CMV Driver Health Outreach

Driving Healthy: An Online Health and Wellness Resource for Commercial Motor Vehicle Drivers

Tammy E. Trimble • Justin F. Morgan • Richard J. Hanowski • Myra Blanco

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EXECUTIVE SUMMARY

Many commercial motor vehicle (CMV) drivers struggle to maintain a healthy lifestyle against the demands of their job. While some previous CMV health programs have been developed, these programs have either not been widely implemented or they fail to adequately address the needs of CMV drivers with programs adaptable to their unique lifestyle challenges. Additionally, reaching this highly fragmented and mobile population has proven difficult. This report describes the development of an integrated social networking-based health effort, called Driving Healthy. The main objective of Driving Healthy was to create a unique health and wellness resource for the CMV community that provides trusted information about a variety of health topics in an easy-to-access fashion, as well as timely updates via social networking platforms. Specific objectives included the development and enhancement of the Driving Healthy website and the social networking platforms that complement the website. In doing so, additional driver-focused health information was produced, along with new outreach tools and materials and expanded connectivity options for this outreach effort. This report documents two project phases. Phase I of the project spanned the period of January 1, 2010, through July 31, 2011, with the sites being launched in January 2011. Phase II covers August 1, 2011, through November 15, 2012, and included the development of additional outreach tools.
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<td>ATA</td>
<td>American Trucking Associations</td>
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<tr>
<td>BMI</td>
<td>Body Mass Index</td>
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<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>CDL</td>
<td>Commercial Driver’s License</td>
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<tr>
<td>CHC</td>
<td>Consumer-based Health Communication</td>
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<td>CMV</td>
<td>Commercial Motor Vehicle</td>
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<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<td>FMCSA</td>
<td>Federal Motor Carrier Safety Administration</td>
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<tr>
<td>IM</td>
<td>Instant Messaging</td>
</tr>
<tr>
<td>NIH</td>
<td>National Institutes of Health</td>
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<tr>
<td>NIOSH</td>
<td>National Institute for Occupational Safety and Health</td>
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<td>NSTSCE</td>
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<td>OSA</td>
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<td>PIPE</td>
<td>Penetration, Implementation, Participation, and Effectiveness metric</td>
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<td>RSS</td>
<td>Rich Site Summary</td>
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<tr>
<td>TIRES</td>
<td>Trucking Injury Reduction Emphasis</td>
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<tr>
<td>USDA</td>
<td>U.S. Department of Agriculture</td>
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<td>VTTI</td>
<td>Virginia Tech Transportation Institute</td>
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CHAPTER 1. INTRODUCTION

Many commercial motor vehicle (CMV) drivers struggle to maintain a healthy lifestyle against the demands of their job. One recent study identified the majority of the CMV driver participants (approximately 82%) as being overweight or obese based on body mass index (BMI); the majority (53%) were obese, with BMIs at or above 30 kg/m$^2$.$^{(1)}$ These drivers were identified as having an increased likelihood of involvement in various safety-related situations, and overweight and obese drivers were found to have a higher likelihood of not wearing safety belts when compared to drivers with BMIs in the normal range. Thus, the CMV driver’s health and well-being has a direct relationship with highway safety. However, the population of CMV drivers is typically underserved with respect to health and wellness information. While some model health and wellness programs have been developed (e.g., the Gettin’ in Gear driver wellness program), relatively few carriers have implemented such programs.$^{(2)}$ Additionally, previous efforts have often failed to adequately address the needs of CMV drivers and adapt programs to their unique lifestyle challenges.

This report describes the work performed in the creation of a health education effort that includes a social networking-based presence in addition to a traditional website presence. The use of a social marketing approach was chosen to gain greater acceptance among target audiences and encourage more effective use of program information, as well as to foster mutual support within the target audience. Considerations that are necessary for the implementation of a social networking (e.g., Facebook and Twitter)-based health education program for CMV drivers include an understanding of the need for increased health literacy among CMV drivers, the means through which social media and online information can be accessed in a mobile environment, and the role of social marketing techniques in the creation of health education programs. This understanding is critical information for implementing an outreach program targeting CMV drivers through the incorporation of social networking sites. While there are existing health outreach websites, the use of social networking to encourage participation and increase the effectiveness of a CMV driver health education program is relatively new. The use of social networking combined with social marketing should have a beneficial effect on the overall success of a health outreach program.

To address this need, “Driving Healthy” was created as a National Surface Transportation Safety Center for Excellence (NSTSCE)-sponsored project. The ongoing goal of Driving Healthy is to provide health information and best practices for CMV drivers. Driving Healthy resources comprise a stand-alone website and Facebook and Twitter accounts. The content presented through these resources targets CMV-specific health-related needs and challenges. All Driving Healthy content is gathered, developed, and edited by researchers at the Virginia Tech Transportation Institute (VTTI) Center for Truck and Bus Safety. This report summarizes the efforts related to the development of the Driving Healthy program, as well as the support and further development of new resources related to this health and wellness outreach program.

BACKGROUND

This project provides CMV drivers with empowerment opportunities aimed at increasing individuals’ health literacy. Health literacy is “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed
to make appropriate health decisions".\(^3\) The Centers for Disease Control and Prevention (CDC) reports that nearly nine out of 10 adults may lack the skills needed to manage their health and prevent disease. Older adults, those with limited education, minorities, the poor, or those with limited English-language proficiency demonstrate an even greater problem of health literacy.\(^3\) When looking at the CMV driver population, American Trucking Associations (ATA) reports that 20% of all heavy-duty truck drivers are aged 55 or older. Additionally, minority groups compose more than 21% of long-haul drivers (African Americans, 11.7%; Hispanics, 9.7%), and 5% of truck drivers are women.\(^4\) Thus, there may be an even greater need for health literacy information for CMV drivers as compared to the general population.

**Use of Social Networking Sites in the Implementation of Health Education Programs**

Health education messages can be effectively communicated through new technologies that facilitate social networking. Examples of these technologies include cell phones, instant messaging (IM), mobile blogging or microblogging (e.g., Twitter), social networking websites (e.g., Facebook, MySpace), e-mail, and landline telephones. These resources provide increased opportunities for two-way communication between information providers and consumers. Individual CMV drivers now have expanded access to tools that allow them to build and maintain social networks with others sharing a common interest without being limited by physical location.

Social networking websites attempt to create an online version of real-world networking and allow for the sharing of other information and media (e.g., videos). These sites allow for the delivery of programs, products, and information in an immediate and personal way.\(^5,6\) By far, the most popular social networking site is Facebook. In early 2010, Facebook became the most popular Internet site in the United States, and it currently has more than 500 million active users.\(^7,8\) When used strategically, social networking via Facebook is an effective and inexpensive way to reach individuals with targeted information.\(^5\)

**Social Marketing Approach**

Lefebvre and Flora note three major problems that have challenged health intervention efforts and stimulated the search for new methods to alter health practices.\(^9\) These problems are:

1) The limited reach of individual counseling and small group programming;
2) The low penetration of individual or group-based health education methods in many segments of the population, especially “hard-to-reach” groups; and
3) The overwhelming nature of the task to develop programs that will effect changes in population, given the limited resources that are usually available and the lack of appropriate technology development.

To address these problems, the CMV driver health education program was implemented using social networking sites in tandem with social marketing principles. Andreasen defines social marketing as “the application of commercial marketing technologies to the analysis, planning,
execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society” (p. 7). A similar definition is provided by Lombardo and Léger who define social marketing as “the application of traditional commercial marketing principles to encourage the adoption of ideas and behaviors among target audiences” (p. 382). Social marketing is based on the idea that practitioners must be aware of and responsive to the needs, preferences, and lifestyles of the target audience. The use of social marketing techniques has been demonstrated to improve the efficacy of health outreach programs.

Social marketing efforts focus on the end user and incorporate research aimed at understanding why targeted populations act as they do and the perceived costs and benefits of change for that population. Consumers are at the core of social marketing efforts. One such example of social marketing is the consumer-based health communication (CHC) process that is designed for creating messages targeted at improving behaviors related to health. This process is continuous and results in a strategy statement that answers the following: who the target consumer is, what he or she is encouraged to do, what to promise and how to make the promise credible, how and when to reach the consumer, and what image to convey. As both consumers and the answers to the strategic questions change, so too will the targeted messages. In sum, social networking can best be described as a systemic, consumer-based planning process that offers a planning approach that promotes the value of consumer input, a sense of democracy, and participant empowerment.

PROJECT OBJECTIVES

The main objective of Driving Healthy was to create a unique health and wellness resource for the CMV community that provides trusted information about a variety of health topics in an easy-to-access fashion, as well as timely updates via social networking platforms. Specific objectives included the development and enhancement of the Driving Healthy website and the social networking platforms that complement the website. In doing so, additional driver-focused health information was produced, along with new outreach tools and materials and expanded connectivity options for this outreach effort.
CHAPTER 2. HEALTH EDUCATION PROGRAM DESIGN

The project followed Pronk’s two-phase health improvement planning model that provided guidelines for program design and evaluation (Figure 1). The success of a health outreach program is partially dependent on the penetration, implementation, participation, and effectiveness (PIPE) Impact Metric\(^\text{13}\) of the program within its intended demographic. To meet these challenges, the current project built upon factors of size, scope, scalability, and sustainability.\(^\text{13}\) The following provides a discussion of both the program design phase and initial findings from the program impact phase of the CMV driver health education program.

**Figure 1.** Pronk’s two-phase health improvement planning model.\(^\text{13}\)

**PHASE 1: INITIAL PROGRAM DESIGN PHASE**

**Size**

Size is defined as “the magnitude, extent, relative aggregate amount or number, or dose of the program or intervention that impacts upon the user, thereby creating the desired effect” (p. 152).\(^\text{13}\) Size is variable and is predicated upon the goals of the project. The goal of the CMV health program is to provide increased accessibility to health and wellness information through the use of new technologies. In this context, size refers to the frequency and duration with which individuals access the information in a given day, the extent to which individuals seek information (intensity), and the types of information sought and means for seeking that information (modality). The Driving Healthy resources were designed to support user needs. The team realized that individual needs vary; as such, not each resource will be accessed equally.

**Scope**

In this case, scope refers to the number of behaviors or risk factors addressed.\(^\text{13}\) The web domain name Driving Healthy was reserved during the initial phases of the project for the website, Facebook, and Twitter pages. The health education website DrivingHealthy.org plan included the presentation of four primary areas of information: healthy eating (e.g., making
smarter food choices), healthy living (e.g., exercise), health maintenance (e.g., disease management and prevention), and commercial driver’s license (CDL) medical screening information. The welcome page includes the following information: welcome message, disclaimer, what’s new information, and links to category pages. Specific category pages are: About Driving Healthy, Eating Healthy Tips, Living Healthy Tips, Health Wellness Tips, CDL Medical Screening Tips, Online Health Privacy Tips, Facebook Forum and Twitter Links, and Resource Center. Each section aims to inform drivers of the relevance of the topic from the CMV driver’s perspective, topic-specific educational information, and realistic tips for improving health and wellness in a home-based setting and on the road. Topic-specific resource centers direct users to additional resources and references.

**Scalability**

Scalability refers to the “ability of a program to follow a systemically timed, planned, and graded series of steps that cumulatively account for the continuously increasing reach of a program until a critical mass is attained or the entire target population is engaged” (p. 152). This project began with the creation of a social media website built upon the existing infrastructure of Facebook. Once established, additional outlets (e.g., a program-specific website) were incorporated that share the site branding. Messages are developed in such a manner that they can be distributed across multiple platforms. The multi-platform approach provides users with health and wellness information and encourages users to take a proactive instead of reactive approach to their health care. A common name and theme have been used across the website, Facebook, and Twitter accounts. The common name across multiple platforms facilitates the branding of the health education program and will facilitate future program expansion efforts.

**Sustainability**

For a health education program to be sustainable (i.e., to have long-term, ongoing support and proven performance), it needs to be positioned as “a sub-system within a higher-order system that involves all key stakeholders, allows for both input from and feedback to these stakeholders, and systematically addresses program implementation, measurement, documentation, and monitoring of resource use” (p. 152). Facebook, with its existing user base and CMV-interest communities, provides an excellent platform for implementing a health outreach program. Creating a health outreach program within the social networking site allows it to take advantage of a large existent target population. The high level of interaction on such sites helps promote participation and effectiveness of the program by encouraging users who are CMV drivers to support one another in maintaining a healthy lifestyle. This is additionally supported because of the integration of documents with discussion forums and audio-visual media. In addition to administrator-created material, users of the site can post links to interesting material and foster further discussion and encouragement. Users also can access the site and information through mobile devices such as smartphones, further increasing the access of the information.

**PHASE 2: PROGRAM IMPACT PHASE AND INITIAL DEVELOPMENT**

The program impact of the Driving Healthy resources draws upon Pronk’s program impact phase that focuses on the PIPE Impact Metric. From an administrative perspective, the impact of a
program can be seen in the end product of the PIPE Impact Metric, while participation and effectiveness can be used to represent program impact from a user/consumer perspective.

**Penetration and Implementation**

Penetration refers to “the proportion of the target population that is reached with invitations to engage in the program or intervention” (p. 153). Implementation refers “to the degree to which the program has been implemented according to the design specifications and the associated work plans” (p. 154). The website, Facebook page, and Twitter sites were created in October 2010 and were officially launched in January 2011. All pages incorporate best practices drawn from the CDC social media toolkits and Usability.gov. Initial penetration into CMV communities was through word-of-mouth interactions on Facebook and Twitter and with stakeholders (e.g., Secretary LaHood, the National Institute for Occupational Safety and Health [NIOSH], CMV owner/operators, fleets, and medical providers). Driving Healthy also partnered with the U.S. Department of Agriculture (USDA) to share information regarding the new healthy eating guidelines, which are located on the USDA ChooseMyPlate.gov website. Driving Healthy is listed on the USDA Community Partners’ web page. Additionally, in support of increasing the market penetration of Driving Healthy, the research team:

- Presented at the International Conference on Commercial Driver Health and Wellness in November 2010;
- Prepared a media release that was disseminated through the Virginia Tech University Relations Office;
- Was featured during the CBS affiliate WDBJ-7 evening news broadcast;
- Appeared on the Sirius/XM radio broadcast of the Evan Lockwood Show;
- Prepared information for the I-81 Be Ready, Be Buckled press conference;
- Posted a guest entry on the Manheim Heavy Truck blog; and
- Was interviewed on a live broadcast of the Extreme Truckers show.

To assist with the branding efforts associated with implementation, all three sites use a common color scheme and logo. Guidelines for monitoring and updating the data and evaluation plans were established. The guidelines include: a posting schedule, a discussion of influential Facebook and Twitter users to interact with for promotion purposes, reposting guidelines, and a weekly tracking spreadsheet of posts and interactions. The guidelines were intended to serve as an initial plan for use until a natural pattern emerged.
CHAPTER 3. ADDITIONAL PROGRAM DEVELOPMENT

PHASE ONE REVISITED: PROGRAM REDESIGN

The Driving Healthy website developed during the initial phases of the project was largely a static website comprising static web pages. A static web page (sometimes called a flat page/stationary page) is a web page that is delivered to the user exactly as stored, by contrast to dynamic web pages that are generated by a web application. As a result, a static web page displays the same information for all users, from all contexts. Being a static website, the initial site was unchanging and presented essentially as stored on the server. To update the site, the skills of a website administrator were necessary. To better meet the needs of CMV drivers, the website was redesigned and enhanced with new features and information that would increase the utility of the site. Furthermore, in an effort to simplify the overall readability of the site, the language throughout the site was reviewed and simplified. The redesigned site was developed using a WordPress template that allows researchers to update the site directly and on a regular basis, as well as to provide the site infrastructure supporting search engine optimization. Since the launch of the redesigned site in February 2012, the website has been updated at least once per month. Additionally, the website pages are revisited each month to ensure that all information and links are current.

Development of Additional Driver-Focused Health Information

The development of additional driver-focused health information includes a revised and dynamic home page, featured wellness topics, customized sidebar content, expanded health and wellness information, and an updated and expanded resource center.

Revised and Dynamic Home Page

A key change to the website is the home page (Figure 2 and Figure 3). The dynamic home page now includes:

- A dynamic slide show providing quick links to health information (e.g., resources for eating and living healthy, managing Obstructive Sleep Apnea [OSA], and CDL medical screening information),
- A featured resource section (e.g., food-tracking resources, tips for living healthy, health prevention, and screening information),
- Monthly health and wellness focus features, and
- An embedded Driving Healthy Twitter feed.

Featured Wellness Topics

The home page information is generally an abbreviated version of the information included on the wellness topic pages. Examples of Featured Wellness Topics include:

- *Get Healthy and Active with SuperTracker:* Includes information regarding the new diet and fitness assessment tool and an introductory video from Tom Vilsack, Secretary of Agriculture. This topic was chosen because Driving Healthy is listed as a Community
Partner with ChooseMyPlate.gov, and the SuperTracker was a major enhancement to the ChooseMyPlate.gov services.

- **Colorectal Cancer Awareness Month**: Includes information regarding the importance of screening and resources that individuals can use to discuss screenings with their doctors.
- **Put a Spring in Your Step**: Focused on promoting National Physical Fitness and Sports Month and includes information for healthy living, personal health tools, and sources for more information.
- **Plan and Prepare for Emergencies**: Ties into Home Safety Month and includes a video from the Federal Emergency Management Agency (FEMA) regarding the importance of being prepared for emergencies while traveling, information to use when planning ahead for emergencies, and links to additional resources.

![Figure 2. Screenshot. Original Driving Healthy home page.](image-url)
Customized Sidebar Content

The new site design includes customized sidebars that allow for the inclusion of widgets that contain relevant content. Examples of widgets include the Flu.gov Flu Shot Widget, the CDC Diabetes widget, the healthfinder.gov myhealthfinder widget, and the Smokefree.gov Savings Calculator. Unless they contain a specific topic-related widget, the sidebars include a web badge.
related to the monthly health topic. Web badges are obtained from healthyfinder.gov. The target links within the badges direct users to the sponsoring organization page.

**Expanded Health and Wellness Information**

Prevention efforts help drivers stay healthy and ensure that they maintain the Federal Motor Carrier Safety Administration (FMCSA) medical standards that most truck drivers in the United States are required to meet to drive as a professional. Information addresses:
- What to expect during doctor’s visits and tips for making the most out of visits.
- Resources for managing health conditions.
- The purposes of the CDL medical screening requirements and links to additional FMCSA resources.

The most common conditions that face truck drivers have been identified and updated, and relevant resources are provided to help them manage these conditions. Specific information is provided to help drivers manage smoking cessation efforts, OSA, drinking in moderation, back pain, and hemorrhoids.

Within the redesigned site, increased emphasis has been placed on mental health awareness. Being away from home and on the road can cause stress. CMV drivers face pressures due to being away from home, from job demands, and from personal demands. All of these can lead to stress, anxiety, or depression. Practicing relaxation techniques can help drivers manage their stress. To get drivers started, a collection of stress management, relaxation, and mental health resources were gathered in the Stress Management Resource Center.

**Updated and Expanded Resource Center Information**

Trusted sources of health- and wellness-related information have been identified to help drivers continue on the road to wellness. This information is included in the resource center of the website. The resource center covers a variety of topics and formats of information and reflects frequently covered daily post topics. Based on driver feedback received through social media sites, additional topics were added to the redesigned site (e.g., portion control information and easy-to-use health trackers). Additionally, nutrition guides for the most popular fast food restaurants and convenience stores have been gathered. Authoritative videos featuring practical examples of exercise and relaxation techniques have also been added to the site.

**Creation of New Outreach Tools and Materials**

As part of the website redesign, the Driving Healthy icons and logos were updated. These new marketing tools have been used as brand identifiers across the Driving Healthy resources. The new website header is also used as the Facebook cover photo, while the new Twitter logo is also used as the Facebook profile picture. In addition to the website redesign, the Facebook site was updated to conform to the new Facebook page layout requirements. The redesigned sites also incorporate advanced analytics for tracking purposes and new methods of site formatting that will better meet the needs of mobile users.
A Driving Healthy marketing handout was created during the project period. The one-page handout provides an overview of the Driving Healthy resources (Appendix A). Because eating right while on the road is challenging, a simple food and activity tracker was also created to help drivers make healthier choices (Appendix B). This tracker is based on the health.gov Dietary Guidelines for Americans. (18)

Identification of Additional Connectivity Options

Through the use of social media, Driving Healthy has continued to grow in the number of users. Although several new organizations have emerged that target the health-related needs of CMV drivers (e.g., the Healthy Trucking Association of America and its Healthy Trucking Movement), Driving Healthy has thus far distinguished itself by providing vetted information free of charge to CMV drivers, CMV stakeholders, and the general public in an easily accessible and understandable format. As a result, through Twitter and Facebook, the Driving Healthy resources have connected with several government health outreach efforts. The Driving Healthy’ Twitter followers currently include:

- Secretary of Transportation Ray LaHood,
- The Indiana Department of Transportation,
- NIOSH,
- healthfinder.gov (the source for reliable health information from the federal government),
- Healthy People 2020 (Healthy People provides an ambitious, yet achievable 10-year agenda for improving the nation’s health), and
- Keep Trucking Safe’s Trucking Injury Reduction Emphasis (TIRES; a research project developed by the Safety & Health Assessment & Research for Prevention program at the Washington Department of Labor & Industries).

Efforts have been made to expand the reach of Driving Healthy. A YouTube account was created to tag and share relevant videos throughout the Driving Healthy resources. At this time, the YouTube account does not contain original content; reserving this YouTube account in the Driving Healthy brand name allows for this, if desired. Additionally, a Rich Site Summary (RSS) feed was established. The RSS feed allows individuals and organizations to subscribe to the Driving Healthy Twitter feed. Crete Carrier Corporation has experimented with sharing the RSS feed content through its Facebook account. From March 2012 through August 2012, Driving Healthy tips were shared directly by Crete Carrier Corporation with its more than 30,000 Facebook fans. In September, feedback was obtained from Crete regarding the daily number of posts, post topics, and post format (e.g., whether or not to include hyperlinks in posts). Based on the feedback received, the format and frequency of posts were modified to better address drivers’ needs. At that time, the feed was shared again. In late October 2012, Facebook and Twitter changed its RSS feed policies, which resulted in the need for a newly formatted feed. An updated RSS feed was developed in November 2012, and efforts are under way to reestablish the sharing relationship with Crete Carrier Corporation. The RSS feed is: http://wwwrssitfor.me/getrss?name=DrivingHealthy.
CHAPTER 4. DRIVING HEALTHY PROGRAM UTILIZATION

A key focus of the Driving Healthy project has been delivering regularly scheduled health-related content through the Facebook and Twitter accounts. Resources such as Facebook and Twitter provide increased opportunities for two-way communication between information providers and consumers. Social networking websites attempt to create an online version of real-world networking and allow for the sharing of other information and media (e.g., videos). These sites allow for the delivery of programs, products, and information in an immediate and personal way.

When comparing Driving Healthy users across platforms, one can see that Driving Healthy is continuing to expand its reach. A summary of key analytics is provided below. The utilization metrics for Driving Healthy are presented across the two phases of the program. Phase I of the project spanned the period of January 1, 2010, through July 31, 2011, with the sites being launched in January 2011. Phase II covers August 1, 2011, through November 15, 2012, unless otherwise noted. Note that, due to development of new resources, some new analytical techniques were employed when examining user behavior during Phase II. Therefore, comparable metrics may not exist between phases for all forms of analyses.

PHASE I USER ANALYTICS: JANUARY 1, 2010 – JULY 31, 2011

Google Analytics

The following is a summary of www.DrivingHealthy.com activity from January 1, 2010, through July 31, 2011, obtained through the Google Analytics web service. During this time, there were 1,513 visits to the website, an average of 7.14 visits per day. There were 3,751 page views. The average user looked at 2.48 pages per visit, with 84.80% of the site visits being new visits. Page views were distributed as presented in Figure 4. Visits to the website originated in 54 countries/territories (Figure 5).
Figure 4. Bar Chart. Number of Driving Healthy web page views (January 1, 2011 – July 31, 2011).

Figure 5. Pie Chart. Country of site visit origin (January 1, 2011 – July 31, 2011).
Facebook Analytics

The following is a summary of the Driving Healthy Facebook Page activity from January 1, 2011, through July 31, 2011 (www.facebook.com/drivinghealthy). A preliminary way to measure participation and the effectiveness of Facebook pages is to track the number of individuals who “like” the page. The “like” feature allows Facebook users to show their support for specific comments, pictures, wall posts, statuses, or, in this case, pages. Originally, pages gave users the option to “become a fan” of them. Facebook replaced this option with the “like” button in April 2010. After a user likes a page, his or her news feed is updated, allowing a user’s friends to know what pages he or she liked. Additionally, the user’s news feed is updated with the page activity. The total number of Facebook users who liked the page during this period was 104. More men (51%) liked the page than women (45%). A summary of the sex and ages of those users who have liked the Driving Healthy page is presented in Figure 6. Facebook users who liked the page were predominantly from the United States (96 users), with one each from Canada, Jordan, Philippines, Saudi Arabia, and United Kingdom.

![Figure 6. Graph. Age and sex of Driving Healthy Facebook page users (January 1, 2011 – July 31, 2011).](image)

Evaluating the reach of the Driving Healthy page based exclusively on the number of page likes fails to account for the extent to which Facebook users interact with the page. One must also consider the number of active users and page and post interactions. During the week of March 21, 2011, the number of active users (183 users) was greatest. This week corresponds to a period of media outreach efforts. More significantly are the wall and post views that occurred between January 1, 2011, and July 31, 2011. The wall (e.g., the area of the page where posts most often appear), was viewed 1,052 times (Table 1). The post views (e.g., the number of people who viewed a news feed story posted by Driving Healthy) was 42,950 (includes Facebook users who have liked Driving Healthy and those who have not). In July 2011, the average daily post view was 236 (a 38.8% increase over June 2011). The top three Facebook posts were:

- July is National Ice Cream Month. Check out Healthy Ice Cream 101 for info on healthy ice cream choices: [http://ow.ly/5HlRE](http://ow.ly/5HlRE) (link to article on HealthCastle.com, a site maintained by registered dieticians; 126 impressions).
- Here’s a summer produce guide to help you navigate the seasonal fruits and vegetables [http://ow.ly/5HqY1](http://ow.ly/5HqY1) (link to Food Network produce guide; 114 impressions).
• It’s National Don’t Eat Meat Week & we’re going to be exploring non-meat alternatives. Can’t go w/out – try subbing eggs or beans (109 impressions).

**Table 1. Number of Driving Healthy Facebook resource views (January 1, 2011 – July 31, 2011).**

<table>
<thead>
<tr>
<th>Driving Healthy Facebook Page Resource</th>
<th>Number of Facebook User Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Views</td>
<td>42,950</td>
</tr>
<tr>
<td>Wall Views</td>
<td>830</td>
</tr>
<tr>
<td>Discussion Topics</td>
<td>61</td>
</tr>
<tr>
<td>About (Information)</td>
<td>43</td>
</tr>
<tr>
<td>Archived Links</td>
<td>40</td>
</tr>
</tbody>
</table>

**Twitter Analytics**

The use and effectiveness of the Twitter account can be measured by the number of followers (i.e., those individuals who choose to actively follow account updates, or Tweets). As of July 31 2011, the Driving Healthy Twitter account (@DrivingHealthy) had 279 followers and was included in 14 Twitter lists. Posts to the Driving Healthy Twitter and Facebook accounts are managed through a third-party client, Hootsuite. In addition to facilitating the scheduling of posts, Hootsuite provides a summary of user information and analytics regarding Tweet views. Users who clicked on Driving Healthy links were predominately from the United States (Figure 7). The top referrers to the Driving Healthy Twitter feed were Direct Click (105 referrals), Facebook.com (64 referrals), Twitter.com (58 referrals), and Hootsuite.com (9 referrals).

![Figure 7. Pie Chart. Twitter post link clicks by region (January 1, 2011 – July 18, 2011).](image)

As of July 31, 2011, there have been 237 posts to the Driving Healthy Twitter account, 54 of which were re-tweeted (i.e., shared) by other users. Hootsuite.com tracks the popularity of Ow.ly
links (i.e., original links shortened using Hootsuite) included within Twitter posts. The top three Twitter posts were:

- This printable @NIOSHtransport Fast Facts for Protecting Yourself from Heat Stress is a great resource (w/ first aid): http://ow.ly/513Mt (link to a NIOSH fact sheet discussing ways to protect oneself from heat stress; 30 clicks; retweeted 17 times).
- Sleep Awareness Week Focus: Check out this informative video about drowsy driving prevention: http://ow.ly/49iEo (link to a video produced by the National Sleep Foundation discussing shift work and its affect on sleep patterns; 14 clicks).
- How's your sleep? http://ow.ly/3Qr7P (link to FMCSA’s Sleep Apnea Resource website; 8 clicks).

**PHASE II USER ANALYTICS: AUGUST 1, 2011 – NOVEMBER 15, 2012**

**Google Analytics**

From August 1, 2011, through November 15, 2012, there were 4,751 visits to the website; 84.72% (4,051) of the visits were new or unique visits. There were 15,546 page views with the average user looking at 3.25 pages per visit. These numbers indicate a continued and growing interest in the Driving Healthy website when compared to the Phase I period. During that period, there were 1,513 visits to the website and 3,751 page views, with the average user looking at 2.48 pages per visit.

**Website User Demographics**

Visits to the website originated in 90 countries/territories. The top five countries are presented in Table 2. Detailed regional information is provided for users located within the United States (Figure 8).

**Table 2. Top countries of user origin (August 1, 2011 – November 15, 2012).**

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Visits</th>
<th>Average Pages Viewed per Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>3,732</td>
<td>3.58</td>
</tr>
<tr>
<td>Canada</td>
<td>208</td>
<td>2.59</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>197</td>
<td>1.83</td>
</tr>
<tr>
<td>Australia</td>
<td>109</td>
<td>2.94</td>
</tr>
<tr>
<td>India</td>
<td>69</td>
<td>1.46</td>
</tr>
</tbody>
</table>
Website User Behavior

As noted, the majority of users, 84.74%, are new users (Table 3). The greatest number of page views occurred during January and February 2012, the months of the website re-launch (Figure 9).

Table 3. Frequency of user visits (August 1, 2011 – November 15, 2012).

<table>
<thead>
<tr>
<th>Count of Visits</th>
<th>Visits</th>
<th>Percentage of Total Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4,026</td>
<td>84.74%</td>
</tr>
<tr>
<td>2</td>
<td>403</td>
<td>8.48%</td>
</tr>
<tr>
<td>3</td>
<td>128</td>
<td>2.69%</td>
</tr>
<tr>
<td>4</td>
<td>64</td>
<td>1.35%</td>
</tr>
<tr>
<td>5</td>
<td>40</td>
<td>0.84%</td>
</tr>
<tr>
<td>6</td>
<td>21</td>
<td>0.44%</td>
</tr>
<tr>
<td>7</td>
<td>16</td>
<td>0.34%</td>
</tr>
<tr>
<td>8</td>
<td>12</td>
<td>0.25%</td>
</tr>
<tr>
<td>9-14</td>
<td>23</td>
<td>0.48%</td>
</tr>
<tr>
<td>15-25</td>
<td>14</td>
<td>0.29%</td>
</tr>
<tr>
<td>26-50</td>
<td>3</td>
<td>0.06%</td>
</tr>
<tr>
<td>51-100</td>
<td>1</td>
<td>0.02%</td>
</tr>
</tbody>
</table>
The most popular pages and top landing pages are presented in Table 4 and Table 5, respectively. Predominantly, users were looking for the home page or for information about eating healthy on the road.

**Table 4. Most popular website pages (August 1, 2011 – November 15, 2012).**

<table>
<thead>
<tr>
<th>Page Description</th>
<th>Page Address</th>
<th>Page Visits</th>
<th>Percent of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Page</td>
<td>/</td>
<td>4,697</td>
<td>30.43%</td>
</tr>
<tr>
<td>Eating on the Road*</td>
<td>/eating-otr.shtml</td>
<td>652</td>
<td>4.22%</td>
</tr>
<tr>
<td>Food Tracker</td>
<td>/eatingandlivinghealthy/tracker/</td>
<td>643</td>
<td>4.17%</td>
</tr>
<tr>
<td>Eating Healthy on the Road</td>
<td>/eatingandlivinghealthy/eatinghealthy/roadeating/</td>
<td>567</td>
<td>3.67%</td>
</tr>
<tr>
<td>Resource Center*</td>
<td>/resource-center.shtml</td>
<td>565</td>
<td>3.66%</td>
</tr>
<tr>
<td>Eating Healthy*</td>
<td>/eating.shtml</td>
<td>385</td>
<td>2.49%</td>
</tr>
<tr>
<td>Living Healthy on the Road</td>
<td>/eatingandlivinghealthy/living-healthy/roadliving/</td>
<td>298</td>
<td>1.93%</td>
</tr>
<tr>
<td>Eating and Living Healthy</td>
<td>/eatingandlivinghealthy/</td>
<td>290</td>
<td>1.88%</td>
</tr>
<tr>
<td>Living Healthy</td>
<td>/eatingandlivinghealthy/living-healthy/</td>
<td>283</td>
<td>1.83%</td>
</tr>
<tr>
<td>CDL Medical Screening*</td>
<td>/screening.shtml</td>
<td>253</td>
<td>1.64%</td>
</tr>
</tbody>
</table>
Table 5. Top website landing pages (August 1, 2011 – November 15, 2012).

<table>
<thead>
<tr>
<th>Page Description</th>
<th>Page Address</th>
<th>Page Visits</th>
<th>Percent of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Page</td>
<td>/</td>
<td>2,943</td>
<td>61.94%</td>
</tr>
<tr>
<td>Eating on the Road*</td>
<td>/eating-otr.shtml</td>
<td>275</td>
<td>5.79%</td>
</tr>
<tr>
<td>Resource Center*</td>
<td>/resource-center.shtml</td>
<td>247</td>
<td>5.20%</td>
</tr>
<tr>
<td>CDL Medical Screening*</td>
<td>/screening.shtml</td>
<td>168</td>
<td>3.54%</td>
</tr>
<tr>
<td>CDL Medical Screening</td>
<td>/preventionandscreening/cdlmedicalscreening/</td>
<td>122</td>
<td>2.57%</td>
</tr>
<tr>
<td>Home Page*</td>
<td>/index.shtml</td>
<td>91</td>
<td>1.92%</td>
</tr>
<tr>
<td>Eating Anytime*</td>
<td>/eating-any.shtml</td>
<td>72</td>
<td>1.52%</td>
</tr>
<tr>
<td>Eating Healthy on the Road</td>
<td>/eatingandlivinghealthy/eatinghealthy/roadeating/</td>
<td>53</td>
<td>1.12%</td>
</tr>
<tr>
<td>Living Well*</td>
<td>/wellness-prevention.shtml</td>
<td>48</td>
<td>1.01%</td>
</tr>
<tr>
<td>Food Tracker</td>
<td>/eatingandlivinghealthy/tracker/</td>
<td>4</td>
<td>0.93%</td>
</tr>
</tbody>
</table>

*Denotes page address linked to original website.

**Website Traffic Sources**

Of those visiting the Driving Healthy website, 60.16% visited as a result of search traffic, 16.80% as the result of referral traffic, and 23.05% as the result of direct traffic. An overview of the keywords used in navigating to the site is presented in Table 6.

Table 6. Summary of the keywords used that resulted in visits to Driving Healthy.

<table>
<thead>
<tr>
<th>Keyword Used</th>
<th>Visits</th>
<th>Percentage of Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>(not provided)</td>
<td>516</td>
<td>18.05%</td>
</tr>
<tr>
<td>healthy truck driver diet</td>
<td>50</td>
<td>1.75%</td>
</tr>
<tr>
<td>driving healthy</td>
<td>47</td>
<td>1.64%</td>
</tr>
<tr>
<td>truck driver health</td>
<td>46</td>
<td>1.61%</td>
</tr>
<tr>
<td>healthy driving</td>
<td>43</td>
<td>1.50%</td>
</tr>
<tr>
<td>healthy eating for truck drivers</td>
<td>42</td>
<td>1.47%</td>
</tr>
<tr>
<td>healthy truck driver</td>
<td>40</td>
<td>1.40%</td>
</tr>
<tr>
<td>healthy food for truck drivers</td>
<td>38</td>
<td>1.33%</td>
</tr>
<tr>
<td>portion sizes</td>
<td>36</td>
<td>1.26%</td>
</tr>
<tr>
<td>drive healthy</td>
<td>33</td>
<td>1.15%</td>
</tr>
</tbody>
</table>

**Facebook Analytics**

As of November 15, 2012, the Driving Healthy Facebook Page had 352 likes. This represents an increase of 248 likes since July 2011.

**Facebook User Profile**

For the period ranging from September 15, 2012, through November 15, 2012, more men (61.8%) liked the Driving Healthy page than did women (37.4%). A summary of the sex and ages of those page users who have liked the Driving Healthy page is presented in Figure 10.
Facebook users were predominantly from the United States (251 users; Figure 11). Additionally, new users were drawn to posts on the Facebook timeline and page (Table 7).

<table>
<thead>
<tr>
<th>Source</th>
<th>Description</th>
<th>Number of Likes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline</td>
<td>People who Liked Driving Healthy from the Likes section of their own timeline or someone else's</td>
<td>16</td>
</tr>
<tr>
<td>On Page</td>
<td>People who Liked Driving Healthy on the Facebook Page itself</td>
<td>10</td>
</tr>
<tr>
<td>Mobile</td>
<td>People who Liked Driving Healthy from a mobile device</td>
<td>1</td>
</tr>
<tr>
<td>On Hover</td>
<td>People who Liked the Driving Healthy page from the popup window they get when they hover over a link that leads to Driving Healthy, from anywhere on Facebook</td>
<td>1</td>
</tr>
<tr>
<td>Page Browser</td>
<td>People who Liked Driving Healthy using Facebook’s Page Browser</td>
<td>1</td>
</tr>
</tbody>
</table>
Page Reach

During the week ending November 15, 2012, there were 30 people talking about Driving Healthy. The weekly total reach was 664. Friends of fans totaled 123,639. Figure 12 illustrates the number of times the Driving Healthy page was viewed during the period September 15 – November 15, 2012. Figure 13 breaks down how many times each person viewed any Driving Healthy page content during this period.

Figure 12. Line Chart. Weekly logged-in page views (September 15 – November 15, 2012).

Figure 13. Bar Chart. Unique users by frequency (September 15 – November 15, 2012).

*The “People Talking About” Facebook metric is defined as the number of unique people who created a like, comment, share, an answer to a posted question, an event response, tag, or a place recommendation.
†The “Weekly Total Reach” Facebook metric is defined as the number of unique people who have seen any content associated with Driving Healthy during the week; in this case, the week ending November 15, 2012.
‡The “Friends of Fans” Facebook metric is defined as the number of unique people who were friends with people who liked the page on a specific date; in this case, November 15, 2012.
Twitter Analytics

As of November 15, 2012, the Driving Healthy Twitter account had 649 followers and was included in 20 lists (Figure 14). When compared with Phase II report analytics, Driving Healthy has seen an increase of 370 Twitter followers and has been included on six additional lists.

![Graph of Twitter followers from August 1, 2011 to November 15, 2012.](image)

**Figure 14.** Graph. Total number of Twitter followers (August 1, 2011 – November 15, 2012).

Ow.ly Link Analytics

Whenever possible, links posted to the Driving Healthy accounts are shortened into Ow.ly links. Information about link use is then tracked using Hootsuite. This method allows for a summary of all link activity posted via the Driving Healthy Twitter account, Facebook account, and RSS feed via the Crete Carrier Corporation Facebook account.

In total, links posted through Hootsuite generated 2,476 clicks. A summary of monthly link activity is provided in Figure 15. A noticeable decrease in link activity resulted based upon discussions with a representative from Crete Carrier Corporation. During its evaluation of the usefulness of Driving Healthy information, the corporation determined that the inclusion of links within Driving Healthy posts may cause an unnecessary burden on users. Due to the shared concerns regarding user burdens, since September 2012, links posted through any of the Driving Healthy accounts have been minimized.

![Graph showing link activity from August 2011 to November 2012.](image)
Users who clicked on Driving Healthy links were predominantly from the United States (82.2%; 2,251) and were referred to Driving Healthy links from a variety of sources. The top referrers to Driving Healthy links were Facebook (reflecting, in part, the use of the RSS feed by Crete Carrier Corporation; 1,789 referrals), Direct Click (534 referrals), drivinghealthy.org (67 referrals), Twitter.com (46 referrals), and Hootsuite.com (34 referrals). The top 10 most popular links generated a total of 608 click-throughs to the linked information (Figure 16).
<table>
<thead>
<tr>
<th>Rank</th>
<th>Date</th>
<th>Post</th>
<th>Clicks</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Apr 17, 2012</td>
<td><a href="http://ow.ly/akL3J">http://ow.ly/akL3J</a> <a href="http://www.cbsnews.com/2300-204_162-10011250.ht">http://www.cbsnews.com/2300-204_162-10011250.ht</a>...</td>
<td>64</td>
</tr>
<tr>
<td>9</td>
<td>Sep 15, 2012</td>
<td><a href="http://ow.ly/dBrZn">http://ow.ly/dBrZn</a> <a href="http://www.dailymotion.com/video/1g71g_workout">http://www.dailymotion.com/video/1g71g_workout</a>...</td>
<td>50</td>
</tr>
</tbody>
</table>

Figure 16. Screenshot. Top 10 most popular links posted to Driving Healthy resources.
CHAPTER 5. SUMMARY AND CONCLUSIONS

The main objective of Driving Healthy was to create a unique health and wellness resource for the CMV community that provides trusted information about a variety of health topics in an easy-to-access fashion, as well as timely updates via social networking platforms. By combining a more traditional and static website with social networking resources, dynamic health and wellness information can be shared with drivers who can then access the Driving Healthy content through mobile devices. This project adopted a social marketing approach and followed Pronk’s two-phase health improvement model that provided guidelines for the program design and evaluations. During Phase I, the Driving Healthy website and social media accounts were developed. The resources were designed to be manageable in size and scope, to allow for future scalability, and to be sustainable over time. During Phase II, the impact of the program was evaluated through an examination of market penetration and implementation of the resources.

Additional program developments built upon the Phase II findings. First, the website was revised to be more straightforward for users. In addition to improved navigation, the site features an embedded Twitter feed, featured resources and wellness topics, customizable sidebar content, expanded health and wellness information (including links to FMCSA resources), and an updated resource center. Second, new outreach tools and materials were created and include updated site icons and logos, improved analytical features, an RSS feed and YouTube channel, a one-page marketing handout, and a food and activity tracker. These efforts have resulted in the continued increase in the number of website visitors, Twitter followers, Facebook users, and strategic partnerships.

The CMV driver population faces unique challenges when trying to maintain a healthy lifestyle. This is especially true for long-haul CMV drivers who must live out of their trucks for weeks at a time, have limited availability of fresh food, and limited access to exercise and hygiene facilities. Although there have been some recent increases in availability, access to medical care is also limited. These factors are all believed to contribute to the statistic reporting that CMV drivers live, on average, 16 years less than other Americans.

Due to the relative lack of support for CMV driver health and wellness, as well as the significant challenges that CMV drivers face in maintaining a healthy lifestyle while performing their jobs, this project sought to examine and address CMV driver health through Internet and social networking methods. Specifically, the project developed a website and social networking channels dedicated to providing CMV drivers with practical health and wellness information. The infrastructure developed during this project also allows for the on-going support and growth of this outreach program by both NSTSCE members and other interested stakeholders.

The NSTSCE-sponsored Driving Healthy program was designed as a health and wellness outreach program targeting the CMV driving population. This program provides information through a website (www.drivinghealthy.org) and social networking media (e.g., Facebook and Twitter). The sites provide trusted information for CMV drivers regarding healthy eating, exercise, and health care for both at-home and on-the-road
scenarios. The sites also provide information about CDL medical screening and additional resource libraries that address issues of concern for CMV drivers.

The Facebook and Twitter accounts are used to provide timely health information to users. This includes seasonal health information, health tips, and links to information of interest to CMV drivers. These two services also allow for the target audience to receive this information in a convenient manner while on the road. Both services are able to be accessed on smartphones. This allows CMV drivers to receive Driving Healthy information at their convenience.

The current project has allowed for the continued development of updated and new CMV-specific health and wellness outreach materials. Additionally, as part of this effort, the research team sought user feedback and has worked to incorporate that feedback. In doing so, the team has been able to better optimize the scheduling of updates and the types of information provided through the site. To remain relevant and to continue providing a resource that is of value to the CMV community, future efforts will need to take into consideration changing user needs and ever-evolving social media user guidelines, protocols, and opportunities for engagement.

The next steps for this outreach project should include work to further increase the ease of access to the program and its information, as well as efforts to raise awareness of CMV driver health and wellness issues in the CMV stakeholder community. Collaboration with other driver health and wellness stakeholders, such as federal agencies or driver organizations, can help this process. However, the intermediate and long-term metrics of success for this program remain understanding how CMV drivers use the Driving Healthy resources and, ultimately, data about the overall health and wellness of the CMV driving population.
About Driving Healthy

Driving Healthy is a National Surface Transportation Safety Center for Excellence-sponsored project. The content is developed and edited by the Virginia Tech Transportation Institute (VTI) Center for Truck and Bus Safety. The goal is to provide health information and best practices for commercial motor vehicle (CMV) drivers.

Eating Healthy

As a CMV driver, eating right is challenging. Oftentimes, access to healthy food is limited. The Eating Healthy section provides tips for eating healthy on the road and at home. Using these tips, drivers can improve their diets and reduce their risks of other health problems. Eating right can also help with other health conditions. In this section, drivers will find information to help them eat right on the road, at home, and anytime in between.

To provide up-to-date information, Driving Healthy joined the U.S. Department of Agriculture’s ChooseMyPlate.gov Community Partner program.

Tracking Drivers’ Way to Better Health

Because eating right while on the road is challenging, Driving Healthy created a simple food and activity tracker to help drivers make healthier choices. This tracker is based on health.gov’s Dietary Guidelines for Americans. Additionally, drivers can find links to other healthy eating resources.

Tips presented through Driving Healthy encourage:

- Being creative in looking for ways to add extra activity throughout the day.
- Taking advantage of portable exercise resources like resistance bands, smartphone exercise applications, and tracker-specific resources such as those found at many rest areas.

Welcome!

Driving Healthy is your one-stop resource for CMV driver health and wellness information.

Living Healthy

As a CMV driver, it can be challenging to find time or the resources to exercise while on the road. However, exercising is a key part of adopting a healthy lifestyle. In addition to improving one’s overall health and personal appearance, exercising regularly may increase productivity and improve mental health. Recognizing that time and resources are at a premium, Driving Healthy provides tips for drivers to help them find ways to increase physical activity levels within the constraints of their busy lifestyles.

Drivers are encouraged to add exercise through simple lifestyle changes—such as parking further away from building entrances.

Taking Time to Relax

Being away from home and on the road can cause stress. CMV drivers face the stress of being away from home, from job demands, and from personal demands. All of these can lead to stress, anxiety, or depression.
Practicing relaxation techniques can help drivers manage their stress. To get drivers started, Driving Healthy gathered a collection of stress management, relaxation, and mental health resources in the Stress Management Resource Center.

Prevention and Commercial Driver's License (CDL) Screening

Everyone knows that being healthy enough to drive safely is important. Prevention efforts help drivers to stay healthy and ensure that they maintain the Federal Motor Carrier Safety Administration (FMCSA) medical standards that most truck drivers in the United States are required to meet in order to drive as a professional. The information addresses:

- What to expect during doctor's visits and tips for making the most out of visits.
- Resources for managing health conditions.
- The purposes of the CDL medical screening requirements and links to additional FMCSA resources.

Condition Management

Driving Healthy has identified the most common conditions that face truck drivers and provides relevant resources to help them manage these conditions. Specific information is provided to help drivers manage:

- Smoking Cessation Efforts
- Obstructive Sleep Apnea (OSA)
- Mental Health Concerns
- Drinking in Moderation
- Back Pain

Resource Center

Driving Healthy has worked to identify trusted sources of health- and wellness-related information to help drivers continue on the road to wellness. The Resource Center covers a variety of topics and formats of information and reflects frequently covered daily post topics.

Resource Center Categories

- Meal planning information including fast food nutrition guides
- Additional disease prevention and condition management resource links
- Exercise tools - including truck-driver-specific resources
- Medical assistance resources
- Useful mobile phone and tablet applications
- Online privacy tips
- A video library containing videos shared on the website

Join the Conversation

Driving Healthy encourages drivers, their friends, and their families to visit the website and to join the discussions on the Driving Healthy Facebook page and Twitter feed. Visitors are encouraged to interact with other CMV drivers and to share health-and wellness-related thoughts.

Through interactions with the site and with other CMV drivers, Driving Healthy hopes that CMV drivers will find the information they need to take control of their health and wellness.

Tammy Trumble, Justin Morgan, Ayna Blance & Richard Hanowski, Center for Truck & Bus Safety
Virginia Tech Transportation Institute, 3400 Transportation Research Plaza, Blacksburg, Virginia 24061
APPENDIX B. DRIVING HEALTHY FOOD TRACKER

We've created this simple tracker to get you on the road to healthy eating. Using this tracker, you'll monitor your progress as you work to improve your eating and exercise habits. Track eating habits by placing a check next to the corresponding food category. Track exercise patterns by noting the type and duration of activities.

This tracker is based on the Dietary Guidelines for Americans that describes a healthy diet as one that:
- Emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products;
- Includes lean meats, poultry, fish, beans, eggs, and nuts; and
- Is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars.
- Focuses on drinking water and other healthy liquids instead of sugary drinks.

For additional information about your personalized guidelines and serving sizes, visit ChooseMyPlate.gov.

<table>
<thead>
<tr>
<th>Today, I ate healthy foods.</th>
<th>Day One</th>
<th>Day Two</th>
<th>Day Three</th>
<th>Day Four</th>
<th>Day Five</th>
<th>Day Six</th>
<th>Day Seven</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Grains</td>
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<td>Lean Proteins</td>
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<tr>
<td>Non/Low-Fat Dairy</td>
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<tr>
<td>Fruits</td>
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<td>Vegetables</td>
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<table>
<thead>
<tr>
<th>Today, I incorporated good health practices.</th>
<th>Day One</th>
<th>Day Two</th>
<th>Day Three</th>
<th>Day Four</th>
<th>Day Five</th>
<th>Day Six</th>
<th>Day Seven</th>
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</thead>
<tbody>
<tr>
<td>Liquids</td>
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<tr>
<td>Healthy Fats &amp; Oils</td>
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<tr>
<td>Multivitamin</td>
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<tr>
<td>Activity/Exercise</td>
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</table>

My health goal for tomorrow is to...

<table>
<thead>
<tr>
<th>Day One</th>
<th>Day Two</th>
<th>Day Three</th>
<th>Day Four</th>
<th>Day Five</th>
<th>Day Six</th>
<th>Day Seven</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Goal</td>
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REFERENCES


