Driver Health and Wellness Initiatives

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THE PROBLEM – CRISIS OF HEALTH

Work Environment

Aging Workforce

Stress

High risk of chronic diseases
CHALLENGES AND OPPORTUNITIES

Poor health and low healthcare usage

Impact that serious crashes have upon population

Increased medical costs (WC and health insurance)
SO WHAT IS OBESITY?

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
OBESITY IN THE CMV POPULATION

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

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
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 that 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

24% of those with high blood pressure readings = undiagnosed

30% with HTN of either 160mm or 90mm already taking meds
TYPE 2 DIABETES

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
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

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?
SCHNEIDER NATIONAL HEALTH AND WELLNESS

Sleep Apnea Initiative

Health Coaches
TRUCKS, INC. HEALTH AND WELLNESS

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
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.aafa.com/courses/the-baleka-method-driving-metabolism
http://skm.me/sw/57kS
#1 Culture Of Care
#2 What Does Success Look Like?
FUNDAMENTALS OF A H/W PROGRAM

#3 Establish Where They’re At
#4 It Must Be Easy And Sustainable
FUNDAMENTALS OF A H/W PROGRAM

#5 Education/Promotion
FUNDAMENTALS OF A H/W PROGRAM

You Have To Start Somewhere
Questions?