

# DRIVER HEALTH & WELLNESS INITIATIVES

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Presented By | Rich Moldstad, CDS

# PRESENTER

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# THE PROBLEM – CRISIS OF HEALTH

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- Work Environment
- Aging Workforce
- Stress
- High risk of chronic diseases



# CHALLENGES AND OPPORTUNITIES

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- Poor health and low healthcare usage
- Impact that serious crashes have upon population
- Increased medical costs (WC and health insurance)



# SO WHAT IS OBESITY?

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## Body Mass Index

Ratio of person's height and weight

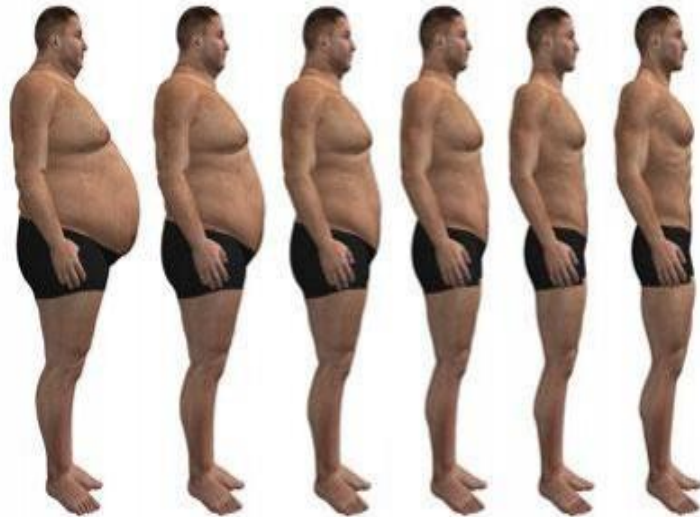
- Healthy adult BMI = 18.5 to 25
- Overweight adult BMI = 25 to 29
- Obese adult BMI = 30 to 35
- Morbidly obese adult BMI = greater than 35

**BMI Calculator**  
unit ☒ US ☐ Metric  
age   
sex ☒ male ☐ female  
height  ft  in  
weight  lb  
  
by [calculator.net](http://calculator.net)

# OBESITY IN THE CMV POPULATION

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- Leading cause of death and disease
- 66% of US population = obese
- Utah study = 53.3% obese  
26.5% morbidly obese
- 400% - 3 or more co-morbid conditions
- 8.4lbs average weight gain



# OBESITY AND OTHER HEALTH CONDITIONS CONNECTION

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Obese drivers compared to normal weight drivers (BMI >30 - 35)

- 3.6x - high blood pressure
- 4.15x – diabetes
- 5.49x – sleep disorders

Morbidly obese drivers compared to normal weight drivers (BMI >35)

- 6.94x – high blood pressure
- 7.99x diabetes
- 28.59x sleep disorders



# FMCSA (DOT) MEDICAL EXAMINATION - HYPERTENSION

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Hypertension – A person is physically qualified to drive a CMV if that person has no current clinical diagnosis of high blood pressure likely to interfere with the ability to operate a CMV safely.

Stage 1 – Systolic of 140-159 and or diastolic BP of 90-99

- Low risk of BP related acute incapacitation

Stage 2 – Systolic of 160-179 and/or 100-109 diastolic

- One time certification of 3 months to reduce to below 140/90.

Stage 3 – Systolic at or greater than 180 and/or 110 diastolic

- High risk of acute BP related event
- May not be qualified, even temporarily, until reduced to 140/90 and treatment well tolerated.



# HYPERTENSION

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- 24% of those with high blood pressure readings = undiagnosed
- 30% with HTN of either 160mm or 90mm already taking meds



# TYPE 2 DIABETES

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- Increased 150% in males during past 30 years
- 50% higher prevalence in trucking
- Estimated 14.3% within driving population
- 1.7 million new U.S. diagnoses each year
- 78 million pre-diabetes



# FMCSA (DOT) MEDICAL EXAMINATION - SLEEP APNEA

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- No current regulation in place – screening “recommendations” only
- Poor sleep and chronic sleep deprivation
- Estimated 28% of CMV driver – mild or higher OSA levels



# MEDICATION CHALLENGES

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- Prescription spend increasing exponentially
- 43% of sickest say it is difficult to afford meds
- 37% advise they occasionally skip refills due to cost
- Medical plans tightening the rules



## SO WHAT CAN WE DO?

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# SCHNEIDER NATIONAL HEALTH AND WELLNESS

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- Sleep Apnea Initiative
- Health Coaches



# TRUCKS, INC. HEALTH AND WELLNESS

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- Company management and supervisors trained
- Annual Physical Examinations – Exceed DOT
- Annual biometrics evaluation
- In-house coaching
- Workout equipment at corporate office
- Positive ROI, driver retention, and safety



# PRIME, INC

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- Siphiwe Baleka – someone you should get to know
- 13 week weight loss program
- Increase metabolic rate to high intensity
- Strategic food intake changes
- Make it simple

<http://www.siphiwebaleka.com/>

<https://www.facebook.com/Fitness-Trucking-241439089227493/>

<http://www.afa.com/courses/the-baleka-method-driving-metabolism>

<http://skm.me/sw/57kS>





# Fundamentals Of A H/W Program

# FUNDAMENTALS OF A H/W PROGRAM

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1. Culture Of Care
2. What Does Success Look Like
3. Establish Where They're At
4. It Must Be Easy and Sustainable
5. Education/Promotion

# FUNDAMENTALS OF A H/W PROGRAM

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**You Have To Start Somewhere**



# QUESTIONS?

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# C&B RISK MANAGEMENT CENTER WEBSITE

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