) applicants and experienced CMV drivers.
      3. Consider how associations, unions, and other stakeholder groups can contribute to messaging.
      4. Consider how to leverage the employer. What would compel an employer to get engaged? For example, help smaller carriers make the connection between employee health and carrier costs, including insurance and workers compensation (potentially using information from insurance companies).
      5. How do you motivate individuals to make life changes to improve health? This could involve engaging the employer, the employee’s family, a health coach. These concepts should be worked into subcommittee work product.
         1. Drivers are motivated by needing to obtain medical certification.
         2. How many 1-year, 3-month, 6-month medical cards are actually given? Tracking this number could be a good way to track the success of any wellness initiative aimed at drivers.
         3. Subcommittee should consider how FMCSA could incentivize small carriers and independent owner-operators to participate in health and wellness programs (e.g., scholarship/grants).
      6. How to incorporate success stories that a driver can relate to, such as a driver that couldn’t get a 2-year medical card and made changes to improve health sufficient to get a 2-year card.
      7. Consider how FMCSA might track/measure the success of the wellness program. Some performance metrics might include number of limited medical cards, subjective driver assessment.
      8. Establish a framework of policy that promotes a culture of wellness across all stakeholders in the CMV industry with measurable, meaningful outcomes, short-term and long-term.
      9. Attempt to ensure the accessibility of resources for all drivers of various economic means.

Behaviors and Activities:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Before Shift** | **During Shift** | **After Shift** |
| **Work Environment** | * Seek to address work environment stresses such as vibrations (carrier). * Vehicle maintenance should help reduce vibration, which can cause pain and affect fatigue. * Driver training needs to account for long-term driver health. | * Managing stress (e.g., demands of meeting shipper and carrier needs within regulatory constraints). * Ergonomic modifications to prevent pain and vibration and associated fatigue. | * Managing stress. For example, being aware of when you are agitated, employ stress management techniques (driver). * Provide stress management training/tools/skill building to drivers (carrier). * Encourage drivers to provide feedback to managers regarding working conditions/work environment that may contribute to employee stress. |
| **Diet and Exercise** | * Meal planning. Emphasize breakfast choices. * Eat a healthy meal when you wake up. * Exercise planning (e.g., cheat sheet for exercise options while driving, bring equipment such as exercise bands). * Encourage companies to subsidize weight loss programs such as Weight Watchers. * Sustained period of walking each day. * Identification of pre-diabetic condition could motivate a driver to make diet and exercise changes that can prevent diabetes (Centers for Disease Control and Prevention [CDC] and American Medical Association [AMA] program for pre-diabetes, prediabetesSTAT.org, Screen Test Act Today [STAT]). * AMA has developed an approach to deal with blood pressure and hypertension (Measure Act and Partner [MAP] plan). * Entry-level driver training should consider a module relating to nutrition and driver health. | * Stay hydrated. * Drivers should be educated on how they can implement healthy snack options in the cab while driving (e.g., use “rabbit bag” for snacks). * Drivers should be informed regarding how to make healthier choices from fast food menus. * Drivers should be educated regarding portion control in a simple and understandable way. * Drivers should be encouraged to implement stretch breaks (provide stretching/walking suggestions during breaks). * Drivers should be provided with exercise options that they can implement anywhere. | * Carriers could subsidize gym memberships for drivers (non-long haul). * CMEs should have a template they can use for their discussions with drivers (e.g., handouts) – something simple. * Drivers should be educated regarding post-shift recovery and preventive maintenance, e.g., cool down routine. |
| **Sleep and Fatigue** | * Get evaluated and seek treatment for obstructive sleep apnea if diagnosed. Those diagnosed should follow treatment plan. * Reactivity app tests (e.g., finger tap, psychomotor vigilance task [PVT]). * If some organization has done work to promote the knowledge and availability of parking spots, FMCSA should make the driver aware of this. * Fatigue training – truck drivers should understand the relationship between what they eat and fatigue, appropriate amount of quality of sleep. * Training drivers on how they can diagnose when they are fatigued and techniques they can use to maintain alertness. | * Reactivity app tests (e.g., finger tap, PVT). * Utilize optimal nap periods to avoid interrupting REM, e.g., 45 minutes with 15 minute wakeup period. | * Use auxiliary power unit to maintain a comfortable temperature in sleeper cab. * See North American Fatigue Management Program website and materials. * Reactivity app tests (e.g., finger tap, PVT). * CMEs should have a template they can use for their discussions with drivers (e.g., handouts) – something simple. |
| **Personal Injury** | * Inform drivers regarding how to safely navigate snow and ice conditions to prevent injury. * Drivers should be educated and regularly review information on safe lifting and other ergonomics recommendations when driving (e.g., sitting, stretching). * Drivers should understand their own limitations (even if using the correct lifting technique). * Provide links to or provide information by NIOSH and the Occupational Safety and Health Administration (OSHA). * Loading and unloading can result in injuries to the driver – Safety and Health Research for Prevention (SHARP) at the University of Washington could be a potential research. | * Drivers should implement safe lifting techniques and other ergonomics recommendations when driving (e.g., stretching techniques after sitting for long periods). * Drivers should be empowered to communicate to dispatch when some aspect of their job (e.g., pulling a tarp off) may put them at risk for personal injury. | * Drivers, physician, and CMEs should be educated on the importance of follow up care to personal injury or illness to be ready to operate a vehicle safely. * CMEs should have a template they can use for their discussions with drivers (e.g., handouts) – something simple. |
| **Lifestyle Choices** | * Focus on smoking cessation would result in the best return for money spent. * Treat underlying medical conditions adequately. * CMEs, carriers, FMCSA, and drivers should take responsibility for informing and educating drivers regarding illegal drug use and that legal drug use should be appropriate and moderate. * CMEs, carriers, FMCSA, and drivers should take responsibility for driver and carrier education regarding prescription drug use. * CMEs, carriers, FMCSA, and drivers should take responsibility for being informed regarding use of over-the-counter drugs (e.g., reading labels, interaction with prescription and other drugs). * CMEs and carriers should engage the driver’s family in the wellness dialogue. * Employer should encourage wellness changes for drivers. | * Focus on smoking cessation would result in the best return for money spent. | * Focus on smoking cessation would result in the best return for money spent. * Carriers should implement refresher training on the carrier’s drug and alcohol policy on a regular basis (e.g., quarterly). |