

# Driver Health and Wellness Initiatives

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Presented By | Rich Moldstad,

# PRESENTER

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**RICH MOLDSTAD**

Safety Consultant

[Rmoldstad@smcsafety.com](mailto:Rmoldstad@smcsafety.com)

219.477.3682



# 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

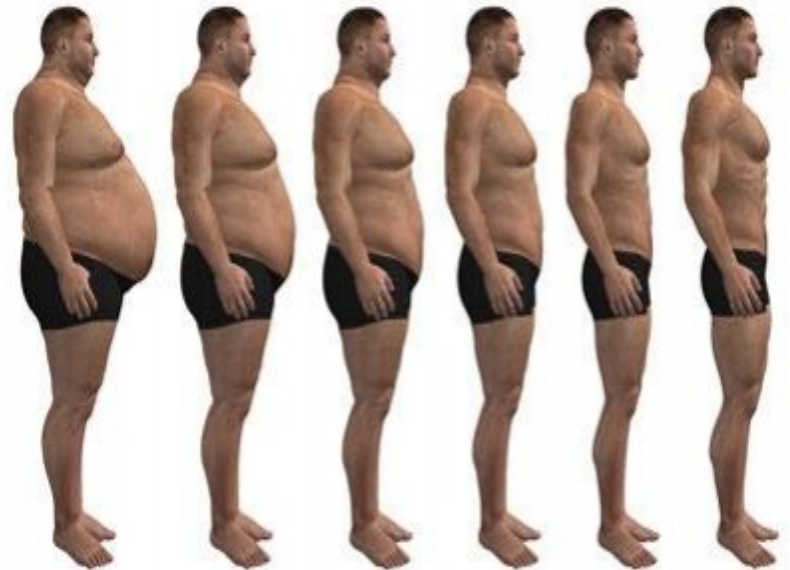
66% of US population = obese

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.afaa.com/courses/the-baleka-method-driving-metabolism>

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





# FUNDAMENTALS OF A H/W PROGRAM

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## #1 Culture Of Care



# FUNDAMENTALS OF A H/W PROGRAM

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## #2 What Does Success Look Like?



# FUNDAMENTALS OF A H/W PROGRAM

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#3 Establish Where They're At



# FUNDAMENTALS OF A H/W PROGRAM

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#4 It Must Be Easy And Sustainable



# FUNDAMENTALS OF A H/W PROGRAM

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## #5 Education/Promotion



# FUNDAMENTALS OF A H/W PROGRAM

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You Have To Start Somewhere



# Questions?