**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**

**August 10, 2016, Subcommittee 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.*

**Subcommittee Charge**

The MRB and MCSAC have formed a Subcommittee to focus on recommendations and ideas for the development of a driver wellness website.

**Discussion Notes**

1. **What would drivers want to see on a driver wellness website?**
	1. It is difficult to reach and effectively communicate with owner-operators as a group.
	2. The website would have to be something that catches a driver’s eye and holds his or her interest.
	3. The intent and motivation of the website should come across as neutral and arising out of a concern for a driver’s health and his or her family, rather than being safety or enforcement-related.
		1. Information that is conveyed with the implication that a driver will have to get off the road if they are suffering from certain conditions will turn drivers away from the information.
	4. “Short bursts” of communication/short blocks of information work better (15-20 minutes).
	5. The website could inform drivers of symptoms for medical conditions that are top reasons for medical disqualification.
	6. It is critical that the website communicate all information in language that a driver will understand.
	7. The website should look appealing to drivers to make them interested enough to stay once they find it.
		1. FMCSA will conduct focus groups with drivers to determine what type of home page set up and information would be successful at maintaining attention and interest.
	8. The website should be compatible with tablet use because many drivers use mobile devices.
	9. The website should also consider that driver spouses are often organizers of family health information.
2. **How to Stay On the Road**
	1. With an aging driver workforce, many drivers’ primary wellness concerns are going to center around keeping their medical certification. They are interested in understanding what they have to do to meet the minimal medical qualifications so that they can continue to work.
	2. Identifying key health factors that are most likely to cut a driver’s career short could be particularly motivating: hypertension, diabetes, sleep apnea, substance abuse (medications), cancer.
	3. Remind individuals that they need to schedule their medical certification exam well in advance of their card expiring, to bring medical documentation, to gather continuous positive airway pressure (CPAP) data.
3. **Unique Driver Health Concerns**
	1. Consider highlighting issues that are unique to the commercial motor vehicle (CMV) driver community. For example, diseases or conditions that have a higher prevalence in the driver population as compared to the general population.
	2. Deep veined thrombosis is a problem among drivers for which drivers do not have enough information.
	3. Many drivers also suffer from anxiety and/or depression. Wellness information should include a stress management component.
	4. Diabetes affects most systems in the body and requires a lot more management than just a blood sugar number.
	5. Rheumatoid arthritis is a condition for which some associations are seeing an increase for drivers.
		1. Narcotics on top of rheumatoid arthritis medication is a concern.
		2. However, most drivers with rheumatoid arthritis are still able to get their medical certifications.
	6. Seizure disorders are also being brought up by drivers to their associations recently because word is getting out that FMCSA considers exemptions for drivers with seizure disorders (who are on medication and have not had a seizure in some time).
4. **Ideas Relating to a Driver Wellness Mobile Application**
	1. A mobile device application (or app) that does not require connectivity to obtain information could be helpful. For example:
		1. Showing the best options at truck stops and fast food restaurants, or which fast food restaurants have the most healthful options.
		2. Information that is portable and can help a driver plan their meals by showing calorie content.
	2. The Rolling Strong mobile application covers a lot of health and wellness information. It is a realistic program. FMCSA should consider the information and communication methodology on this application.
		1. One issue regarding the credibility of this application is that it can seem like it is trying to sell health-related equipment.
	3. A mobile app could be made more useful by using global positioning systems (GPS) to provide drivers with useful information, such as medical facilities and restaurants where you could park a truck, nearby healthful food options, etc.
	4. But the government could not sponsor an app that would advocate or promote certain brands, products, or restaurants over others (i.e., implied product sponsorship).
5. **Sponsors of Wellness Initiatives**
	1. A government-private sector wellness initiative will be best received by drivers who may be distrustful of FMCSA or the Federal government.
	2. Drivers may be hesitant to go to a carrier-based wellness program out of concern of the consequences of any health information they may disclose.
	3. A wellness program run by a third party (non-carrier, non-government) could be more successful.
6. **Concern Regarding Appearance of Product Sponsorship**
	1. FMCSA should steer clear of any information that could be perceived as marketing a particular brand or product.
	2. In response to the concern that the government cannot use any list or reference any source that would advocate or promote one brand, product, or restaurant over another (i.e., implied product sponsorship):
		1. The website could reference association websites that could more easily recommend specific applications for purchase/download (e.g., calorie counters, fitness trackers, restaurant finders/comparison) and specific useful websites.
		2. The website could also use driver feedback to point other drivers to useful websites/applications. This would lend credibility because the information would be coming from drivers.
7. **Personalization of Web Content**
	1. Health questionnaire (i.e., health risk appraisal) that customizes web content based on requests for simple personal information using plain language could be helpful.
		1. However, suspicion could arise that the government is trying to take your information.
	2. If the website or application was personalized by collecting information, some drivers may be hesitant to use the website because they may not want to provide the personal information.
	3. If the government is collecting personally identifiable information (PII), it would have to first do a privacy impact assessment.
	4. Whichever entity collects the data (i.e., hosts the website or application) would be responsible for any data breaches.
	5. Rather than collecting personal information, an application or website could profile individual users by taking information on their interests to prioritize the information that they see first.
8. **Dynamic Information Content**
	1. Consider updating website content and encouraging frequent use of the website by ongoing development of content (e.g., articles, podcasts).
	2. Consider email blasts with useful content.
	3. This could be accomplished with a communications and marketing plan.
	4. Perhaps each individual/organization in the Driver Wellness Subcommittee could take responsibility for developing new content once a year.
	5. For example, if the Subcommittee developed five different broad wellness topics that could be selected by users, the website could provide monthly updates for each of those information topics and accompanying email blasts such that users would receive targeted content.
9. **Other Ideas Relating to Content**
	1. Distilling some health information into a physical pamphlet could be helpful. The pamphlet could be handed out at medical facilities and other physical locations, e.g., truck shows.
	2. The website could attempt to show how each aspect of driver wellness (health, medical certification (“how to stay on the road”), food, exercise, fatigue, stress management) impacts a driver’s career and family, possibly using a diagram.
	3. A “career calculator” that shows projected lifespan and cumulative earnings impacts if you can remain healthy and stay on the road longer could be helpful in communicating long-term health impacts.
		1. For example, if you were able to work 10, 15, or 20 more years.
	4. Anonymous health question submission option could be a good way to convey information.
		1. Families could use an anonymous health question submission tool as well.
	5. Direct and immediate feedback (e.g., fitbit information) can be motivating. It is difficult to motivate people by only conveying long-term consequences.
	6. The website should include a feature where drivers can provide feedback.
	7. An anonymous poll with rotating multiple choice health questions that displayed the statistics of other polled responses after a vote from a user would be a good way of interacting.
	8. Testimonials of life change due to health changes could be helpful (e.g., before/after photographs).
	9. Consider getting a video from FMCSA Administrator and/or other high ranking executives of other driver wellness public-private partnership members to communicate the importance/significance of the driver wellness initiative.
10. **General Notes**
	1. Reaching owner-operators could be key to having an impact on the driver population.
	2. It is difficult for drivers to get regular exercise during a 14-hour work day because for the most part they have to pay attention while at a loading dock and when in line at a distributor.
	3. How do you get drivers to go to the website initially?
	4. The driver wellness public-private partnership should think about how to incentivize drivers to interact with the website (e.g., pedometer, coupons for healthy food, exercise bands).
	5. If any Subcommittee members know colleagues who would want to assist with technology development relating to driver wellness, they should encourage them to contact FMCSA.
11. **Research** – What type of research might be useful for the driver wellness website?
	1. 25,000 Medical Examination Report Forms
		1. Reasons an individual got something less than a 2-year card and why.
		2. Of all the drivers, what percentage walked out with different length medical cards?
		3. Top reasons for failing/percentage.
		4. Body Mass Index (BMI) – percentage of BMI groupings that have known sleep apnea.
	2. What other research is FMCSA conducting that could lend useful information to the driver wellness website?
12. **Focus Groups** – What kind of feedback should FMCSA hope to receive from drivers in focus groups that would be testing information developed for the driver wellness website?
	1. Driver Representation: Ideally, FMCSA should solicit feedback from a diverse group of drivers:
		1. Wide age range representation (~25-75)
		2. Diverse gender representation.
		3. Wide range of years of experience.
		4. Diverse representation from different segments of the industry.
		5. Diverse geographic work locations.
		6. Representation from a diverse type of operation (large carrier, small carrier, union, owner-operator [leased vs. independent authority], long-haul vs. home each night).
		7. Diverse type of freight hauled (some segments involve a lot more loading, restrictions, etc.).
		8. Diverse cultural population (have different health and wellness concerns).
	2. Get feedback from wives/families of drivers.
	3. Understanding how and when individuals would most likely access the website.
	4. What is their awareness level of these wellness issues, in general?
	5. What other sources of information do they use to access this types of information?
	6. Any wellness issues that are missing? What health and wellness issues are drivers interested in?
	7. What level of interaction would drivers like in a website? For example, personalized, semi-static information, engaging with health experts or other drivers?
	8. How do drivers want information delivered? Podcasts, videos, articles, emails?
	9. FMCSA will host several online meetings/webinars with 20-25 participants (different participants each time) to get initial feedback information on the types of information that would be presented on the driver wellness website. Any more meeting participants than 20-25 could result in not everyone feeling that they got to participate or be heard.
	10. FMCSA will develop draft ask language for Subcommittee members to reach out to associations to recruit drivers for the online webinar presentation of beta website content.
	11. FMCSA should invite driver spouses to participate in website testing.
	12. FMCSA should consider how it can avoid selection bias in the testing/webinar process.
	13. Within the next several weeks, FMCSA will develop a format for the initial focus group to show subcommittee members and get feedback before scheduling initial focus groups.